Division of Substance Abuse and Mental Health

Treatment Episode Data Set (TEDS)

Discharge File Format and Definitions

Official Document for FY2013 Data Submission
Effective 1/1/2013

Change History

DATE	AUTHOR	VERSION	NOTES
10/9/12	Sandra Cerchiari	1.8.1	Add client Medicaid ID #.
7/30/2012	Sandra Cerchiari	1.8	Fixed error by adding omitted 10th EBP field.
3/26/2012	Sandra Cerchiari	1.7	Updated for FY2013. Added Tobacco Use at discharge, EBP's and sequence date. Added file processing sort rules to narrative.
12/7/2011	Sandra Wissa	1.6.6	Updated SSN valid number rules.
4/22/2010	Casey Loveland	1.6.5	Updated for FY2011.
1/13/2010	Casey Loveland	1.6.4	Added text to narrative regarding changes in DORA and Drug Court status. Updated Social Support Codes to match Federal TEDS specification (released Jan 2010)
12/10/2009	Casey Loveland, Dori Wintle	1.6.3	Changed social support code (field 54) descriptions to match the Federal TEDS specification.
6/11/2009	Casey Loveland	1.6.2	Removed Other as a valid Discharge Reason code.
6/1/2009	Casey Loveland, Dori Wintle	1.6.1	Added Sub-contracting Patient Services section. Added DORA submission timeframe. Remove admission specific notes. Added new CSAT values to the social_support_cd field.
3/23/2009	Casey Loveland	1.6	Rev'ed for FY2010. No significant changes.
9/30/2008	Casey Loveland	1.5a	Rename social_support_ind to social_support_cd. Remove SOMMS code value from the social_support_cd field.
05/07/2008	Casey Loveland, Dori Wintle	1.5	Renamed NOMS code value to SOMMS and added a new NOMS code to mark actual NOMS fields. Added new text to all NOMS fields that the data should be clinician verified. Fix field code descriptions (page 3)
04/02/2008	Casey Loveland	1.4	Added new SSN validation rules.
03/12/2008	Casey Loveland, Dori Wintle	1.0	Added new field: Participation in Social Support of Recovery Indicator (field 54). Updated fiscal year to 2009. Moved Change History section from page 1 to page 2.
01/07/2008	Casey Loveland, Dori Wintle	.09	Removed definition for Inmate of an institution.
9/21/2007	Casey Loveland	.08	Added note on additional validation for Date of Last contact. Added note about when change records should be sent to the State.
8/1/2007	Dori Wintel, Casey Loveland	.07	Changed Service/Program Type Assessment Only to Assessment. Changed Assessment Only Service description. Fixed field cross references.
7/13/2007	Casey Loveland	.06	Added delete as a valid system transaction type code (field 1).
6/21/2007	Dori Wintle	.05	Added clarification on rules for submitting data under Limited Treatment and for DUI clients receiving only Prime for Life education services.
5/24/2007	Casey Loveland	.04	Added System Transaction Type Code field.
5/9/2007	Dori Wintle	.03	Added definition for the calculation of Length of Stay Episode and Modality. Changed dates on continuation in treatment to be consistent with Federal reporting requirements.
9/15/2006	Casey Loveland	.02	Added note about submitting data for multiple providers.
8/25/2006	Casey Loveland, Dori Wintle, Brad Loveland	.01	HLCI column name changed to SAMHIS Client ID. Added notes to Service/Program Types that are not required to have less than 5% of unknowns.

Introduction

NOTE: New content for FY2013 highlighted in *yellow italics*.

Two documents, the Client Data Record Format and the TEDS Definitions, have been combined into one document to make it easier to know what is required. The last column in the following table is labeled "Code" and is used to describe each element as follows:

Codes

KEY: These fields are used to match discharge records with admission records. These data fields must be complete and accurate for both admission and discharge records.
SOMMS*:* These fields are required to be sent to the Federal Substance Abuse and Mental Health Administration (SAMHSA) by the State Outcomes Measurement and Management System (SOMMS) Subcontract. For each Local Authority area, these variables must have no more than 5% unknown or missing codes.
Service/Program Type Codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing values.
Rows with the Co-dependent/collateral flag set to 'Yes' (1) are excluded when calculating unknown percentages.
NOMS: These fields are used to calculate National Outcome Measures.
FED: These fields are reported to SAMHSA.
STATE: These fields are not reported to SAMHSA, but are still required by the State.
DIAG*:* Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.

NOTE: No blanks are allowed in the file* except *where specified above. The middle name field and SAMHIS Client ID fields can also be left blank if not available.

CSV File Generation Guidelines

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

Supplemental Definitions

Client: A person who meets all of the following criteria:

1. has an alcohol or drug related problem,
2. has completed the screening and intake process,
3. has been formally admitted for treatment or recovery service in an Alcohol or Drug Treatment unit operated or funded (fully or partially) by a State Alcohol or State Drug Authority, and
4. has his or her own client record.

If a person has only completed the assessment process and it is determined that he/she does not need treatment and therefore does not meet all of the above criteria of a client, the person can still be included as a TEDS admission but must have a code of "Assessment" in the *Service/Program Type*.

*(A person is **not** a client if he/she has only completed a screening or intake process or has been placed on a waiting list.)*

Service/Program Type: (Field #8) – the service that the client is admitted or transferred into.

Assessment: All assessments performed must be reported. This code should be used if a person has completed the assessment process; regardless if they need substance abuse treatment or not. ***Records with this service code are not required to have less than 5% unknown or missing.***

Detoxification, 24-hour service, Hospital Inpatient: 24-hour per day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV-D or Level III.7-D** which are as follows: 1) an organized service delivered by medical and nursing professionals that provides for 24-hour medically-directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Or, 2) an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. ***Records with this service code are not required to have less than 5% unknown or missing.***

Detoxification, 24-hour service, Free-Standing Residential: 24-hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.2-D** which are as follows: an organized service delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or

experiencing withdrawal. ***Records with this service code are not required to have less than 5% unknown or missing.***

Rehabilitation/Residential, Hospital (other than detoxification): 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV** which are as follows: an organized service, staffed by designated addiction physicians or addiction credentialed clinicians and requires an interdisciplinary staff to care for patients whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available.

Rehabilitation/Residential, Short Term: Typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.7 or Level III.5** which are as follows: Level III.7—an organized service, staffed by designated addiction treatment personnel or addiction-credentialed physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting. Twenty-four hour observation, monitoring and treatment are available, however, the full resources of an acute care general hospital or a medically-managed inpatient treatment service system are not necessary. Level III.5—programs designed to address significant problems with living skills, that are accurately characterized by the intensity of the addiction treatment services and the highly structured program activity, where the resident's activities are prescribed 24 hours a day until the resident demonstrates specified treatment progress. With increased staff training and nursing supervision, programs at this level are able to address the medical needs of residents who have slightly more severe medical problems.

Rehabilitation/Residential, Long Term: Typically more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as half way houses. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.1 or Level III.3** which are as follows: Level III.1—offers low-intensity professional addiction treatment services at least 5 hours a week. This level of care is best understood in its component parts. The professional addiction treatment services provided in this setting are low-intensity outpatient services focused on problems in applying recovery skills. The other component is a structured recovery environment, staffed 24 hours a day. Level III.3—provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Services generally are considered to be of medium intensity and are presented at a

slower pace than in more intensive residential programs. Persons who are appropriately placed in this level of care are characterized by their need for a slower paced treatment presentation because of mental health problems or reduced cognitive functioning or the chronicity of their illness.

Ambulatory, Intensive Outpatient: As a minimum the client must receive treatment lasting two or more hours per day three or more days per week. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level II.5 or Level II.1** which are as follows: involves a structured day or evening treatment program that may be offered before or after work or school, in the evening or on a weekend. Programs have the capacity to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. In addition, they have active affiliations with other levels of care and can assist in accessing clinically necessary "wraparound" support services such as child care, transportation and vocational training. Distinctions are made among various subtypes of Level II program as follows: Level II.5) Generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services. Level II.1) Generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education around alcohol and other drug problems. The patient's needs for psychiatric and medical services are addressed through consultation or referral arrangements. II.1 differs from II.5 in the intensity of clinical services that are directly available: specifically, II.1 has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.

Ambulatory, Non-Intensive Outpatient: Treatment services including individual, family and/or group services; these may include pharmacological therapies. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I** which are as follows: organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provides professionally directed evaluation, treatment and recovery services to persons with substance-related disorders. Such services are provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

Ambulatory, Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting – pharmacological or non-pharmacological. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I-D, or Level II-D** which are as follows: 1) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Or 2) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment

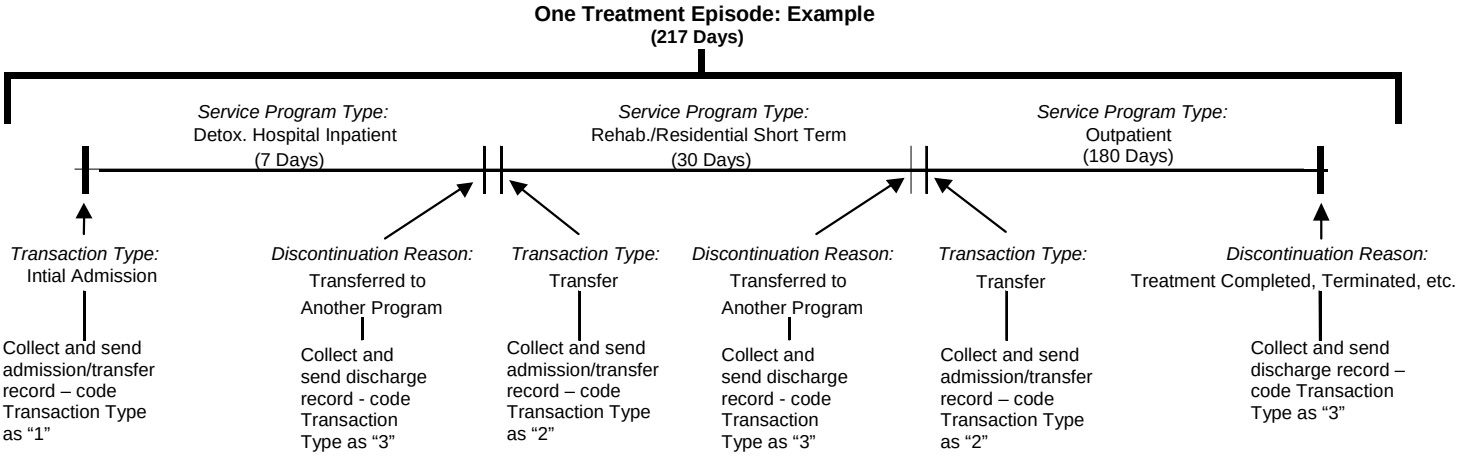
facility, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Essential to this level of care is the availability of appropriately-credentialed and licensed nurses (R.N., L.P.N.) for monitoring of patients over a period of several hours each day of service. ***Records with this service code are not required to have less than 5% unknown or missing.***

Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as "limited treatment," the provider must submit a separate explanation or description of specifically what these services are. It should also be noted, that any clients reported to the State under this service type are not included in any statistical reports produced by the State.

Records with this service code are not required to have less than 5% unknown or missing.

DUI Prime for Life: Clients receiving only education under the DUI Prime for Life program should not be reported as patients in TEDS and should be reported in PATS (prevention data collection). Clients receiving treatment, and who are also participating in the DUI Prime for Life program, should be reported as a patient in TEDS using the appropriate program type for the treatment they are receiving.

Treatment Episode: the period of service between the initiation of substance abuse treatment services for a client with a drug or alcohol abuse or dependency problem and the termination of services for that client, where no significant break in services has occurred. There is only one initial admission per episode. Therefore, if a client in the



midst of a single episode of treatment changes services/modalities or providers, this event is considered a "**transfer**" rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a **transfer**, not a new initial admission. A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode (if not discharged already), if the client has not been seen in 5 days in the case of an inpatient or residential, 7 days in the case of day treatment and 30 days in the case of an intensive or general outpatient. Admissions and transfers must be sent in the TEDS Admit/transfer file format and Discharges must be sent in the TEDS Discharge file format as a separate file. **Clients returning for services after the elapsed time described need to be reported as an initial admission to a subsequent treatment episode.**

Admission and Discharge Date Rules:

Length of Stay Episode

Calculated from the date of admission on records with a trans type = 1, to the Date of Last Client Contact when 1) the discharge / discontinuation date is not null, 2) the discharge / discontinuation reason **is not** = 4, and 3) an admission or transfer record **does not** exist within the following criteria:

5 days in the case of inpatient or residential, 7 days in the case of day treatment and 30 days in the case of intensive or general outpatient program types. Otherwise considered the same treatment episode.

Length of Stay Modality

Calculated from the date of admission on records with a trans type = 1 or 2, to the Date of Last Client Contact when the discharge / discontinuation date is not null and the discharge / discontinuation reason **is** = 4.

Discharge File

Discharge Dates must fall within the current fiscal year.

All Discharge records are updates in SAMHIS.

Admission Date is a KEY field in the Discharge File and has no validation requirements. It is used injunction with the other key fields to match Discharge records with Admission records.

Participation in Social Support Recovery NOMS Calculation

Percent of clients participating in social support of recovery activities in prior 30 days at discharge minus percent of clients participating in social support of recovery activities in prior 30 days at admission. (Positive percent change values indicate increased participation in social support of recovery activities.)

Sub-contracting Patient Services:

When a Local Substance Abuse Authority (LSAA) sub-contracts any patient services, it is the responsibility of the LSAA to collect necessary documentation from any sub-contracted provider necessary to maintain TEDS data reporting to the Division.

DORA Submissions:

As of July 1, 2009, DORA discharges must be submitted monthly. The deadline for submitting data will be one month after the month of service.
i.e. DORA discharges occurring between July 1st and July 31st must be submitted no later than August 30th.

If a client enters DORA while already receiving treatment as a non-DORA client, the client should be discharged from the current admission, and readmitted to the same level of care with an admission date as the start date of the DORA funding/supervision.

Drug Court Submissions

If a client enters a Drug Court while already receiving treatment as a non-Drug court client, the client should be discharged from the current admission, and readmitted to the same level of care with an admission date as the start date of the Drug Court funding/supervision.

Client Name Validation Rules:

TEDS file will have fields for the following parts of a name:

- Last name
- First name
- Middle name

Naming Rules:

Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example:	*Mc Donald*	*should be entered as*	*McDonald*
	De La Cruz	*should be entered as*	*DeLaCruz*

Example: *Le Ann Mary Ann Mc Cartney*
Can be entered as:
First: Le Ann
Middle: Mary Ann
Last: McCartney

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

Examples:

(last name) Smith-Jones	*should be entered as*	*Smith-Jones*
(first name) Jo-Ann	*should be entered as*	*Jo-Ann*
(last name) O'Rilley	*should be entered as*	*ORilley*
(last name) St. James	*should be entered as*	*StJames*
(first name) D'Ann	*should be entered as*	*DAnn or D Ann*

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: *J. Edgar Hoover*
First name: J (no period)
Middle name: Edgar
Last Name: Hoover

Enter legal names rather than nicknames
Example: "Bill" should be entered as William
"Bob" should be entered as Robert
"C.J." should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed
Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

Submitting for Multiple Providers

TEDS Discharge files can contain data for more than one provider per file. SAMHIS backend processing engines associate data in TEDS Discharge files to the provider ID specified on every row in the file.

File Processing Sort Rules

TEDS Discharges

Sorting as follows with subsequent sort rules applying within the 'parent' sort rule.
- System Trans Type (Delete, Add and then Change)
- TEDS Provider ID (alphanumeric ascending)
- client ID (provider's) (alphanumeric ascending)
- admit date (chronological)
- sequencing date (for change records)

DSAMH **Discharge File Format for TEDS** - FY2013 effective date 1/1/2013

	Name and Description	Allowed Values	Format	Definition	Code
1	sys_trans_type_cd System Transaction Type Code	A - Add D - Delete C - Change	string(1)	Add is for adding new rows. Delete is for removing rows from SAMHIS. Submit a delete row in conjunction with an Add row to fix a key field that has changed. Change is for updating an existing row with new updated information for an existing admission. Update cannot be used to fix a key field change. For Add and Change system transaction type codes all fields must be supplied with valid data in each field. Only difference will be that a change record will error out if an existing admission record is not already found. Change records should be sent anytime one of the data elements in the spec are modified or when needing to change a baseline or discharge value for a NOM data element. For Delete records all the key fields must be supplied. The rest of the fields can be filled-in or left blank. Remember that every row must have the correct number of commas. **Files are sorted and processed as follows:** Sort by: provider ID, system transaction type (D,A,C), client, admit date *All Delete rows are processed first for a provider and then Add rows followed by change rows.*	FED SOMMS
2	RecordNo Record Number	1,2,…., (Number of Records)	number (10)	A sequential count of the records submitted each quarter. This field is NOT used to match records.	STATE
3	provider_id Provider ID	UTNNNNNN	string (15)	Identifies the provider of the alcohol or drug treatment service, the provider's National Facility Register (NFR) number. Must begin with "UT."	KEY FED SOMMS
4	client_id Client ID	Unique Client identifier	string (15)	An identifier that is from 1 to 15 alphanumeric characters and at a minimum is unique within the provider. The identifier: 1. Must NOT be reassigned to another client, 2. Can be meaningless, and 3. Must ensure confidentiality of client records - must not identify the client *4. An individual should not have more than one ID*	KEY
5	ssn Social Security Number	Client's SSN 999-99-9999=None 000-00-0000=Unknown	string (11)	The client's social security number. SSA modified the SSN assignment rules June 25, 2011 and SSNs are assigned randomly using all available numbers except those starting 000, 666, 900-999. We will also do not allow 123-45-6789 or 099-99-9999. Valid SSNs cannot be utilized by more than 1 client.	STATE
6	trans_type_cd Transaction Type	3=Discharge Data (Will not import any admission data)	number (1)	This field identifies the record as a discharge record. Only a value of 3 will be	FED

	Name and Description	Allowed Values	Format	Definition	Code
7	admit_dt_time Date and time of Admission	Date / Time	MM/DD/YYYY	The month, day and year, and time when the client receives his or her first direct treatment or recovery service. If your system doesn't track time for admissions then specify 00:00:00 for the time part. Be sure to put a single space between the date and time.	KEY SOMMS
8	service_prog_cd Service/Program Type	0=Assessment 1=Detox. Hospital Inpat. 2=Detox. Free Standing 3=Rehab/Res. Hospital 4=Rehab./Res. Short Term 5=Rehab./Res. Long Term 6=Amb. Intensive Outpatient 7=Amb. Outpatient 8=Amb. Detox. 9=Limited Treatment	number (1)	The service that the client is admitted or transferred into. See Supplemental Definitions for the definition of each service type. *Records with codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing.*	KEY FED SOMMS
9	last_contact_dt Date of Last Client Contact	Date	mm/dd/yyyy	The month, day and year when the client is last seen, physically, for a treatment service. Date of Last contact must be between admit date and discharge date. May be same as admit date or discharge date.	FED SOMMS
10	discon_dt Date of Client Discontinuation/ Discharge	Date	mm/dd/yyyy	The month, day and year when the client was formally discharged from the treatment facility or service. The date may be the same as the date of last client contact. In the event of a change of service or provider within an episode of treatment, it is the date the service terminated or the date the treatment for this service ended at a particular provider. Unless extenuating circumstances exist, a client should be automatically discharged. See Treatment Episode section for more detail on Automatic discharging.	FED SOMMS
11	discharge_reason_cd Discontinuation Reason	1=Treatment Completed 2=Left against professional advice (drop out) 3=Terminated by the facility 4=Transferred to another substance abuse treatment program or service/program type 5=Incarcerated 6=Died	number (1)	Indicates the outcome of treatment, the reason for transfer or discontinuance of treatment. <u>Treatment completed</u>: The client has completed his/her treatment episode. In most cases, this should mean that the client has completed at least 75% of their treatment objectives. <u>Terminated by facility</u>: The client was discharged due to facility rule violations, AWOL, criminal behavior, etc. <u>Transferred to another substance abuse treatment program or facility</u>: This code is to be used for all clients who have a change of service or provider within an episode of treatment. This would include a change in modality of service (change to a higher or lower level of care) or a lateral-step due to program expertise.	FED SOMMS

	Name and Description	Allowed Values	Format	Definition	Code
12	birth_dt Date of Birth	Date 01/01/0007=Unknown	mm/dd/yyyy	The client's legal birth date. This field should only be coded as unknown (01/01/0007) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information.	FED SOMMS
13	gender_cd Gender	1=Male 2=Female	number (1)	Indentifies the client's gender.	FED SOMMS
14	last_name Client Last Name	Last Name of Client 97=Unknown	string (30)	The last name of the client. Please limit the last name to 30 letters. Any names exceeding 30 letters will be reduced in the State database to the first 30 letters. *Please see the Supplemental Defintions for more details.*	STATE
15	first_name Client First Name	First Name of Client 97=Unknown	string (25)	The first name of the client. Please limit the first name to 25 letters. Any names exceeding 25 letters will be reduced in the State database to the first 25 letters. *Please see the Supplemental Defintions for more details.*	STATE
16	mid_name Client Middle Name	Middle Name of Client	*string (25)*	*Middle name of the client. If there is no middle name or it is not* available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed. *Please see the Supplemental Defintions for more details.*	STATE
17	dis_employment_cd	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 20=Other "Not In the Labor Force" 97=Unknown	number (2)	Applies to expected employment status upon leaving treatment. Employed Full Time: Working 35 hours or more each week, including members of the uniformed service. Employed Part Time: Working fewer than 35 hours each week. Unemployed: Looking for work during the past 30 days or on layoff from a job. Other “Not in the Labor Force”: Not looking for work during the past 30 days. Data is to be verified by treatment staff.	FED SOMMS NOMS

	Name and Description	Allowed Values	Format	Definition	Code
18	dis_pri_substance_cd Substance Code Primary at Discharge	1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants 18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD 32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) 35=Lorazepam (Ativan) 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown	number (2)	*Identifies the client's primary substance problem at discharge. Contrary to past business rules, this does NOT need to match the primary substance reported at admission. This code should reflect the actual situation of the client at discharge.* *Data is to be verified by treatment staff.*	FED SOMMS NOMS

	Name and Description	Allowed Values	Format	Definition	Code
19	dis_sec_substance_cd Substance Code Secondary at Discharge	Same as field 18	number (2)	Same as Substance Code Primary at Discharge, but for the secondary substance. *Data is to be verified by treatment staff.*	FED SOMMS NOMS
20	dis_pri_frequency_use_cd Frequency of Use - Primary at Discharge	1=No Use During Last 30 Days 2=1-3 Times During Last 30 Days 3=1-2 Times Per Week During Last 30 Days 4=3-6 Times Per Week During Last 30 Days 5=Daily Use During Last 30 Days 7=Unknown 8=Not Applicable	number (1)	Identifies the approximate number of times the primary substance of abuse was used in the month prior to discharge. Response can be deduced based on the last known status of the client while in treatment. Data is to be verified by treatment staff.	FED SOMMS NOMS
21	dis_sec_frequency_use_cd Frequency of Use - Secondary at Discharge	Same as Field 20	number (1)	Same as Frequency of Use - Primary at Discharge, but for the secondary substance. Data is to be verified by treatment staff.	FED SOMMS NOMS
22	dis_living_arrangement_cd Living Arrangment at Discharge	1 = On the street or in a homeless shelter 2 = Private residence - Independent 3 = Private residence - Dependent 4 = Jail or correctional facility 5 = Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6 = 24-hour residential care 7 = Adult or child foster home 8 = Unknown	number (1)	Private Residence - Independent = Individual lives alone or with others without supervision Private Residence - Dependent = Individual is living with parents, relatives, or guardians. Data is to be verified by treatment staff.	FED SOMMS NOMS
23	dis_criminal_justice_nbr Number of Arrests at Discharge	0-96=Number of Arrests 97=Unknown This field was previously three characters. Only two are needed now, but either two or three are acceptable to avoid making changes to LSAA data systems. Unknown will change to 97.	number (3)	*This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of discharge from treatment. For clients whose treatment lasted less than 30 days, count arrests only back to the date of admission. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge. (Data was previously collected for the period between admission and discharge, regardless of the duration. NOMS asks for 30 days.)* Data is to be verified by treatment staff.	FED SOMMS NOMS

	Name and Description	Allowed Values	Format	Definition	Code
24	dis_ter_substance_cd Substance Code Tertiary at Discharge	Same as field 18	number (2)	Same as Substance Code Primary at Discharge, but for the tertiary substance. *This does not need to match the secondary substance reported at admission* *It should reflect the actual status at discharge.* *This should not be the same as the Primary or Secondary Substance Codes at Discharge.* Data is to be verified by treatment staff.	FED SOMMS NOMS
25	dis_ter_frequency_use _cd Frequency of Use - Tertiary at Discharge	Same as Field 20	number (1)	Same as Frequency of Use - Primary at Discharge, but for the tertiary substance. Data is to be verified by treatment staff.	FED SOMMS NOMS
26	dis_enrolled_ed Enrolled in education at discharge	1=Yes 2=No 7=Unknown	number (1)	Indicates whether the client is enrolled in an education program at the time of discharge. All clients should be asked “At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.”	STATE
27	DiagA1_dis Axis I Diagnosis 1	DSM IV Code	XNN.NN	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 5 on Axis I. Leave subsequent fields blank if no subsquent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.	STATE DIAG
28	DiagA1_dis_Date Date DiagA1 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
29	DiagA2_dis Axis I Diagnosis 2	DSM IV Code	XNN.NN		STATE DIAG
30	DiagA2_dis_Date Date DiagA2 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
31	DiagA3_dis Axis I Diagnosis 3	DSM IV Code	XNN.NN		STATE DIAG
32	DiagA3_dis_Date Date DiagA3 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
33	DiagA4_dis Axis I Diagnosis 4	DSM IV Code	XNN.NN		STATE DIAG

	Name and Description	Allowed Values	Format	Definition	Code
34	DiagA4_dis_Date Date DiagA4 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
35	DiagA5_dis Axis I Diagnosis 5	DSM IV Code	XNN.NN		STATE DIAG
36	DiagA5_dis_Date Date DiagA5 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
37	DiagA6_dis Axis I Diagnosis 6	DSM IV Code	XNN.NN		STATE DIAG
38	DiagA6_dis_Date Date DiagA6 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
39	DiagA7_dis Axis I Diagnosis 7	DSM IV Code	XNN.NN		STATE DIAG
40	DiagA7_dis_Date Date DiagA7 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
41	DiagA8_dis Axis I Diagnosis 8	DSM IV Code	XNN.NN		STATE DIAG
42	DiagA8_dis_Date Date DiagA8 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
43	DiagA9_dis Axis I Diagnosis 9	DSM IV Code	XNN.NN		STATE DIAG
44	DiagA9_dis_Date Date DiagA9 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
45	DiagA10_dis Axis I Diagnosis 10	DSM IV Code	XNN.NN		STATE DIAG
46	DiagA10_dis_Date Date DiagA10 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG

	Name and Description	Allowed Values	Format	Definition	Code
47	DiagB1_dis Axis II Diagnosis 1	DSM IV Code	XNN.NN		STATE DIAG
48	DiagB1_dis_Date Date DiagB1 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
49	DiagB2_dis Axis II Diagnosis 2	DSM IV Code	XNN.NN		STATE DIAG
50	DiagB2_dis_Date Date DiagB2 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
51	DiagB3_dis Axis II Diagnosis 3	DSM IV Code	XNN.NN		STATE DIAG
52	DiagB3_dis_Date Date DiagB3 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
53	SAMHIS Client ID	SAMHIS Client ID	number (10)	SAMHIS client ID should be included or left blank until available	FED SOMMS
54	social_support_cd Participation in Social Support of Recovery Indicator	2 = No attendance in the past month 3 = 1-3 times in past month 4 = 4-7 times in past month 5 = 8-15 times in past month 6 = 16-30 times in past month 7 = Some attendance in past month, but frequency unknown 97 = Unknown 98 = Not Collected	number (2)	Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) during the 30 days PRECEDING the date of discharge. As of July 1, 2009 new CSAT standard code values must be used and 'Yes' (code value '1') will be obsolete and will not be allowed. Cannot be left blank Data is to be verified by treatment staff.	NOMS*
55	tobacco_use_discharge Tobacco Use	1 = Never Smoked 2 = Former Smoker 3 = Current Some Day Smoker 4 = Current Everyday Smoker 6 = Use Smokeless tobacco Only (In last 30 days) 97 = Current Status Unknown 98 = Not Applicable 99 = Former Smoking Status Unknown.	number (2)	This field is used to track the tobacco (both cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both Cigarettes and Smokeless Tobacco only keep track of the Frequency of Cigarette use. If they only use smokeless tobacco then use the corresponding code. <u>Current Some Day Smoker</u> - Occasional user	STATE

	Name and Description	Allowed Values	Format	Definition	Code
56	EBP1 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
57	EBP2 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
58	EBP3 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
59	EBP4 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
60	EBP5 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
61	EBP6 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
62	EBP7 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
63	EBP8 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
64	EBP9 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
65	EBP10 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)	Provide the EBP's for the client as listed in their treatment plan and reported when provided to fidelity.	
66	Sequencing Date	Date	mm/dd/yyyy	On a change record, use date to indicate in what order change records should be processed.	
67	medicaid_id Medicaid Number	Clients Medicaid ID Number 97=Unknown 98=Not Applicable	string (10)	The client's Medicaid number. Field must be either 2 (Unknown / NA) or 10 characters in length	STATE