Treatment Episode Data Set (TEDS)

Admission/Transfer File Format and Definitions

Official Document for FY2018 Data Submission
Effective 7/1/2017

Change History

DATE	AUTHOR	VERSION	NOTES
3/28/2017	Ryan Carrier	1.8.8	Updated for FY2018. Updated Tobacco Use notes to cover nicotine products including vaping and electronic cigarette. Provided specificity to Compelled notes. Updated Justice Risk notes to define instrument and requirement for compelled to treatment clients.
07/01/2016	Sandra Cerchiari	1.8.7	Updated for FY2017. Added Unknown count of 10% for Compelled into Treatment field.
11/16/2015	Sandra Cerchiari	1.8.6	Added new data elements, court compelled indicator and justice risk starting January 1, 2016.
5/27/2015	Sandra Cerchiari	1.8.4	Updated for FY2016, changed the DSM/ICD-10 code length and added free text field for comments.
7/15/2014	Sandra Cerchiari, Brenda Ahlemann	1.8.3	Updated for FY2015, removed outdated narrative, revised treatment episode section.
7/10/2013	Sandra Cerchiari	1.8.2	Added new variable for employment for kids 0-5 and updated education notes.
4/22/2013	Sandra Cerchiari	1.8.1	Updated for FY2014. Added Veteran's status and changed the drug court variables.
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 EBP's and sequencing date. Changed code values for Tobacco Use. Added file processing sort rules to narrative.
12/9/2011	Sandra Wissa	1.6.7	Changes to the SSN valid number rules.
5/10/2011	Dori Wintle	1.6.6	Additional information in Service Transaction Type notes.
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 83) descriptions to match the Federal TEDS specification.
10/29/2009	Casey Loveland	1.6.2	Add misdemeanor drug court participation code.
6/1/2009	Casey Loveland, Dori Wintle	1.6.1	Add new DORA indicator value for new 'Amended' DORA. Added Sub-contracting Patient Services section. Added DORA submission timeframe. Removed Discharge submission specific text. Added new CSAT values to the social_support_cd field.
3/23/2009	Casey Loveland	1.6	Reved spec to FY2010. No signification changes.
9/30/2008	Casey Loveland	1.5b	Rename social_support_ind to social_support_cd. Remove SOMMS code value from the social_support_cd field.
6/2/2008	Casey Loveland	1.5a	Fix typo on note for field 15.
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. Added new note to fields 37 and 39. Fix field code descriptions (page 3) Added new race code: Two or more races. Changed race code "Other" to "Other single race"
04/02/2008	Casey Loveland	1.4	Added SSN validation rules.
03/12/2008	Casey Loveland, Dori Wintle	1.3	Added new field: Participation in Social Support of Recovery Indicator (field 83). Updated fiscal year to 2009. Moved Change History section from page 1 to page 2.
01/07/2008	Casey Loveland, Dori Wintle	1.2	Added age validation rule.
10/04/2007	Casey Loveland	1.1.1	Added clarification on fields 78 – 81 for default values if not collected. Added new code value to Recommended Service/Program Type (field 82) of 98 for Not Collected.
9/25/2007	Casey Loveland	1.1	Added note to the system transaction type code field that admissions that have already been discharged cannot be deleted until the discharge has been deleted first.
9/21/2007	Casey Loveland	1.0	Added note that change records should be sent anytime a data element in the spec is modified.
8/22/2007	Dori Wintle, Casey Loveland	.09	Added comment about co-dependent/collateral rows are excluded from unknown 5% calculations. Added note to Limited Treatment for usage on co-dependent/collateral clients.
8/7/2007	Dori Wintle, Casey Loveland	.08	Changed field 82 from Women in Treatment Indicator to Recommended Service/Program code. Renamed Adult Probation Indicator (field 79) to Probation Indicator and added additional descriptive text. Renamed Adult Parole Indicator to Parole Indicator. Changed Service/Program Type code value for Assessment Only to Assessment. Changed Assessment Only Service description. Fixed field cross references.
6/21/2007	Dori Wintle	.07	Added definition for Women in Treatment Indicator (field 82)
6/21/2007	Dori Wintle	.06	Added clarification on rules for submitting data under Limited Treatment and for DUI clients receiving only Prime for Life education services. Removed Expected Payment Source codes; DORA and Women's General Fund.
6/13/2007	Casey Loveland	.05	Fixed field cross-reference on field 81 and 82 to reference field 35 not 34.
5/24/2007	Casey Loveland	.04	Added System Transaction Type Code field.
5/9/2007	Dori Wintle, Casey Loveland	.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. Added new Expected Payment Source codes for DORA and Women's General Fund. Added new legal status fields and DORA and Women's

			Treatment Indicators.
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 changed to SAMHIS client ID. Removed leading zeros from unknown and not applicable code values for Medicaid ID. Added note to Medicaid ID that it should be either 2 or 10 characters in length. Added note to Primary Substance 1st age of use that it must be less than client's current age, but not less than their birth date. Added notes to Service/Program Types that are not required to have less than 5% of unknowns.

Introduction

NOTE: New content for FY2018 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 or is a co-dependent or collateral.)*

Service/Program Type: (Field #10) – the service that the client is admitted or transferred into.

For co-dependent/collateral clients this should be the actual treatment being received. If not applicable then code as 9; Limited Treatment.

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.

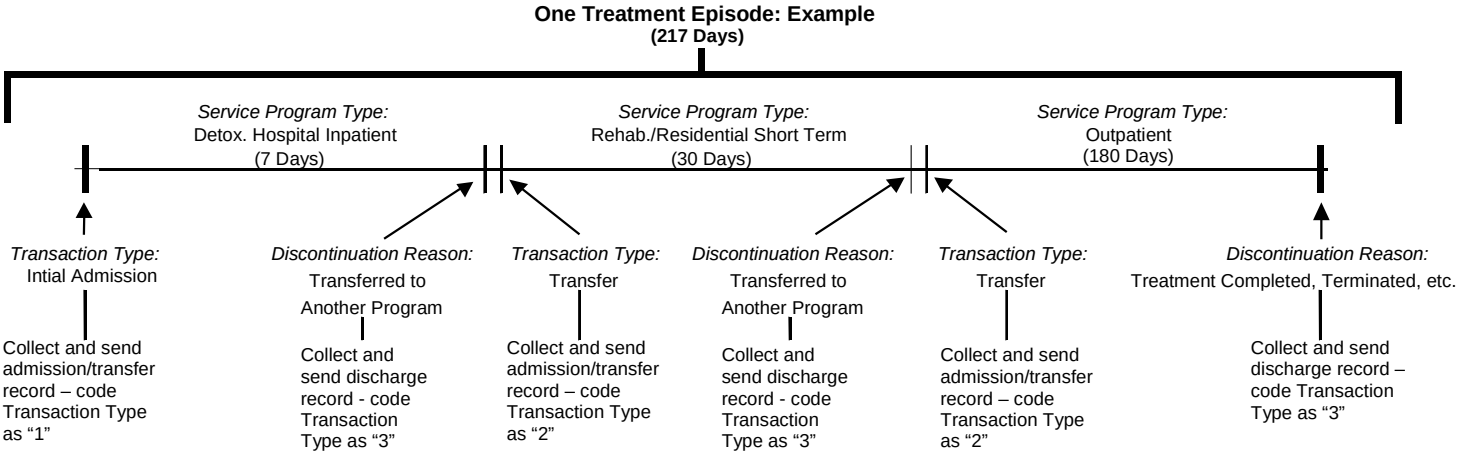
Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as "limited treatment," the provider must submit a separate explanation or description of specifically what these services are. It should also be noted, that any 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 the prevention data

system. 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 7 days in the case of an inpatient, residential or detoxification 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 / Transfer File

Admission Dates must fall within the current fiscal year.

Duplicate Admit Date for the same client and ASAM (service_program_cd) will produce an error.

All TEDS Admission / Transfer records are generally inserts into SAMHIS.

Age Validation:
Client's age is calculated using the client's birth date and the admission date.

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:

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

Processing Sort Rules

TEDS Admissions

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" (applies to change records)

	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 (T1 or T2) 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. Admission records that have already been discharged cannot be deleted until the discharge data has been deleted. To deleted an admission that has been discharged send in a delete record for the discharge and then a delete record for the admission. Remember that every row must have the correct number of commas.	FED SOMMS
2	RecordNo Record Number	1,2,…., (Number of Records)	number (10)	Any number unique in the file. It can be sequential and is for provider use only. 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 cannot have more than one ID at a given provider.	KEY
5	ssn Social Security Number	Client's SSN 999-99-9999=None 000-00-0000=Unknown	*string (11)* (used to say 15)	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	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

	Name and Description	Allowed Values	Format	Definition	Code
7	depen_collat_ind Co-Dependent/ Collateral	1=Yes 2=No	number (1)	A person who has no alcohol or other drug abuse problem, but satisfies all of the following conditions: 1. Is seeking services because of problems arising from his/her relationship with an alcohol or drug abuser. 2. Has been formally admitted for service to a program. 3. Has his/her own client record. Rows with the Co-dependent/collateral flag set to 'Yes' (1) are excluded when calculating SOMMS 'unknown' percentages.	FED
8	trans_type_cd Transaction Type	1=Initial Admit (Beginning of Episode) 2=Transfer/Change in Service	number (1)	This field identifies the record as an admit/transfer record. Only a value of 1 or 2 is valid	FED
9	admit_dt_time Date and time of Admission	Date / Time	MM/DD/YYYY hh:mm:ss	The month, day and year, and time when the client receives his or her first direct treatment or recovery service. A duplicate Admit Date for the same patient and for the same ASAM level will produce an error. Admit must be within the current fiscal year.	KEY FED
10	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.*** For co-dependent/collateral rows this should be the actual treatment being received. If not applicable then code as 9; Limited Treatment.	KEY FED SOMMS
11	prior_episode_id Number of Prior Treatment Episodes	0=0 Prior Treatments 1=1 Prior Treatment 2=2 Prior Treatments 3=3 Prior Treatments 4=4 Prior Treatments 5=5 or More Prior Treatments 7=Unknown	number (1)	The number of previous treatment episodes the client has received in any drug or alcohol program. Changes in service/modality during the same treatment episode should not be counted as separate episodes. Also, the count should not include episodes prior to 1/1/90.	FED SOMMS

	Name and Description	Allowed Values	Format	Definition	Code
12	referral_source_cd Source of Referral at Admission	1=Individual Includes Self 2=Alcohol/Drug Abuse Care Provider 3=Other Health Care Provider 4=School 5=Employer/EAP 6=Division of Workforce Services-Welfare 7=DCFS 8=Adult Court 9=Juvenile Court 10=Probation 11=Parole 12=Police 13=Prison 14=DUI/DWI 15=Other Community Referral 97=Unknown	number (2)	Describes the specific person or agency referring the client to the alcohol or drug treatment program. Individual (includes self-referral): Includes the client, a family member, friend or any other individual that would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI. Alcohol/Drug Abuse Care Provider: Includes any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse programs, or a program whose activities are related to alcohol or drug abuse prevention, education or treatment. Other Health Care Provider: Includes a physician, psychiatrist, or other licensed health care professional; or general hospitals, psychiatric hospitals, mental health programs or nursing homes. School (Educational): Includes a principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. Employer/EAP: Includes a supervisor or an employee counselor. Adult Court: include adult drug or dependency courts in this category. Juvenile Court: include juvenile drug courts in this category. DUI/DWI: referral by a court for DWI/DUI. Other Community Referral: Community and religious organizations or any federal, State or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare, that is not listed above. Self-help groups such as AA, Al-Anon, and NA are also included in this category.	FED SOMMS
13	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
14	gender_cd Gender	1=Male 2=Female	number (1)	Indentifies the client's gender.	FED SOMMS

	Name and Description	Allowed Values	Format	Definition	Code
15	race_cd Race	1=Alaskan Native 2=American Indian 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Black/African American 6=White 7=Unknown 8=Two or more races 0=Other single race	number (1)	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa or the Middle East. Two or more races: Use this code when your system collects multiple races and does not have a way to designate a primary race. Other single race: Use this category for instance in which the client is not classified in any other category or whose origin group, because of area custom is regarded as a racial class distinct from the above categories. (DO NOT use this category for clients indicating multiple races.)	FED SOMMS
16	ethnicity_cd Ethnicity	1=Puerto Rican 2=Mexican 3=Cuban 4=Other Hispanic 5=Not of Hispanic Origin 7=Unknown	number (1)	Identifies the specific Hispanic Origin. Puerto Rican: Of Puerto Rican origin regardless of race. Mexican: Of Mexican origin regardless of race. Cuban: Of Cuban origin regardless of race. Other Specific Hispanic: Of known or unknown Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.	FED SOMMS
17	marital_status_cd Marital Status	1=Never Married 2=Married 3=Separated 4=Divorced 5=Widowed 7=Unknown	number (2)	Specifies the client's marital status. Never Married: Includes those whose only marriage was annulled. Married: Includes those living together as married. Separated: Includes those separated legally or otherwise absent from spouse because of marital discord.	FED

	Name and Description	Allowed Values	Format	Definition	Code
18	education_cd Education	0=Less than One Grade Completed 1-25=Years of School (Highest Grade) Completed (For GED use 12) 97=Unknown	number (2)	Specify the highest school grade the client has completed. ***If more than 25 years have been completed, use "25".***	FED SOMMS
19	employment_cd Employment Status at Admission	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 10 = Ages 0-5 20=Other "Not In the Labor Force" 97=Unknown	number (2)	Identifies the client's current employment status. 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. **If the client is employed and going to school, the employment code takes priority over the "Student" code. Field 50 indicates whether the client is enrolled in an education program.* *Data is to be verified by treatment staff.*	FED SOMMS NOMS
20	pri_substance_cd Substance Code Primary at Admission	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	number (2)	Identifies the client's primary substance problem. This field can only be coded as "unknown" (97) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information. This field must be coded as "none" (1) if and only if the client was admitted as co-dependent/collateral. Data is to be verified by treatment staff.	FED SOMMS NOMS

	Name and Description	Allowed Values	Format	Definition	Code
		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			
21	sec_substance_cd Substance Code Secondary at Admission	Same as Field 20	number (2)	Data is to be verified by treatment staff.	FED SOMMS NOMS
22	ter_substance_cd Substance Code Tertiary at Admission	Same as Field 20	number (2)	Data is to be verified by treatment staff.	FED SOMMS NOMS
23	pri_admin_route_cd Route of Administration-Primary	0=Other 1=Oral (Swallowed) 2=Smoking 3=Inhalation (Fumes) 4=Iv Injection 5=Non-Iv Injection 6=Nasal (Snorted, Sniffed) 7=Unknown 8=Not Applicable	number (1)	The way the client usually administers his/her primary substance of abuse. This field should be coded as “unknown” (7) only if the client’s Substance Code Primary at Admission was also coded as “unknown” (97). This field must be coded as “not applicable” (8) if and only if the client’s Substance Code Primary at Admission was coded as “none” (1).	FED SOMMS
24	sec_admin_route_cd Route of Administration-Secondary	Same as field 23	number (1)	The same as Route of Administration – Primary, but for the client’s secondary substance.	FED SOMMS
25	ter_admin_route_cd Route of Administration-Tertiary	Same as field 23	number (1)	The same as Route of Administration – Primary, but for the client’s tertiary substance.	FED SOMMS

	Name and Description	Allowed Values	Format	Definition	Code
26	pri_frequency_use_cd Frequency of Use - Primary at Admission	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 during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field should be coded as “unknown” (7) only if the client’s Substance Code Primary at Admission was also coded as “unknown” (97). This field must be coded as “not applicable” (8) if and only if the client's Substance Code Primary at Admission was coded as “none” (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
27	sec_frequency_use_cd Frequency of Use - Secondary at Admission	Same as field 26	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as “not applicable” (8) if and only if the client’s Substance Code Secondary at Admission was coded as “none” (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
28	ter_frequency_use_cd Frequency of Use - Tertiary at Admission	Same as field 26	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as “not applicable” (8) if and only if the client’s Substance Code Tertiary at Admission was coded as “none” (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
29	pri_first_use_age Age of First Use - Primary	***0=Indicates a newborn with a substance dependency problem*** ***1-95=Age*** 97=Unknown 98=Not Applicable	number (2)	For drugs other than alcohol, this field identifies the first voluntary use of the substance in the corresponding primary substance of abuse. For alcohol as the primary substance, it is the age of first intoxication. This field should be coded as “unknown” (97) if the client’s Substance Code Primary at Admission was also coded as “unknown” (97). This field must be coded as “not applicable” (98) if and only if the client’s Substance Code Primary at Admission was coded as “none” (1). **The age must be less than the client's current age, but not less than their birthdate. Current age is calculated by taking the date the file was processed and calculating years since birth date.**	FED SOMMS
30	sec_first_use_age Age of First Use - Secondary	Same as field 29	number (2)	The same as the Age of First Use – Primary, but for the secondary substance of abuse.	FED SOMMS
31	ter_first_use_age Age of First Use - Tertiary	Same as field 29	number (2)	The same as the Age of First Use – Primary, but for the tertiary substance of abuse.	FED SOMMS

	Name and Description	Allowed Values	Format	Definition	Code
32	living_arrangment_cd Living Arrangement at Admission	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 = Individaul 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
33	primary_income_cd Primary Source of Income	1=Legal Employment, Wages and Salary 2=Welfare, Public Assistance 3=Pension, Retirement Benefits, Social Security 4=Disability, Worker's Compensation 5=Other 6=None 7=Unknown	number (1)	Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.	FED
34	health_insurance_code Health Insurance	1=Private Insurance 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=HMO 6=Other (Champus) 7=Unknown 8=None 9=CHIP	number (1)	Specifies the client's health insurance. The insurance may or **may not** cover alcohol or drug treatment.	FED

	Name and Description	Allowed Values	Format	Definition	Code
35	payment_source_cd Expected/Actual Source of Payment	1=Self Pay 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=Other Government Payments 6=Worker's Compensation 7=Other Health Insurance Co. 8=No Charge/Free/Charity 9=CHIP ~~10=CIAO~~ ** 11=Drug Court 20=Other 97=Unknown	number (2)	Identifies the primary source of payment for the current treatment event/modality. Those clients operating under a split payment fee arrangement between multiple payment sources are to default to the payment source with the largest percentage. When the payment percentages are equal, either one can be selected. ** CIAO is an invalid code value as of FY2008	FED
36	methadone_ind Opiod Replacment Therapy	1=Yes 2=No 7=Unknown	number (1)	Identifies the planned or actual use of methadone, LAAM, Buprenorphine or other opioid replacement therapy as part of the client's treatment plan.	FED SOMMS
37	pregnant_ind Pregnant at Time of Admission	1=Yes 2=No 7=Unknown	number (1)	Identifies whether or not the client is pregnant at admission. Only females may be coded as pregnant. Women who report at first contact a need for services and who report being pregnant must be admitted into treatment, or at a minimum, approved interim services, within 48 hours or be referred to DSAMH within 24 hours.	FED
38	psychiatric_ind Psychiatric Problem	1=Yes 2=No 7=Unknown	number (1)	Identifies whether the client has a psychiatric problem (a DSM Axis I or II Diagnosis) **in addition** to his/her alcohol or drug use problem.	FED
39	wait_days_nbr Time Waiting to Enter Treatment	0-996=Number of Days 997=Unknown	number (3)	Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was available. Women who report at first contact a need for services and who report being pregnant must be admitted into treatment, or at a minimum, approved interim services, within 48 hours or be referred to DSAMH within 24 hours.	FED
40	children_nbr Number of Children	0-96=Number of Children 97=Unknown	number (2)	Specifies the number of children, age 17 or less, birth or adopted. The children may or may not live with the client.	STATE
41	criminal_justice_nbr Number of Arrests at Admission	0-96=Number of Arrests 97=Unknown	number (2)	*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 admission to treatment. 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 admission. (Data was previously collected for the six months prior to admission. NOMS asks for 30 days.)* *Data is to be verified by treatment staff.*	FED SOMMS NOMS

	Name and Description	Allowed Values	Format	Definition	Code
42	drug_court_cd Drug Court Participation	See Code list on SAMHIS Website.	number (2)	This field is to track the clients who are involved in drug court in some way.	STATE
43	tobacco_use Tobacco Use	1 = Never Smoked/Vaped 2 = Former Smoker/E-Cig User 3 = Current Some Day Smoker/E-Cig User 4 = Current Everyday Smoker/E-Cig User 6 = Use Smokeless nicotine Only (In last 30 days) 97 = Current Status Unknown 98 = Not Applicable 99 = Former Smoking/E-Cig Status Unknown.	number (2)	This field is used to track the nicotine (both cigarettes, including e-cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both cigarettes/vaping and smokeless tobacco only keep track of the frequency of cigarette/vaping use. Current Some Day Smoker/E-Cig User - Occasional user	STATE
44	tobacco_age Age of First Use of Tobacco	0-96=Age 97=Unknown 98=Not Applicable	number (2)	This is to collect the age of first use of tobacco for those clients that have ever used tobacco products, including clients that are current users of tobacco products. Age: the codes from 0 to 96 will be allowed for the age that the client first started using any tobacco product. Unknown: this is for clients who for some reason do not know the age when they first started using any tobacco products. Not Applicable: This is the code that will also be used for those clients that never have used tobacco and thus don't have an age of first use.	STATE
45	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 twenty letters. *Please see the Supplemental Defintions for more details.*	STATE
46	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 twenty letters. *Please see the Supplemental Defintions for more details.*	STATE
47	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
48	family_size Number of Persons in Client's Household	1-9=Number of Persons 10=More than 9 persons in client's household 97=Unknown	number (2)	The total number of persons in the client's legal family with whom he/she lives, **including the client.** *The following should be included: parents, children, stepchildren, step-parents, siblings, half-siblings, step-siblings, children in court-ordered custody, and cohabitating partners. The following should be included IF	STATE

	Name and Description	Allowed Values	Format	Definition	Code
				they are dependent upon the household income: grandparents, step-grandparents, grandchildren, step-grandchildren, aunts, uncles, and cousins.	

	Name and Description	Allowed Values	Format	Definition	Code
49	family_income Client's household income	Monthly Gross Income ***0=None*** 97=Unknown	number (6)	Total of all legal **monthly** income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income. Do not use commas, decimals, or dollar signs ($). *For example, $100.00 should be "100", not "100.00" or "10000".*	STATE
50	enrolled_ed Enrolled in education	1=Yes 2=No 7=Unknown	number (1)	Indicates whether the client is enrolled in an education program at the time of admission. 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, a college degree or other formal certification or license."*	STATE
51	DiagA1 Axis I or ICD 10 Diagnosis 1	DSM IV or ICD 10 Code	String (10)	Submit most current diagnosis. We require a current and complete list of all diagnoses that are being treated up to 13. Leave subsequent fields blank if no subsquent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.	FED DIAG
52	DiagA1_Date Date DiagA1 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
53	DiagA2 Axis I or ICD 10 Diagnosis 2	DSM IV or ICD 10 Code	String (10)		STATE DIAG
54	DiagA2_Date Date DiagA2 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
55	DiagA3 Axis I or ICD 10 Diagnosis 3	DSM IV or ICD 10 Code	String (10)		STATE DIAG
56	DiagA3_Date Date DiagA3 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
57	DiagA4 Axis I or ICD 10 Diagnosis 4	DSM IV or ICD 10 Code	String (10)		STATE DIAG
58	DiagA4_Date Date DiagA4 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
59	DiagA5 Axis I or ICD 10 Diagnosis 5	DSM IV or ICD 10 Code	String (10)		STATE DIAG
60	DiagA5_Date Date DiagA5 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
61	DiagA6 Axis I or ICD 10 Diagnosis 6	DSM IV or ICD 10 Code	String (10)		STATE DIAG
62	DiagA6_Date Date DiagA6 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
63	DiagA7 Axis I or ICD 10 Diagnosis 7	DSM IV or ICD 10 Code	String (10)		STATE DIAG
64	DiagA7_Date Date DiagA7 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
65	DiagA8 Axis I or ICD 10 Diagnosis 8	DSM IV or ICD 10 Code	String (10)		STATE DIAG
66	DiagA8_Date Date DiagA8 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
67	DiagA9 Axis I or ICD 10 Diagnosis 9	DSM IV or ICD 10 Code	String (10)		STATE DIAG
68	DiagA9_Date Date DiagA9 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
69	DiagA10 Axis I or ICD 10 Diagnosis 10	DSM IV or ICD 10 Code	String (10)		STATE DIAG
70	DiagA10_Date Date DiagA10 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
71	DiagB1 Axis II or ICD 10 Diagnosis 1	DSM IV or ICD 10 Code	String (10)		STATE DIAG
72	DiagB1_Date Date DiagB1 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
73	DiagB2 Axis II or ICD 10 Diagnosis 2	DSM IV or ICD 10 Code	XNN.NN		STATE DIAG
74	DiagB2_Date Date DiagB2 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
75	DiagB3 Axis II or ICD 10 Diagnosis 3	DSM IV or ICD 10 Code	XNN.NN		STATE DIAG
76	DiagB3_Date Date DiagB3 was given		mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	STATE DIAG
77	SAMHIS Client ID	SAMHIS client ID	number (10)	SAMHIS Client ID should be included or left blank until available	FED SOMMS
78	probation_ind Probation Indicator Legal Status	1 = Yes 2 = No	number(1)	Cannot be left blank. If not collected then default to 2 (No). This field is specific to adults who have an open case with AP&P and youth as applicable.	STATE
79	parole_ind Parole Indicator Legal Status	1 = Yes 2 = No	number(1)	Cannot be left blank. If not collected then default to 2 (No). This field is specific to adults who have an open case with AP&P and youth as applicable.	STATE
80	dcfs_ind Division of Child & Family Services (DCFS) Indicator Legal Status	1 = Yes 2 = No	number(1)	Cannot be left blank. If not collected then default to 2 (No). Individual must have an open/active case with DCFS.	STATE
81	dora_ind DORA Indicator	1 = Original DORA 2 = No 3 = Amended DORA	number(1)	Cannot be left blank. If not collected then default to 2 (No). All amended DORA admit and discharge records are required to be submitted monthly as of July 1, 2009.	STATE
82	recommend_service_prog_cd Recommended Service/Program Type	0=Treatment not Recommended 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 10=Education Only / Treatment Not Recommended 98=Not Collected	number (2)	Recommended Service/Program Type treatment based upon the assessment ASAM. Cannot be left blank If not collected then default to 98.	STATE

	Name and Description	Allowed Values	Format	Definition	Code
83	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 admission. Cannot be left blank 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. Data is to be verified by treatment staff.	NOMS*
84	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.	
85	EBP2 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
86	EBP3 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
87	EBP4 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
88	EBP5 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
89	EBP6 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
90	EBP7 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
91	EBP8 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
92	EBP9 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
93	EBP10 Evidence Based Practices	See Code List available on the SAMHIS website.	Number (3)		
94	Sequencing Date	Date	mm/dd/yyyy	On a change record, use date to indicate in what order change records should be processed.	
95	Veteran status (Have you ever or are you currently serving in the military?)	Y = Yes N = No 97 = Unknown	string (2)	This required variable is to be updated at the 6-month case review. (Have you ever or are you currently serving in the military?)	STATE
96	Provider_note	Comment Field	Text (60)	Comment field for provider use. Cannot contain single or double quotes. Cannot contain commas.	
97	Compelled	1 = Yes 2 = No 97 = Unknown 98 = Not collected	number (2)	Criminal court compelled for treatment indicator. This required variable is to indicate if a client has been court compelled for treatment by a criminal court. Compelled includes; Plea in Abeyance (Including Drug Court) Diversion Programs Criminal Court Order Release from jail condition Sentence Probation/Parole Condition (including DORA). This variable needs to be updated anytime it changes. **This field should not have more than 10% unknowns.**	STATE

	Name and Description	Allowed Values	Format	Definition	Code
98	Justice Risk Level	1 = Low risk 2 = Not low risk (moderate/high risk) 97 = Unknown 98 = Not collected	number (2)	Criminogenic risk level as determined by the validated tool approved in your Justice Certification Plan. Required for all clients that are reported as compelled to treatment. This variable is indicate whether the ciminogenic risk level for client compelled is Low or Not Low risk.	STATE

* This field is not currently submitted to SAMHSA in the TEDS submission file, however, it is required on the block grant application form.