CDC MANUAL FY11

ODMHSAS/OHCA
Behavioral Health Customer Data Core Manual

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CDC QUESTIONS? WHO TO CALL?

For questions, please call the ODMHSAS Helpdesk at 1-405-522-0318 or 1-877-522-0318 or you may send an email to the helpdesk@odmhsas.org.

CUSTOMER DATA CORE

The Customer Data Core (CDC) is a multi-purpose form. This form records pre-admissions, admissions, changes in treatment, level of care, and discharges. The CDC collects socio-demographic information about the customer in addition to diagnostic information. The CDC data are utilized for a multitude of purposes, e.g., linkage of services throughout facilities statewide, identification of target groups being served, recording history of drug use or identifying persons with serious mental illness being served.

TRANSACTION TYPES

There are six groups of transactions, which use twenty-one different transaction types. They are:

1. Preadmission/Contact (Types 21, 25, and 27)
2. Admission (Type 23)
3. Level of Care Change (Type 40)
4. Information Update (Type 41)
5. Six-month Update (Type 42)
6. Discharge (Types 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72 and 92)

The date for each transaction is when the type of event occurred, not when the information was entered into the system. The date may be backdated to indicate the date the event occurred.

The transaction type and specific service focus will determine what type of prior authorization (PA) is given. For example, if an ODMHSAS-contracted substance abuse treatment agency reports an admission, a substance abuse service focus and a halfway house level of care, the PA created will be an instant PA for six months for halfway house services. If the service focus had been reported as mental health, an instant PA for community living would have been created.

An ‘open admission’ refers to a customer who has an admission (transaction type 23) in the system, but has not had a discharge (transaction types 60-72) reported.

Transactions must be entered into the system in a specific order. Transaction types 21, 23, 25, and 27 can only be entered if a customer does not have an open admission. Transaction types 40 through 72 can only be entered if a customer does have an open admission.

CONTACTS (TRANSACTION TYPES 21, 25, 27)

Contact transaction types (21, 25 and 27) signify that an admission was not appropriate or was unattainable for this individual at the time of contact. Examples might include: (1) an individual who was seen by a staff member, but an admission to the agency did not occur due to an emergency situation; (2) the customer was ambivalent regarding the initiation of treatment services; (3) a referral to a different facility for treatment was deemed appropriate; or (4) the customer refused treatment. Mostly commonly, a pre-admission transaction type 21 is reported to obtain a prior authorization for initial service payment for the customer. This allows the provider to provide some services before formally admitting the customer.

Contacts (transaction types 21, 25, and 27) require the completion of Section I of the Customer Data Core (CDC), name, and address.

PRE-ADMISSION CONTACT (TYPE 21)

Pre-Admission Contacts request a Pre-Admission Services PA group. In order to submit a Pre-Admission contact, complete Section I, Name, and Address on the CDC and report the service with the Member ID.

FAMILY SUPPORT CONTACT (TYPE 25)

Family Support Contact is for agencies providing services to family members of admitted customers. A contact 25 is for all individuals at the treatment session, regardless of the number of family members attending each treatment session.

The family support contact type 25 is only reported once every six months.

FIRST CONTACT WITH INTENT TO ASSESS (TYPE 27)

The purpose of this type of contact is to assist those agencies that desire to collect the NIATx measure of timeliness to treatment. Agencies involved in the STAR-SI project are required to report this information. This type of contact is also available to non-STAR-SI agencies who wish to make use of the NIATx process; reporting for non-STAR-SI agencies is optional.

The intent of the first contact transaction is to calculate timeliness to treatment, i.e., the time from a member's first contact with an agency (in person or by phone) until the assessment or admission.

The situation of First Contact is one in which an assessment is deemed necessary, and an appointment for the assessment is set. The customer may or may not show up for the planned assessment appointment, but this First Contact information is necessary to calculate the Assessment Conversion rate (number of assessments divided by the number of contacts), which is also required by the STAR-SI grant.

Reporting the First Contact with Intent to Assess (transaction type 27) is not a billable service in itself; it is for data collection purposes only. Providers may not submit a service with the First Contact with Intent to Assess (transaction type 27) for the sole purpose of getting paid to collect the information.

- If the agency does walk-in assessments (no appointments required), the First Contact with Intent to Assess (transaction type 27) still needs to be completed to indicate the assessment was conducted on the date of first contact.

- There is no system limitation on the number of First Contact with Intent to Assess (transaction type 27) that can be reported.

- In the case of a missed assessment, a new First Contact with Intent to Assess (transaction type 27) should be used to set a new assessment appointment. Do not use a transaction type 27 if the customer has shown up to do the first part of the assessment and a second appointment is necessary to complete the assessment.

- First Contact with Intent to Assess (transaction type 27) will not need to be tied to a service, although a service can be entered for the same day.

ADMISSION (TYPE 23)

Admission (transaction type 23) reflects the beginning of an episode of treatment for the customer. Admission information includes who referred the customer for services; treatment program type or level of care to which the customer is admitted; and social and financial information regarding the customer. A treatment episode will remain open until a discharge transaction is reported. An admission (transaction type 23) requires the completion of the customer data core (CDC) form.

Regardless of the different program structures, diversity of services provided, or location of services within an agency, only one admission transaction needs to be reported until all services have been terminated. Should a customer no longer need the structured services offered in a residential program and begin to receive services in an outpatient program at the same agency, the customer is still active and the original admission is intact. In the previous example given, a provider would complete a transaction code 40 indicating a level of care change on the CDC. A change in treatment modality does not affect the admission episode.

LEVEL OF CARE CHANGE (TYPE 40)

A level of care change (transaction type 40) reflects a significant change in the treatment activities a customer will be receiving. For example, a customer admitted to a residential program may be transferred to a halfway house program sponsored by the same agency. In this case, the customer would have a level of care change from Residential Treatment (CI) to Community Living (CL). **A customer is not discharged due to a change in program or treatment focus or because of a change in service delivery within the facility.**

The changes in levels of care allow the tracking of customer movement, treatment history, and the array of services delivered and received within a specific facility. Level of care changes can only be reported using this transaction type.

Levels of care are Outpatient (OO), Community Living (CL), Residential Treatment (CI), Detoxification (SN), Community-Based Structured Crisis Care (SC), and Hospitalization (HA).

An active customer of a facility, who suddenly requires hospitalization (in a non-affiliated facility) for psychiatric stabilization, medical emergency, or chemical withdrawal, should <u>not</u> be discharged if the anticipated hospital stay is short term and the agency is aware that the customer will be returning for continuing services or treatment.

INFORMATION UPDATE (TYPE 41)

Information updates (41) allow agencies to report significant changes in a customer's demographics during a treatment episode. Information update is used to indicate customer information has changed since the last transaction was reported for the customer.

Only the fields that have changed since the last transaction on file are to be updated.

An information update (transaction type 41) cannot be reported in lieu of a six-month update (transaction type 42). Nor does the reporting of an information update modify or change the date a six-month update (transaction type 42) is due.

An information update (transaction type 41) is NOT reported to correct information on a prior transaction. For example, if a customer reported no drug use, but it is later determined that there was drug use at admission, six-month update, etc., the previous record should be **corrected** in the data system.

Level of care cannot be changed with an information update (transaction type 41).

SIX-MONTH UPDATE (TYPE 42)

Six-month updates (transaction type 42) allows providers a way to regularly report a customer's progress throughout treatment.

As part of the National Outcome Measures (NOMs), states are required to report specific measures or outcomes. These measures will eventually be used to determine the amount of federal block grant funding states receive and will be used to demonstrate the effectiveness of treatment to state legislators as well. To gather and report this information, current and accurate data are required for every person receiving services. While all data elements should be updated, there are specific variables required to respond to the NOMS. These are required to be updated for individuals in treatment every six months and with every PA extension request.

The following fields are required at Six-Month Updates:

1. Level of Functioning (GAF)
2. Frequency of Drug Use (up to 3 fields)
3. Employment
4. Type of Employment
5. In School?
6. Number of Arrests in Past 30 Days
7. Number of Arrests in Past 12 Months
8. Residence
9. Number of Times Attending Self-Help in Past 30 days
10. If child, Section III

Level of care cannot be change with a six-month update (Type 42).

DISCHARGES (TYPES 60 – 72, 92)

Discharge transactions (60-72) signify that all services for the customer have been terminated, which ends the treatment episode. Once a customer is discharged, any future encounter with the individual will necessitate reporting an admission, or, if appropriate, a contact transaction.

A discharge may occur because the customer discontinues contact with the facility; staff and customer decide services are no longer necessary; the customer moves out of the service area or state; or the customer is deceased. The discharge indicates that no future encounters with that customer are anticipated.

A customer in a residential shelter program who moves to the community, and continues to come to the facility for outpatient services, is considered an active customer. The customer is not discharged from the residential shelter program and then re-admitted to the outpatient program. Since both programs are provided under the same organizational structure, the continuity of service would not be terminated. Facilities operating offices in different counties, cities, or other separate locations do not discharge a customer because of a change in service location. As long as a customer is receiving services under the same organizational authority, regardless of a change in service focus, treatment is considered ongoing.

All fields are assumed to be updated on all transaction types. Prior to 7/1/2010, only certain fields were required to be updated for different transactions. To allow agencies to receive credit for all the changes which occurred during treatment, all fields are allowed and assumed to be updated, regardless of transaction type.

Level of care should not be changed at discharge. Whatever the last level of care the customer received at the facility, should be the level of care on the discharge. This is true even if a customer is leaving the agency and going to a different agency and a different level of care.

COMPLETED TREATMENT (TRANSACTION TYPE 60)

Transaction type 60 is reported when the customer and the clinician agree that the treatment plan has been completed and services are no longer necessary at this agency.

COMPLETED COURT TREATMENT (TRANSACTION TYPE 61)

Transaction type 61 is reported when the customer has completed the court treatment under which he/she was admitted and is no longer legally required to

remain in treatment.

LEFT AGAINST COUNSELOR'S ADVICE (ACA) – (TRANSACTION TYPE 62)

Transaction type 62 is reported when the customer leaves treatment against the advice of the clinician. If the customer wishes to stop services prior to completing treatment as outlined by their clinician and does not agree that services are no longer necessary OR the customer has not been seen in 90 days and there is no anticipation that the customer will return, use transaction type 62.

MOVED (TRANSACTION TYPE 63)

Transaction type 63 is reported when the customer moves his/her residence to a different geographical location and it is no longer feasible to receive services at the present agency. If a DOC inmate receiving services at a Special Population Treatment Unit is transferred to another correctional facility, use transaction type 63.

TRANSFERRED TO ANOTHER TREATMENT FACILITY (TRANSACTION TYPE 64)

Transaction type 64 is reported when the customer transfers to another treatment agency regardless of whether it is funded by ODMHSAS or OHCA. A discharge is not submitted if the customer is expected to return, e.g., from a hospital back to a CMHC, and continuity of care needs to be maintained.

INCARCERATED (TRANSACTION TYPE 65)

Transaction type 65 is reported when the customer's treatment is terminated due to entering a correctional facility, such as jail or prison.

BROKE RULES (TRANSACTION TYPE 66)

Transaction type 66 is reported when the customer was discharged due to breaking the rules of the facility. Customer must have broken a written rule, e.g., showed up intoxicated, not just treatment non-compliant.

ABSENT WITHOUT LEAVE (AWOL) (TRANSACTION TYPE 67)

Transaction type 67 is reported when the customer leaves an **inpatient** mental health facility before the length of time determined by a court or before the prescribed period of time indicated by the program criteria has been completed.

DEATH (TRANSACTION TYPE 68)

Transaction type 68 is reported when the agency learns the customer is deceased. If the date of death is known, report that date as the date of discharge. If not, report the date the agency received news of the death.

FAILED TO BEGIN TREATMENT (TRANSACTION TYPE 69)

Transaction type 69 is reported when a Customer Data Core admission record has been submitted but the treatment plan was not initiated.

TREATMENT INCOMPATIBILITY (TRANSACTION TYPE 70)

Transaction type 70 is reported when treatment is not complete but the staff **and the customer** feel the episode should be terminated since continued stay will not be therapeutic for the customer. This discharge is marked by repeated failure to meet treatment goals, stagnation in progress toward recovery and/or a belief that continued treatment at this facility will not achieve a successful treatment outcome for the customer. This should only occur after the treatment staff has attempted to engage or re-engage the customer in treatment and determined the treatment goals are appropriate for the customer even though they cannot be attained. All attempts to correct the treatment plan and engage the customer should be well documented in the treatment chart before discharge.

MEDICAL (TRANSACTION TYPE 71)

Transaction type 71 is reported when a customer is discharged prior to treatment completion, necessitated by a need for medical treatment that cannot be managed concurrently with treatment.

DEPENDENT CHILD LEFT DUE TO PARENTAL DISCHARGE (TRANSACTION TYPE 72)

Transaction type 72 is for residential treatment and halfway house only, and is to be used as the discharge code for dependent children. The children are in substance abuse treatment **WITH** their parents. This discharge is not to be used for the discharge of adolescents in treatment without their parents.

NO SERVICE 180 DAYS – AUTOMATIC (TRANSACTION TYPE 92)

Transaction type 92 is created when a customer has not received services in 180 days and the facility has not submitted a discharge transaction for the customer. These customers will be automatically discharged by the data system. Due to the

negative impact a 92 discharge may have on an agency's performance improvement reports, it is important that a facility discharges all customers at the appropriate time.

If you have a customer you wish to keep in the data system past the 180 days, you may do so by reporting a transaction type 42 every six months.

SECTION I

The following are instructions for completing each field of the Customer Data Core.

AGENCY

DESCRIPTION: Identifies the agency reporting the CDC. This is the OHCA Provider ID plus the single letter location identifier. Agency is referred to as 'Agency Site' in CareConnection.

VALID ENTRIES: **A 10 character number assigned by OHCA (123456789A)**.

COMMENTS: None.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

DATE OF TRANSACTION

DESCRIPTION: The date of transaction refers to the date of the event, not the date the transaction is entered into the system.

Enter the date the transaction occurred in **MMDDYYYY** format using leading zeroes as needed.

Transaction date must be before or on the current date.

VALID ENTRIES: **MMDDYYYY**

COMMENTS: Refer to section describing the specific transaction type that is being used.

FEDERALLY REQUIRED FIELD: Yes

INTER-RELATED FIELDS: Military time.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is YYYYMMDD.

TRANSACTION TIME

DESCRIPTION: The time reported is the time the transaction occurred.

Report the time in military format.

VALID ENTRIES: **0000 – 2359**

COMMENTS: Midnight is 0000.

FEDERALLY REQUIRED FIELD: No

INTER-RELATED FIELDS: Date of Transaction.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

TRANSACTION TYPE

DESCRIPTION: The Transaction Type is a two-digit code that indicates the nature of this particular event. Please refer to "Transaction Types" section for definitions.

VALID ENTRIES:

21	**Pre-admission**
23	**Admission**
25	**Family Support Contact**
27	**First Contact**
40	**Level of Care Change**
41	**Information Update**
42	**Six-month Update**
60	**Completed Treatment**
61	**Completed Court Treatment**
62	**Left ACA/No Service in 90 days**
63	**Moved**
64	**Transferred to Another Treatment Facility**
65	**Incarcerated**
66	**Broke Rules**
67	**AWOL (mental health inpatient only)**
68	**Death**
69	**Failed to Begin Treatment**
70	**Treatment Incompatibility**
71	**Medical**
72	**Dependent Child Left Due to Parental Discharge**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Transaction type determines which fields must be completed on the CDC.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

MEMBER ID

DESCRIPTION: It is critical for the Member ID to be correct because it will be the means by which this and subsequent entries for this individual will be linked to each other. In addition, if the Member ID is incorrect, payments will not be made for these individuals.

VALID ENTRIES: **9 character OHCA assigned identifier.**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

DATE OF BIRTH

DESCRIPTION: Enter the eight-digit month/day/year that represents the customer's date of birth (e.g., 01031960).

VALID ENTRIES: **MMDDYYYY**

COMMENTS: Date of birth must be before or on the transaction date.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: All age-related fields.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is YYYYMMDD.

SERVICE FOCUS

DESCRIPTION:

The Service Focus is a combination of the presenting problem(s) of the customer and the type of treatment the agency is able to provide to the customer. Many facilities provide several types of treatment (e.g., mental health and substance abuse).

The fields required for transaction types will depend on the service focus for the customer. For instance, if the service focus is Mental Health, CAR is required, but ASI/TASI are optional.

Specific edits are in place to ensure the appropriate information is completed for each service focus. In some case, the service focus will effect which type of prior authorization (PA) is received, or whether an instant PA is created.

VALID ENTRIES:

01 **Mental Health: CAR required, ASI or TASI optional**
This service focus would be used if the facility is treating a consumer with only mental health problems. No substance abuse or gambling problems are present.

02 **Substance Abuse: ASI or TASI required, CAR Optional**
This service focus would be used if the facility is treating a consumer with only substance abuse problems. No mental health or gambling problems are present.

03 **Drug Court: ASI required, CAR Optional**
This service focus is used if the facility has a qualified drug court substance abuse treatment program and the consumer has been remanded to drug court treatment. If used, a Drug Court number is required on the CDC. Must by 18 years or older.

06 **Mental Health and Substance Abuse: CAR required, ASI or TASI required**
This service focus is used for consumers in programs that are providing EITHER Mental Health (MH) OR Substance Abuse (SA) services and referring consumers on to the other type of services that is not being treated at that facility.

09 **Special Populations Treatment Unit: ASI Required, TASI not reportable, CAR Optional**
SPTU is for indigent offenders who are released from prison and are on probation/parole. Some of the SPTU money is spent on prison-based substance abuse programs. The inter-local agreement states: Prison-based programs are substance abuse programs for targeted

offenders sentenced to incarceration and currently housed or residing in one of DOC facilities. If used, a DOC number is required on the CDC. Must be 16 years or older.

11 **Other (Residential Care, Homeless and Housing Services, Employment Services, ICCD Clubhouses, Divorce Visitation): CAR/ASI/TASI optional, LOF**

12 **PACT: CAR Required, ASI required if CAR substance abuse domain >= 30, otherwise ASI is optional**
The Program of Assertive Community Treatment (PACT) is an effective, evidenced-based, outreach-oriented, service delivery model using a 24-hour-per-day, seven-days-per-week approach to community based mental health services. Must be 18 years or older.

13 **Co-Occurring (Mental Health and Substance Abuse): CAR required, ASI/TASI required**
This service focus is used for consumers in programs that are providing BOTH Mental Health (MH) AND Substance Abuse (SA) service at the same time (fully integrated programs). Also, no gambling problems are present.

14 **SOC (Systems of Care): CAR required, ASI/TASI optional**
This service focus is used for customer in the Systems of Care program only.

15 **Mental Health Court: CAR required, ASI optional**
Must be 18 years or older.

16 **ICC (Intensive Care Coordination): CAR required, ASI optional**
Intensive Care Coordination Teams are designed to transition individuals with serious mental illness from Griffin Memorial hospital or The Oklahoma County Crisis Center to Community Mental health centers. They provide support in the community related to housing, medical care, vocational opportunities and various community resources. Teams are expected to visit GMH and OCCIC regularly to develop relationships with potential referrals and hospital staff, obtain assessment information and assist with discharge planning.

17 **Mental Health Court/PACT: CAR Required, ASI required if CAR substance abuse domain >= 30, otherwise ASI is optional**
Must be 18 years or older.

18 **ICC/Mental Health Court: CAR required, ASI optional**
Must be 18 years or older.

19 **Gambling Addiction: Either CAR or ASI/TASI required**
This service focus would be used if the facility is treating a customer with only gambling problems. No other mental health or substance abuse problems are present.

20 **Gambling/Mental Health: CAR required, ASI/TASI optional**
This service focus would be used if the facility is treating a customer with gambling and mental health problems. No substance abuse problems are present.

21 **Gambling/Substance Abuse: CAR optional, ASI/TASI required**
This service focus would be used if the facility is treating a customer with gambling and substance abuse problems. No mental health problems are present.

22 **Reentry Intensive Care Coordination Team (RICCT) Mental Health: CAR required, ASI optional**

23 **Day School: CAR optional, TASI required**

24 **Medication Clinic Only Customer: CAR required, ASI/TASI optional**

26 **Mobile Crisis: CAR/ASI/TASI not allowed**

27 **Long-term Inpatient: CAR required, ASI/TASI optional**

30 **Non-OHCA Non-DMHSAS customer: CAR/ASI/TASI optional**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: LOF, Drug Court ID, DOC Number, CAR, ASI, TASI, Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

RACE

DESCRIPTION: The codes, based on U.S. Census Bureau definitions, are as follows:

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black/African American: A person having origins in any of the black racial groups of Africa.

American Indian: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands.

VALID ENTRIES: **Mark all applicable races.**

COMMENTS: At least one race must be selected, but multiple races are allowed.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Race is a loop within the EDI. The codes for race in EDI are: 01 for American Indian or Alaskan Native, 02 for Asian, 03 for Black or African American, 04 for Native Hawaiian or Other Pacific Islander, 06 for White.

SOCIAL SECURITY NUMBER (SSN)

DESCRIPTION: All agencies are required to collect and report SSN. All zeros can be reported if the customer is an alien or under the age of one. For individuals, who a SSN is not immediately available, an agency may report all zeros, but must correct the CDC as quickly as possible.

VALID ENTRIES: **Any valid Social Security Number**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

ETHNICITY

DESCRIPTION: Hispanic/Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or descent. If only Hispanic/Latino then Race is White.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: If Hispanic/Latino is yes or no, you still must choose a race.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Race.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

GENDER

DESCRIPTION: Identifies the customer's gender.

VALID ENTRIES: **F** Female

M Male

COMMENTS: None.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Pregnant and Maiden Name fields.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Female = 01, Male = 02.

ALERT INFORMATION

DESCRIPTION: Should an item of concern need to be identified, staff can briefly identify the nature of the concern. This is **not** a required field.

VALID ENTRIES: **Any 50-character response.**

COMMENTS: In the past, this field has allowed ODMHSAS to collect new information without having to change the CDC. After the Murrah Building Bombing, this field was used to identify the different groups of individuals receiving treatment. For example, using the words survivor, relative, rescue worker, and the like helped us determine who was seeking services and what populations might not be accessing care.

Frequently, agencies use this field to help them identify a certain population. At one agency, this field is used to report allergies. At another agency, the field identifies individuals at risk of suicide or individuals with depression. At another agency, it identifies individuals with possible contagious health-related conditions.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Optional.

SCREENING

DESCRIPTION: Screening is a formal process to determine the likelihood that an individual may be experiencing mental health, substance abuse, or trauma related disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for more in-depth assessment.

List of **possible** screening tools to utilize:

1. Integrated Screens
    a. OK COD Screen
    b. AC-COD Screen
2. Mental Health Screens
    a. Mental Status Exam (MSE)
    b. Mini-Mental Status Exam (MMES)
    c. Brief Symptom Inventory (BSI)
    d. Brief Psychiatric Rating Scale (BPRS)
    e. Mental Health Screening Form III
    f. BASC-2
3. Substance Use Screens
    a. Brown Two-Item
    b. CAGE/CAGE-AID
    c. TWEAK
    d. T-ACE
    e. Alcohol Dependence Scale (ADS)
    f. MAST (including brief and short variations)
    g. DAST (including 10, 20, and 28 item variations)
    h. DALI
    i. AUDIT and variations
    j. ASSIST
    k. UNCOPE
    l. CRAFFT
    m. CIWA-Ar
    n. SASSI
4. Trauma Screens
    a. LSC-R
    b. PCLC
    c. Trauma Questionnaire from START

Enter 1 for 'Positive' (Need for further treatment), 2 for 'Negative' (No need for further assessment), and 3 for 'Not Administered' in the box next to each screen type

Valid Entries:

1 Positive
2 Negative

3 Not administered

COMMENTS: 1, 2 or 3 must be selected for each of the three screens (Mental Health, Substance Abuse, and Trauma).

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Screening is a loop in EDI.

PRIMARY REFERRAL

DESCRIPTION: At admission (transaction type 23) or pre-admission/contact (transaction type 21, 25, 27), enter the referral code that best indicates from whom\where the individual was referred for services. Using the referral code list on the back of the CDC or in the Appendix, enter the two-digit code that corresponds to the referral source.

At discharge (transaction type 60-72), Primary Referral should indicate where the customer is being referred.

Referral does not need to be changed on information updates (41), level of care changes (40), or six-month updates (42).

VALID ENTRIES: **2 characters - see code list in appendix.**

COMMENTS: It is common for agencies to over report "01 – Self". While it may be common for customers to report self-referral, in many situations they have been 'encouraged' to seek treatment from an external source. It is important to identify these external sources to determine the number of customers involved in other systems such as the criminal justice or social services system.

Another common error is not updating the referral source at discharge. This is especially true for agencies that have data systems that copy the admission referral to the discharge screen. It is extremely important that agencies indicate where the customer has been referred for continuing services after discharge, if they are being returned to the criminal justice system, or if no further services are indicated. If an agency is recommending customers should continue to attend self-help groups, it is particularly important that this referral be reported.

If referral is 40, then a referral agency NPI number must be reported in the next field. Referral type 36 can only be used with transaction type 68. Referral type 28 can only be used with transaction types 62 and 67. Primary and Secondary referral cannot be the same, except for referral type 40. Referral type "06-Employer/Union" and "26-Reachout Hotline/Advertising Media" cannot be used at discharge. Referral type "31-Additional Service Recommend, Referral not Attainable" can only be used at discharge (transaction types 60-72). Referral type 39 can only be used with a transaction type 64.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Transaction Type and Referral Agency.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Referral and Referral Agency are a loop in EDI.

PRIMARY REFERRAL AGENCY NUMBER

DESCRIPTION: If the primary referral is from an ODMHSAS/OHCA Funded Facility (referral code 40), the ten-character NPI for that facility must be entered. If the primary referral is from an organization that is not funded by ODMHSAS/OHCA, leave this field blank.

VALID ENTRIES: **10-character NPI**

COMMENTS: Primary Referral Agency cannot be the same as Secondary Referral Agency. Agencies cannot refer to themselves. The referral agency must have a current contract with OHCA or ODMHSAS.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Primary Referral.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if primary referral is 40.

EDI ISSUES: Referral and Referral Agency are a loop in EDI.

SECONDARY REFERRAL

DESCRIPTION: Should there be a secondary referral, enter the appropriate referral code of the additional referral. At admission (transaction type 23) or pre-admission/contact (transaction type 21, 25, 27), enter the referral code that best indicates from whom\where the individual was referred for services. Using the referral code list on the back of the CDC or in the Appendix, enter the two-digit code that corresponds to the referral source.

At discharge (transaction type 60-72), Primary Referral should indicate where the customer is being referred.

Referral does not need to be changed on information updates (41), level of care changes (40), or six-month updates (42).

VALID ENTRIES: **2 characters - see code list in appendix.**

COMMENTS: It is common for agencies to over report "01 – Self". While it may be common for customers to report self-referral, in many situations they have been 'encouraged' to seek treatment from an external source. It is important to identify these external sources to determine the number of customers involved in other systems such as the criminal justice or social services system.

Another common error is not updating the referral source at discharge. This is especially true for agencies that have data systems that copy the admission referral to the discharge screen. It is extremely important that agencies indicate where the customer has been referred for continuing services after discharge, if they are being returned to the criminal justice system, or if no further services are indicated. If an agency is recommending customers should continue to attend self-help groups, it is particularly important that this referral be reported.

If referral is 40, then a referral agency NPI number must be reported in the next field. Referral type 36 can only be used with transaction type 68. Referral type 28 can only be used with transaction types 62 and 67. Primary and Secondary referral cannot be the same, except for referral type 40. Referral type "06-Employer/Union" and "26-Reachout Hotline/Advertising Media" cannot be used at discharge. Referral type "31-Additional Service Recommend, Referral not Attainable" can only be used at discharge (transaction types 60-72). Referral type 39 can only be used with a transaction type 64.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Some referral codes are required for certain discharges and some can only be used with particular transaction types. If the secondary referral code is 40, then a secondary agency code must be reported.

REQUIRED, CONDITIONAL OR OPTIONAL: Optional.

EDI ISSUES: Referral and Referral Agency are a loop in EDI.

SECONDARY REFERRAL AGENCY NUMBER

DESCRIPTION: If the secondary referral is from an ODMHSAS/OHCA Funded Facility (referral code 40), the ten-character NPI for that facility must be entered. If the secondary referral is from an organization that is not funded by ODMHSAS/OHCA, leave this field blank.

VALID ENTRIES: **10-character NPI**

COMMENTS: Primary Referral Agency cannot be the same as Secondary Referral Agency. Agencies cannot refer to themselves. The referral agency must have a current contract with OHCA or ODMHSAS.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Secondary Referral.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if secondary referral is 40.

EDI ISSUES: Referral and Referral Agency are a loop in EDI.

COUNTY OF RESIDENCE

DESCRIPTION: This is the county where the individual is residing at the time of transaction. Each county in Oklahoma has a two-digit numerical code.

If the individual is an Oklahoma resident, enter the county code that corresponds to his/her county of residence. If the individual is a resident of another state, then enter the two-character alpha code that corresponds to that state. If the individual is homeless, report the county in which the individual spent the previous evening. If the individual is in an institution or in prison, report the county where the facility is located.

VALID ENTRIES: **See appendix for code list.**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

ZIP CODE

DESCRIPTION: The five-digit zip code associated with the individual's address must be completed. In addition, the "Zip Plus Four" can be reported if known. If determined that the individual is "Homeless-Streets," with no legal address, enter 99999. If all nines are entered, then the current residence must equal "Homeless-Streets" (J). If customer's residence is "Homeless-Shelter" (I), report the zip code of the shelter.

VALID ENTRIES: **5 or 9 characters**

COMMENTS: To find a zip code for an address, you may use this link: http://zip4.usps.com/zip4/welcome.jsp (dated 2/3/2010).

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Residence.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

SECTION II

RESIDENCE

DESCRIPTION: For inpatient settings (hospitalization, residential treatment, halfway house, crisis unit, etc.) at admission, the residence is based on where the customer residence was before entering treatment. For these settings at discharge, report to where the customer is going. For outpatient treatment, the residence is based on where the customer currently is.

VALID ENTRIES:

A **Permanent Housing -** Permanent housing is integrated in the community (house, duplex, mobile trailer home, apartments, retirement living centers, school dormitories, fraternities/sororities, etc). Housing either is owned by the person or includes the full rights of tenancy; including a lease, a key, privacy, and the choice of a roommate, where relevant. Specialized housing support services are not provided (although the person may be receiving general outpatient mental health/addiction services).

B **Permanent Supported Housing - Non-Congregate -** Permanent housing integrated in the community (house, duplex, mobile trailer home, apartments). Typically housing will be scattered in the community, however, if housing unit is in a complex (such as apartments), no more than half of the total number of apartment units would have people with mental illness and/or addiction disorders living in them. Housing either is owned by the person or includes the full rights of tenancy; including a lease, a key, privacy, and the choice of a roommate, where relevant. Specialized housing support services (on-going and regular) are being provided in the home/community targeted to assist people with mental illness and/or addiction disorders with maintaining safe and affordable permanent housing (ex: evaluation of housing support needs; assistance with accessing and maintaining income/benefits; assistance with other home management activities such as housekeeping, paying bills, budgeting, grocery shopping and food preparation; and assistance with building relationships/natural supports (including landlord, neighbors, family, friends, and cultural and social networks). Although the person may be receiving general outpatient mental health/addiction services that may periodically or indirectly address housing needs (such as general Case Management), this residence designation can only be used if the person is receiving specialized housing support services.

C **Permanent Supported Housing - Congregate -** Permanent

housing in a setting typically with multiple housing units (such as apartments), where more than half of the total number of housing units have people with mental illness and/or addiction disorders living in them. This also includes housing with single room occupancy (SRO) units, where a person has a one room apartment and shares common living areas (such as living room, kitchen and in some cases a bathroom). All housing includes the full rights of tenancy, including a lease, a key, privacy, and the choice of a roommate, where relevant. On-going and regular, specialized housing support services are being provided in the home/community targeted to assist people with mental illness and/or addiction disorders with maintaining safe and affordable permanent housing (ex: evaluation of housing support needs; assistance with accessing and maintaining income/benefits; assistance with other home management activities such as housekeeping, paying bills, budgeting, grocery shopping and food preparation; and assistance with building relationships/natural supports (including landlord, neighbors, family, friends, and cultural and social networks). Although the person may be receiving general outpatient mental health/addiction services that may periodically or indirectly address housing needs (such as general Case Management), this residence designation can only be used if the person is receiving specialized housing support services.

D **Transitional Housing -** Transitional residence for people with mental illness and/or addiction disorders needing on-site supports (includes transitional living facilities). This type of housing is intended to assist residents with stabilization and acquisition of skills necessary to transition to permanent supported or permanent housing.

E **Temporary Housing -** Housing in the community in which the person's stay in the residence is considered temporary and time-limited in nature. Includes hotels/motels and people who are sleeping on the sofa or floor of a friend or family member (no permanent residence).

F **Residential Care Facility/Group Home -** A group living environment (shared living spaces) specifically for the room, board, and care of people with mental illness (including youth with a serious emotional disturbance) and physical disabilities. Medical staff is not required for this setting.

G **Nursing Home -** is a group living environment specifically for the care of older people and people with mental illness and physical disabilities. Medical staff is required for this setting.

H **Institutional Setting -** includes psychiatric institutions, schools for people with mental and physical disabilities, and correctional facilities. If institutional setting is selected, then living situation for the customer must equal 1 (alone).

I **Homeless - Shelter -** includes a domestic violence shelter, shelter for displaced or homeless individuals (like Salvation Army, Jesus House, etc.). The zip code and address of the shelter should be reported when residence = "Homeless-Shelter."

J **Homeless - on the street -** should be reported for anyone living on the street, in their car, or in any place not meant for human habitation. The zip code should be '99999' and address can either be the word "Homeless" or the address of the agency. City, county, and state should be where they slept last night.

COMMENTS:

A homeless person under CDC criteria is a person who: (a) lacks a fixed, regular and adequate night time residence AND (b) has a primary night time residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations including welfare hotels, congregate shelters, halfway houses, and transitional housing for the mentally ill; or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, not limited to people living on the streets. Individuals are considered homeless if they have lost their permanent residence, and are temporarily living in a shelter to avoid being on the street.

Customers can self-report that they are homeless. If they lose their housing and they have to sleep in a shelter or on the streets as identified above, then they would count as homeless. Only one night meets the conditions to be homeless. If they are in a hospital they are not counted as homeless. Prisoners being released or in the custody of a correctional facility are not considered homeless at the time of admission for treatment. The definition also excludes persons in a hospital, residential care facility, commercial hotel/motel, supervised apartment, or living with parent/other relative (even if only temporarily). The definition does include domestic violence and sexual assault shelters, as the persons have fled a residence that is not adequate (i.e., not safe).

If an individual selects 'H-Institutional Setting' then '1-Alone' must be selected for Living Situation.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Living Situation, Zip Code and In Prison or Jail.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

IS CUSTOMER IN PRISON OR JAIL?

DESCRIPTION: This field is used to identify individuals in prison or jail.

VALID ENTRIES:

1	Prison - indicates the customer is incarcerated in a state or federal correctional facility.
2	No
3	Jail – indicates the customer is incarcerated in local law enforcement facility (county, city, township, etc.)

COMMENTS: If customer is in '1 – Prison,' then residence must be 'H - Institutional Setting' and living situation is '1 – Alone.' For Prison, customer must be greater than 12 years of age.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Living Situation, Residence.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

LIVING SITUATION

DESCRIPTION: Living situation relates to the residence reported in previous field and indicates with whom the customer is residing.

VALID ENTRIES:

1 **Alone -** indicates the customer is living with no one; or living in an institutional or communal setting. In other words, the customer resides alone or in a setting with individuals in which interaction may only occur because of residing in the same building.

2 **With Family/Relatives -** indicates that the customer is living with a spouse, children, parents, siblings, grandparents, aunts, uncles, etc.

3 **With Non-Related Persons -** indicates friends or other non-related persons. In other words, the individuals living in the residence have agreed to share the same household, but are not related by blood or marriage. This should not be selected if the customer is living in a setting with individuals in which interaction may only occur because of residing in the same building (i.e., jail, residential care home, institutional setting).

COMMENTS: If Residence is 'H - Institutional Setting,' then Living Situation is '1 – Alone.' Even though a customer is financially independent of their family, if an adult customer is living with parents or family members, please report '2 – With Family/Relatives.'

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Residence.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

CHRONIC HOMELESSNESS

DESCRIPTION: An individual must have been on the streets or in an emergency shelter (i.e., not transitional housing), has been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years and the individual must have a disabling condition.

A disabling condition is a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Chronic homelessness only includes single individuals, not families.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: This data element is collected to help identify individuals who are repeatedly or long-time homeless. Local authorities use this information for planning. In addition, reported data secures continued funding of homeless grants.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.
f
EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

EMPLOYMENT

DESCRIPTION: This field is used to identify the employment status of the customer.

VALID ENTRIES:

1 **Full time** represents gainful employment of 35 or more hours per week.

2 **Part time** represents gainful employment of less than 35 hours per week.

3 **Unemployed** represents an individual who has been laid off, fired, or is temporarily not working and has looked for work during the past 30 days. Unemployed is to be reported only when the individual is seeking gainful employment.

4 **Not in Labor Force** represents an individual not gainfully employed and not looking for employment in the past 30 days, or is incapable of seeking employment. Not in Labor Force may include homemakers, students working, children, residents or inmates of an institution, persons retired or disabled, etc.

COMMENTS: Volunteers, if they have no other employment, should be reported in the full-time or part-time employment status depending on the number of hours they volunteer.

For residential treatment, halfway, detox and other inpatient treatment settings, employment status at admission of the customer prior to entering treatment should reported. For example, if a customer is employed full-time, then enrolls themselves in a substance abuse residential treatment program which doesn't allow them to leave the facility, at admission, their employment status would be 1 or 2. If they have lost their jobs immediately prior to entering treatment, employment status would be 3.

At discharge from these same programs, the employment status they are going to should be reported. For example, if a customer has been in a substance abuse residential treatment program, has not been working, but does have a job to return to, their employment status would be 1 or 2.

For outpatient, report the current employment status at the time of the CDC.

If Employment is "4-Not in Labor force", you must select A-F for Type of Employment/Not In Labor Force. If Employment is "3-Unemployed", you must select "4-None" for Type of Employment/Not In Labor Force. If Employment is 1 or 2, then Type of Employment/Not In Labor Force must be 1-3, 5, or 6.

In the event that an individual has an employment status of full-time or part-time and falls into one of the Not In Labor Force categories, such as student, it is recommended that the full-time or part-time status be selected, and the matching Type of Employment be selected, although either would be accurate.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Type of Employment/Not in Labor Force.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

TYPE OF EMPLOYMENT/NOT IN LABOR FORCE

DESCRIPTION: If the customer is employed, choose one of the options which best describes the type of employment. If the customer is unemployed, mark 'none'. If customer is not in the labor force, choose one of the options from A - F.

VALID ENTRIES:

1 **Competitive -** Work performed on a full-time or part-time basis for which an individual is compensated in accordance with the Fair Labor Standards Act.

2 **Supported -** Work performed on a full-time or part-time basis for which an individual is compensated in accordance with the Fair Labor Standards Act, works in an integrated work setting, and receives ongoing support services in order to perform their job. Supported employment assists individuals with disabilities for whom competitive employment has not traditionally occurred, and who, because of the nature and severity of their disability, need ongoing support services in order to perform their job. Supported employment provides assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision.

3 **Volunteer -** Work performed in which an individual has a set time schedule and work responsibilities but does not receive a monetary salary. Employment should be marked either full or part-time.

4 **None -** If the customer is unemployed, you must check None for Type of Employment.

5 **Transitional -** Temporary work site placement. Job placement and training responsibility of the service provider (i.e. psychosocial clubhouse) rather than the employer. Worker is paid at least minimum wage, works in an integrated work site (primarily with persons without disabilities), and is paid wages from the employer.

6 **Sheltered Workshop -** Non-integrated work site comprised primarily of persons with disabilities. May be paid less than minimum wage.

A **Homemaker –** a person who manages a household.

B **Student –** a person who is in school.

C **Retired –** a person who has withdrawn from his or her occupation.

D **Disabled –** A person who has a physical or mental impairment seriously limiting one or more functional capacities (such as mobility, self-care, communication, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome.

E **Inmate –** Prison or institution that keeps a person, otherwise able, from entering the labor force.

F **Other**

COMMENTS: If type of employment is A-F, then Employment must equal "4-Not in Labor force." If type of employment is 4, then Employment must equal "3-Unemployed." If type of employment is 1, 2, 3, 5, or 6, then Employment must equal 1 or 2.

In the event that an individual has an employment status of full-time or part-time and falls into one of the Not In Labor Force categories, such as student, it is recommended that the full-time or part-time status be selected, and the matching Type of Employment be selected, although either would be accurate.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Employment.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDUCATION (HIGHEST GRADE COMPLETED)

DESCRIPTION: This represents the highest grade completed by the customer. Twenty-five is the maximum number that can be reported.

VALID ENTRIES:

00	No education
01-12	Completed grades 01-12
12	Completed GED
13	Completed freshman year of college
14	Completed sophomore year of college
15	Completed junior year of college
16	Completed senior year of college
17	Completed Masters Degree
18-25	Add 1 for each additional year after Masters, with a maximum of 25**.**

COMMENTS: This federal definition does not include career and vocational training. We have asked them to consider modifying the definition, but they have yet to do so. Education must be '00' if age is less than 5. Education cannot be greater than customer's age.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

IS CUSTOMER CURRENTLY IN SCHOOL?

DESCRIPTION: The "In School" variable reflects the person's school attendance for the last month the school was **in session**. If the person attended school at least once in the last month the school was in session, then mark "Yes," else mark "No." School includes kindergarten through high school, college, vocational training and trade schools.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

MILITARY STATUS

DESCRIPTION: Describes the customer's current status or previous status in the military.

VALID ENTRIES:

1 **VETERAN -** A veteran is a person, 16 years or over, who has served (regardless of the amount of time, type of discharge, or eligibility status for VA benefits) but is not now serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty not counting the 4-6 months for initial training or yearly summer camps.

2 **NO -** Not a veteran or on active duty.

3 **ACTIVE -** Individual is currently serving full time in the military. Members of a reserve are not considered active duty. Individual must be 16 years or older.

COMMENTS: This field was previously titled "Veteran Status." The field was changed on 7/1/2010 to include active military value, a value recommended by NASMHPD Research Institute and soon to be required by SAMHSA for block grant reporting.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

MARITAL STATUS

DESCRIPTION: This field describes the customer's marital status. The following categories are compatible with the U.S. Census.

VALID ENTRIES:

1 **NEVER MARRIED -** is someone who has legally never married, reports that he/she has never entered into a marriage contract, or has had a marriage annulled.

2 **MARRIED -** refers to individuals who report that they are legally married.

3 **DIVORCED -** refers to individuals who have previously been legally married, but are not currently.

4 **WIDOWED -** refers to an individual whose spouse is no longer living.

5 **LIVING AS MARRIED -** refers to individuals who are not legally married, but who report that they have a marital living arrangement.

6 **SEPARATED -** refers to legal separations and individuals who report they are no longer living with a spouse, but are not legally divorced.

COMMENTS: A common data collection error is to reverse 'never married' and 'married.' This happens because data collection staff are used to using the '1-yes; 2-no' questions. When they ask 'are you married' and the customer responds 'yes', many times they mark it as '1' for 'yes.' This is incorrect. A 'yes' response to that question should be '2 – married.'

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

IS CUSTOMER PREGNANT?

DESCRIPTION: Describes if the customer is pregnant.

VALID ENTRIES: **1** YES - Customer is pregnant

2 NO - Customer is not pregnant

COMMENTS: Prior to 7/1/2010, values for the field were 0 for not pregnant or male and 1-9 to indicate the number of months pregnant. Field was changed because of the large number of mistakes reported by providers. If customer is male, the field must remain blank. If female, the field is required. If response is "yes," customer age must be 12-55 years of age.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Expected date of birth and gender.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if customer is female.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

IF YES ENTER EXPECTED DOB, BLANK IF NO

DESCRIPTION: If customer is pregnant, report the anticipated date of birth. Date can be an estimate.

Leave blank if not pregnant.

VALID ENTRIES: **MMDDYYY**

COMMENTS: Field was added 7/1/2010 to help minimize the number of mistakes in reporting for 'Is customer pregnant?'. Due date cannot be less than transaction date. Due date cannot be more than nine months from transaction date.

FEDERALLY REQUIRED FIELD: Expected due date is not required by federal government, but some indication of whether female customers is pregnant are required.

INTER-RELATED FIELDS: 'Is Customer Pregnant' and Gender.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if 'is customer pregnant' is yes.

ANNUAL INCOME

DESCRIPTION: Enter the dollar amount only (no cents), which represents the total combined annual income of the customer and any individuals with which the customer is financially interdependent. If annual income is unknown, multiply the estimated monthly income by 12.

As defined by the DMHSAS eligibility criteria, income includes total annual cash receipts before taxes from all sources, with the exceptions noted below:

Income includes money, wages, and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and non-Federally-funded General Assistance or General Relief money payments), and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Income does not include non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, loans, and housing assistance.

VALID ENTRIES: **000000 – 999999** **If there is no annual income, enter zeros.**

COMMENTS: In the case of adult customers living with their family, such as parents, aunts/uncles or brothers/sisters, only the income of the customer should be listed. The income of the parents or

family members providing a home to the adult customer should not be included in this total. A spouse or child living with the customer and providing income would be included in the income total. For children, report the income of the parents/legal guardian.

All children seventeen years of age or younger in need of behavioral health services funded by the ODMHSAS may be served regardless of income level. For children, report the income of the parents/legal guardian.

For children in OJA or DHS custody, income can be zero.

Income must be integers with no commas.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

NUMBER CONTRIBUTING TO AND/OR DEPENDENT UPON "ANNUAL INCOME"

DESCRIPTION: Enter the number (01-15) of individuals dependent upon or contributing to the income of the customer. This should reflect the customer, family members, or significant others who are interdependent financially. It should indicate the number of people who must live on the income reported in the annual income field. This field is used in conjunction with Annual Income to determine the eligibility of the customer for payment of services by DMHSAS.

NOTE: In the case of an adult customer living with his/her parents or other family, where only the income of the customer was listed, then the number contributing to and/or dependent upon the income should be listed as "1" to indicate the customer only and not the parents.

However, if the adult customer has dependents also living with him/her in the parents' household, then the dependents should be reported in the number while still excluding the parents of the adult customer.

When an adult customer is living with his/her parents or family (other than spouse) the living situation should be reported as "with family members" and the number reported here will still be "1".

VALID ENTRIES: **01-15**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

SUPPLEMENTAL SECURITY INCOME (SSI)

DESCRIPTION: SSI is a federal need-based program (Title XVI of the Social Security Act) that provides monthly payments to aged, blind, and disabled persons who have little or no resources and income.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

DESCRIPTION: This federal program (Title II of the Social Security Act) provides cash benefits for those disabled workers (and their dependents) that have contributed to the Social Security Trust Fund through the withholding of FICA tax on their earnings or through direct payment of FICA tax by self-employed individuals. This is not a need-based program.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

MEDICARE

DESCRIPTION: These fields indicate whether the customer is currently Medicare eligible. "Yes" may also be marked if the customer has reached his or her **lifetime** benefit limit.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

MEDICAID

DESCRIPTION: This field indicates whether the customer is currently Medicaid eligible.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

DOES CUSTOMER SPEAK ENGLISH WELL?

DESCRIPTION: A customer speaks English well if she/he is able to understand and convey information in English.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: If the answer is "2-No," then "If no, what language is preferred?" must be completed. If English proficiency is "1-Yes," then the language preference and specification must be blank.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: 'If no, what language is preferred?' and 'If language 2 or 9, then specify.'

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

IF NO, WHAT LANGUAGE IS PREFERRED?

DESCRIPTION: If customer does not speak English well, what is the preferred language?

VALID ENTRIES:

1	Spanish
2	Native North American (specify)
3	German
4	French
5	Vietnamese
6	Chinese
7	Slavic (Russian, Polish, etc.)
8	Sign Language
9	Other (specify)

COMMENTS: If a child is not old enough to speak, report the language preference of the child's family. If the answer is 2 or 9, then "IF LANGUAGE 2 OR 9, THEN SPECIFY" must be reported. Otherwise, language specification must be blank.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: 'Does customer speak English well' and 'If language 2 or 9, then specify.'

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if customer does not speak English well.

IF LANGUAGE 2 OR 9, THEN SPECIFY

DESCRIPTION: If customer preferred language is Native North American or Other, report the language preference. Up to 50 characters are allowed.

VALID ENTRIES: **Any language (up to 50 characters).**

COMMENTS: If a child is not old enough to speak, report the language preference of the child's family.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: 'Does customer speak English well' and 'If no, what language is preferred?'

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if preferred language specified is Native North American or other.

DISABILITY

DESCRIPTION: If the customer has one or multiple disabilities, enter the appropriate codes. Disability refers to non-mental health disabilities. If the customer does not have a disability, enter 01 in the first field and leave the remaining fields blank. As with all fields, always fill-in the first field, before entering data into a later field. If the selection is "11 - Interpreter for the Deaf," a code of 09 or 10 is required.

VALID ENTRIES:

01 **NONE**

02 **SEMI-AMBULATORY:** Orthopedically impaired which affects the person's performance, either by congenital anomaly (e.g., club foot, absence of a member), disease (e.g., poliomyelitis), or other impairment (e.g., cerebral palsy, fractures, or burns).

03 **NON-AMBULATORY:** Severely orthopedically impaired which adversely affects the person's performance, either by congenital anomaly or other impairment. Impairment so severe as to completely restrict voluntary mobility.

04 **SEVERE SIGHT DISABILITY:** Visual impairment which, even with correction/prescription, adversely affects performance.

05 **BLIND:** Not having the ability to see. Absence of perception of visual stimuli.

06 **ORGANIC BASED COMMUNICATION DISABILITY:** A communication disorder (e.g. language impairment or voice impairment) which adversely affects communication.

07 **CHRONIC HEALTH PROBLEM:** Limited strength and vitality or alertness due to a chronic health problem such as heart problems, tuberculosis, asthma, epilepsy, diabetes.

08 **MENTAL RETARDATION/DEVELOPMENTAL DISABILITY:** Significantly sub-average general intellectual functioning existing concurrently with a deficit in adaptive behavior and manifested in the developmental period which adversely affects performance.

09 **HARD OF HEARING:** Only partial recognition of spoken language. Conversation must be in close proximity to the person and be unusually clear for understanding. The individual experiencing the hearing disorder should make the designation of

hard of hearing or deaf.

10 **DEAF:** Inability to recognize sounds or word combinations sufficiently to carry on normal oral communication, even when using amplification devices. The presence or absence of speech by the customer is not taken into consideration for this designation. The individual experiencing the hearing disorder should make the designation of hard of hearing or deaf.

11 **INTERPRETER FOR THE DEAF:** An interpreter for the deaf may be either a sign language interpreter or an oral interpreter for the deaf. If code 11 is reported, indicating the need for either a sign language interpreter or an oral interpreter to communicate with the customer, then code 09 or 10 must be reported as well.

COMMENTS: An agency can report up to four disability codes. If the first code is "01-none", then Disability fields 2, 3 and 4 must be blank.

FEDERALLY REQUIRED FIELD: No

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

EDI ISSUES: Disability is a loop in EDI.

LEGAL STATUS

DESCRIPTION: Enter the number that denotes the legal status of the customer at the time of transaction. There are three general categories of legal status; voluntary, court commitment, and court referred. Although there are 11 distinctive legal status codes, each of them fall into one of the previously mentioned categories. Outpatient providers typically report codes 01 and 15.

VALID ENTRIES:

01 **VOLUNTARY ADMISSION**: Individual who applies for admission or is suggested by court/jail/prison (other than mentioned in 15 below) to the agency and is accepted as a patient. This applies to Mental Health and Substance Abuse facilities pursuant to Title 43A.

03 **CIVIL COMMITMENT:** A court order under the Mental Health Code requires the individual to receive services involuntarily from the agency. (Mental Health Law Title 43A). This was formerly identified as Court Commitment.

05 **NOT GUILTY BY REASON OF INSANITY (NGRI):** An individual who is acquitted of a criminal act on the ground that he/she was insane at the time of the act. An individual may then be court committed to the agency under the Mental Health Code. The court must be notified twenty days prior to proposed discharge. In some facilities this is categorized as a District Court commitment. (Criminal Statutes Titles 22, 1161). This is only reportable by the Oklahoma Forensic Center.

07 **JUVENILE COURT ORDER:** Requires a minor to be detained in a specified location for examination and/or treatment. (Juvenile Statutes Title 10). This legal status can include juveniles who are Adjudicated Deprived, Delinquent, In Need of Supervision, or In Need of Mental Health Treatment in accordance with Title 43A O.S.

09 **COURT ORDER FOR OBSERVATION AND EVALUATION:** The court requires the agency to examine the individual in a specified period of time <u>to determine if the individual is competent to stand trial.</u>

12 **EMERGENCY DETENTION:** Patient arrival at a facility from a point of emergency examination with three (3) required forms: a) Petition; b) Licensed Mental Health Professional's Statement; c) Peace Officer's Affidavit. An individual cannot be detained in a

facility for more than 72 hours, excluding weekends and holidays, pending court hearing. (Mental Health Law Title 43A)

13 **CONTINUED EMERGENCY DETENTION:** Patient has been evaluated at a facility. He/she has the three (3) required forms (listed above) and an order has been issued for additional detention. Time and place of hearing has been set. (Mental Health Law Title 43A)

15 **COURT REFERRED:** An individual who has been evaluated by a agency and referred for treatment by the court. Referrals for treatment should be accompanied by proper documentation indicating the need for treatment. This legal status includes but is not limited to DUI customers, batterers sentenced to treatment, individuals who are community sentenced, drug courts, and DHS child custody cases. (Title 47)

17 **PROTECTIVE CUSTODY:** Status of an individual the taken into protective custody and detention of a person pursuant to the provisions of Section 5-208 until such time as an emergency examination is completed and a determination is made as to whether or not emergency detention is warranted. (Mental Health Law Title 43A)

20 **CRIMINAL HOLD (CR-H):** Adjudicated by the court to be incompetent, but capable of achieving competency (22 O.S. § 1175.6(2))

21 **COURT COMMIT WITH HOLD (CC-H):** Adjudicated by the court to be incompetent and incapable of achieving competency within a reasonable time (22 O.S. § 1175.6(3))

COMMENTS:

Court Commitment is when a court action requires that the customer be evaluated, detained pending a court hearing, or receive services at a particular treatment facility. In most cases, court papers will accompany the customer or be submitted to the facility. This action is not only requiring the individual to receive services, it requires the particular facility to accept the customer for treatment. Court commitments general occur within an **inpatient mental health setting**. These are the ONLY legal statuses which qualify for the discharge status "67 – AWOL". Court Commitment legal status codes are 03, 05, 07, 09, 12, 13, 17, 20, and 21.

Court Referred is when a court may order an individual to seek and receive services in order to fulfill some part of their sentencing or in lieu of jail detention. However, this is NOT a court commitment. Examples of court referred individuals include, but are not limited to DUI offenders, batterers sentenced to treatment, individuals in a community sentencing program and DHS child custody cases. In all these instances, the legal status would be "15 – Court Referred". Frequently the papers

accompanying the individual come from a judge and even contain the language "Court Referral or Court Order". However, this order is for the individual to seek and receive services, not for the facility to accept the individual as a customer. If a customer leaves this facility setting prior to completing their treatment plan, it is **NOT** a discharge "67 – AWOL". You must choose the appropriate discharge code that indicates why the customer left prior to completing treatment. If a legal status of 01 or 17 is selected, county of commitment must be blank.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: County of Commitment.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

COUNTY OF COMMITMENT

DESCRIPTION: If the customer has been remanded through the court or criminal justice system to a facility for treatment, the county in which the legal proceedings took place is to be reported in this field. The county of commitment may differ from the customer's county of residence.

VALID ENTRIES: **2 characters - See appendix for code list of counties**

COMMENTS: If the legal status code = 01 or 17, you must leave this field blank. Any other legal status code requires county of commitment to be completed. County of commitment must be from an Oklahoma county and cannot be from another state.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Legal Status.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required if legal status in (03, 05, 07, 09, 12, 13, 15, 20, 21).

TOBACCO USE

DESCRIPTION: Report the number of days in the past 30 days which tobacco has been used. Any type of tobacco use is included.

VALID ENTRIES: **00-30**

COMMENTS: According to the Centers for Disease Control, "Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Each year, an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by smoking. For every person who dies from smoking, 20 more people suffer from at least one serious tobacco-related illness. Despite these risks, approximately 43.4 million U.S. adults smoke cigarettes. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers." (http://www.cdc.gov/nccdphp/publications/aag/osh.htm)

This data element helps us identify and enumerate to our stakeholders the additional health challenges faced by our customers. In FY09, approximately 78% of all persons served by ODMHSAS used tobacco.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

PRESENTING PROBLEM

DESCRIPTION: At the time of admission, enter the problem codes representing the identified problems that appear to have caused the customer to seek service. The primary presenting problem **should always** indicate the problem for which the customer will receive services. Up to three presenting problems can be recorded whether or not your facility will provide services for the secondary or tertiary presenting problem.

For example, anxiety/panic and substance abuse may both be identified as presenting problems, but only substance abuse is within the scope of treatment your facility provides. Both problems should be listed as presenting problems. Substance abuse must be listed as primary since it will be treated and anxiety/panic should be indicated as secondary since it will not be in the treatment plan.

Refer to the presenting problem code list in the Appendix or back of the CDC form. At a minimum, a primary presenting problem must be reported. Secondary and tertiary presenting problems are not necessarily the problems requiring treatment.

VALID ENTRIES: **3-character field**

COMMENTS: If an alcohol presenting problem is indicated (710, 711, 741), you must indicate alcohol in one of the drugs of choice. If a drug presenting problem is indicated (720, 721, 742), you must indicate a drug in one of the drugs of choice. If presenting problems of alcohol and drugs are indicated (730, 731, 743), then drugs of choice must include 02 (alcohol) and a drug (03-21). Primary, secondary and tertiary presenting problems cannot be the same. At least one presenting problem must be selected for each individual, regardless of service focus or program. As with all fields, you must report the first one, before a second or third can be selected.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Service Focus, Drug of Choice.

REQUIRED, CONDITIONAL OR OPTIONAL: Required for Primary, optional for Secondary and Tertiary.

EDI ISSUES: Presenting Problems are a loop in EDI.

DRUGS OF CHOICE

DESCRIPTION: Enter the drug of choice code that identify each substance for which the customer is seeking treatment or abusing. Up to three drugs of choice can be reported. If the customer is not abusing a substance or seeking treatment for a substance, enter 01-None in the first field and leave the rest blank. As with all fields, always fill-in the first field, before entering data into a later field.

When a substance abuse related problem (problem codes 710, 711, 720, 721, 730, 731, 741, 742, 743) is reported as a Primary, Secondary, or Tertiary presenting problem, the substance being abused must be identified in Drugs of Choice.

VALID ENTRIES:

01	None
02	Alcohol
03	Heroin
04	Non-Prescription Methadone
05	Other Opiates and Synthetics
06	Barbiturates
07	Other Sedatives and Hypnotics
08	Other Amphetamines
09	Cocaine
10	Marijuana/Hashish
11	Other Hallucinogens
12	Inhalants
13	Over-the-Counter
14	Other Tranquilizers
15	PCP
16	Other
17	Unknown
18	Methamphetamine
19	Benzodiazepine
20	Other Stimulants
21	Club Drugs (i.e., GHB, GBL, Ecstasy, Rohipnol)

COMMENTS: If one of the presenting problems is 710, 711, or 741, alcohol (02) must be reported. If one of the presenting problems is 720, 721, or 742, at least one substance (03-21) must be reported. The presenting problem codes 730, 731 and 743, require alcohol and at least one drug be reported. If “12-inhalants” is indicated as the drug of choice, then the route of administration must equal 3 (inhalation). If “02-alcohol” is indicated as the drug of choice, then the route of

administration must equal 1 (oral). If drug of choice is 01 or 17, then the corresponding route of administration, frequency of use, and age first used questions must be blank. No drugs of choice can be the same.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Primary/Secondary/Tertiary Presenting Problem, Route of Administration, Frequency of Use, Age of First Use.

REQUIRED, CONDITIONAL OR OPTIONAL: Required for Primary, optional for Secondary and Tertiary.

EDI ISSUES: Drug of Choice, Usual Route of Administration, Frequency of Use and Age First Used are a loop in EDI.

USUAL ROUTE OF ADMINISTRATION

DESCRIPTION: For each substance identified in Drug(s) of Choice, usual route of administration must be reported. **If no substance was reported (01) or drug of choice is unknown (17), leave this field blank.**

The usual route of administration reported must directly correspond with the drug of choice reported. For example, if Alcohol has been identified in the first field in Drugs of Choice, the first Route of Administration must indicate Oral (1).

VALID ENTRIES:

1	**Oral**
2	**Smoking**
3	**Inhalation**
4	**Injection**
5	**Other**

COMMENTS: If drug of choice is 12-Inhalants, then route of administration must be 3-Inhalation. If drug of choice is 02-Alcohol, then route of administration must be 1-Oral.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Drug(s) of Choice.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if primary drug of choice is **not** 01 or 17. Also required for secondary and tertiary if drugs of choice are reported.

EDI ISSUES: Drug of Choice, Usual Route of Administration, Frequency of Use and Age First Used are a loop in EDI.

FREQUENCY OF USE IN LAST 30 DAYS

DESCRIPTION: For each substance identified in Drugs of Choice, a code must be reported which indicates the frequency with which each substance is used in the last 30 days. **If no substance was reported in Drugs of Choice, leave this field blank.** The Frequency of Use reported must directly correspond with its drug of choice and route of administration that have been reported.

VALID ENTRIES:

1	**No Past Month use**
2	**1-3 Times a Month**
3	**1-2 Times a Week**
4	**3-6 Times a Week**
5	**Daily**

COMMENTS: Frequency of use should not be reported if the drug of choice is 01-None or 17-Unknown, or if secondary or tertiary drug of choice is blank. Otherwise, frequency of use is reported.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Drug(s) of Choice.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if primary drug of choice is **not** 01 or 17. Also required for secondary and tertiary if drugs of choice are reported.

EDI ISSUES: Drug of Choice, Usual Route of Administration, Frequency of Use and Age First Used are a loop in EDI.

AGE FIRST USED

DESCRIPTION: Enter the customer's age, in years, when the customer first used the substance(s) identified in Drugs of Choice. **If no substance was reported in Drugs of Choice, leave this field blank**. The age the drug of choice was first used must directly correspond to the substance abuse problem identified for treatment and the Drugs of Choice, Usual Route of Administration, and Frequency of Use reported.

VALID ENTRIES: **00 – 99**

COMMENTS: Age First Used cannot be greater than the age of the customer. An age should not be reported if the drug of choice is 01-None or 17-Unknown, or if secondary or tertiary drug of choice is blank.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Drug(s) of Choice.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required if primary drug of choice is **not** 01 or 17. Also required for secondary and tertiary if drugs of choice are reported.

EDI ISSUES: Drug of Choice, Usual Route of Administration, Frequency of Use and Age First Used are a loop in EDI.

LEVEL OF CARE

DESCRIPTION: Level of care represent the various combinations of treatment programs and activities, staffing patterns, and settings through which services are provided by an agency.

VALID ENTRIES:

OO **Outpatient -** Outpatient level of care includes a range of treatment services provided on an individual or group basis to ambulatory customers residing in the community.

CL **Community Living Programs** include Community Housing Programs, Halfway House Programs, Residential Care, and Shelter Programs

CI **Residential Treatment** does not include residential care facilities.

SN **Detoxification**

SC **Community-based Structured Crisis**

HA **Hospitalization**

COMMENTS: Only report the levels of care for which your agency provides. If the customer is discharging from your facility, indicate the last level of care they received, not the level of care they will be entering once they leave. Level of care directly relates to which prior authorization a customer receives. Incorrect level of care entries will prevent a treatment agency from being able to properly bill services. Level of care cannot be the same as the previous level of care on transaction type 40 (level of care change). The level of care cannot be changed on transaction types 41,42 or 60-72.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

CLIENT ASSESSMENT RECORD (CAR)

DESCRIPTION: The CAR is an assessment tool to rate an individual's well-being in nine domains.

The CAR is not required on discharge types 62 (Left ACA), 63 (Moved), 67 (AWOL), 68 (Death), or 69 (Failed to begin treatment).

If the customer scores 30 or above on the substance use domain, they should be referred for a substance abuse assessment. The CAR domains are to be re-administered at every treatment plan update.

VALID ENTRIES: **01-50, 99**

COMMENTS: The CAR is required to be completed on all customers with a service focus of mental health at admission. Record the two-digit (01-50) score for each of the nine subscales. When a CAR score is not available, but required, enter 99 into all fields. When a CAR score is not required, enter 99 into all fields.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Service Focus.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

ADDICTION SEVERITY INDEX (ASI)

DESCRIPTION: The ASI is an assessment tool to rate an individual's well-being in seven domains.

The ASI must be reported on transaction types 23 and 42. The ASI or the ASI Lite must be reported on transaction types 60, 61, 63, 64 and 70, unless the discharge occurs within 30 days of admission. The ASI is optional on other discharge types.

Record the one-digit (0-9) severity scores for each of the seven subscales.

If the customer scores 4 or above on the psychiatric subscale, s/he is to be referred for a mental health assessment, if your facility is unable to provide the services.

ASI scores are only reported for customers who are 18 years or older.

VALID ENTRIES: **0-9**

COMMENTS: When an ASI score is not available, but required, enter 9 into all fields.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Service Focus.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - dependent upon service focus for individuals 18 years and older. ASI or ASI Lite is required if discharge code is 60, 61, 63, 64, or 70.

TEEN ADDICTION SEVERITY INDEX (T-ASI)

DESCRIPTION: The T-ASI is an assessment tool to rate an adolescent's well-being in seven domains.

The T-ASI must be reported on transaction types 23 and 42. The T-ASI must be reported on transaction types 60, 61, 63, 64 and 70, unless the discharge occurs within 30 days of admission. The T-ASI is optional on other discharge types.

Record the one-digit (0-4) severity scores for each of the seven subscales.

T-ASI scores are only reported for customers who are between the age of 12 and 17 (under 18 years old).

VALID ENTRIES: **0-4, 9**

COMMENTS: When a TASI score is not available, but required, enter 9 into all fields.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional – dependent on service focus for individuals under 18 years of age. The T-ASI is also required if discharge code is 60, 61, 63, 64, 70.

CURRENT LOF (GAF SCALE)

DESCRIPTION: Current Level of Functioning is an assessment of the customer's level of functioning that should be done at each transaction except 41. Refer to the Global Assessment of Functioning Scale in the Appendix or the DSM-IV Manual.

VALID ENTRIES: **01-99**

COMMENTS: Level of functioning is optional for service focus 11 and 30.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional. Optional for service focus 11 and 30, required for all other service focuses.

SERIOUS MENTAL ILLNESS (SMI)

DESCRIPTION: For making this determination, refer to the Definition of Serious Mental Illness in the Appendix. The customer's illness and treatment history must meet this definition of SMI before a Yes (1) can be reported.

SMI is only reported for customers who are **18 and older**.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: SMI must be reported for all individuals 18 or older.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required for all customers 18 and older.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

SERIOUS EMOTIONAL DISTURBANCE (SED)

DESCRIPTION: For making this determination, refer to the Definition of Serious Emotional Disturbance in the Appendix. The customer's illness and treatment history must meet this definition of SED before a Yes (1) can be reported.

SED is only reported for customers who are **0 to 17 (under 18 years old).**

VALID ENTRIES:

1	Yes
2	No

COMMENTS: SED must be reported for all individuals under 18 years.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional - required for all customers under 18 years.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

ARRESTS IN PAST 30 DAYS

DESCRIPTION: Arrest information must be collected from all customers. Enter the number (**00-99**) of times the customer has been arrested in the past 30 days. Although there is only one admission question (transaction type 23), there are two questions, which may be asked at discharge (transaction types 60-72), level of care change (transaction type 40), or 6-month update (transaction type 42).

YOU MUST CHOOSE which condition fits the scenario and use the appropriate questions.

Admission Question
How many ***times*** have you been arrested in the past 30 days?

Discharge/Level of Care Change/6-Month Update Questions
Based on the length of time the customer has been in treatment, there are two conditions, which require a slightly different question to be asked: (1) customer has been in treatment less than 30 days, ask question #1 OR (2) customer has been in treatment longer than 30 days, ask question #2. Read the "time" statement and find the one that is true.

1) If less than 30 days has passed since admission, then ask:
How many times have you been arrested since admission?

2) If more than 30 days has passed since admission, then ask:
How many times have you been arrested in the past 30 days?

VALID ENTRIES: 00-99

COMMENTS: Do not report "99" if arrest information is unavailable. You must collect the correct information before reporting data. Number of arrest in past 30 days must be less or equal to number of arrest in past 12 months. This data element is now required for all customers, regardless of service focus.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Arrests in Past 12 Months.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

ARRESTS IN PAST 12 MONTHS

DESCRIPTION: Arrest information must be collected from all customers. Enter the number (**00-99**) of times the customer has been arrested in the past twelve months.

The twelve-month total must be inclusive of the 30-day arrest information, which means that arrest in past 12 months must be greater than or equal to arrests in past 30 days.

Although there is only one admission question (transaction type 23), there are two questions, which may be asked at discharge (transaction types 60-72), level of care change (transaction type 40), or 6-month update (transaction type 42). YOU MUST CHOOSE which condition fits the scenario and use the appropriate questions.

Admission Question
How many ***times*** have you been arrested in the past 12 months?

Discharge/Level of Care Change/6-Month Update Questions
Based on the length of time the customer has been in treatment, there are two conditions, which require a slightly different question to be asked: (1) customer has been in treatment less than 12 months, ask question #1 OR (2) customer has been in treatment longer than 12 months, ask question #2. Read the "time" statement and find the one that is true.

1) **If less than 12 months has passed since admission, then ask**: How many times have you been arrested since admission?

2) **If more than 12 months has passed since admission, then ask:** How many times have you been arrested in the past 12 months?

VALID ENTRIES: **00-99**

COMMENTS: Do not report "99" if arrest information is unavailable. You must collect the correct information before reporting data. Number of arrest in past 12 months must be greater than or equal to number of arrest in past 30 days. This data element is now required for all customers, regardless of service focus.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: Arrest in Past 30 days.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

SELF-HELP GROUP ATTENDANCE IN PAST 30 DAYS

DESCRIPTION: The intent of this item is to measure whether customers have attended non-professional, peer-oriented self-help groups to assist in their recovery during the past 30 days. Participation in social support of recovery activities is defined as attending self-help group meetings, religious/faith affiliated recovery or self-help group meetings, meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery. Examples include Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Oxford House, consumer drop-in centers, etc. Although there is only one admission question, there are two questions, which may be asked at discharge (transaction types 60-72), level of care change (transaction type 40), or 6-month update (transaction type 42).

YOU MUST CHOOSE which condition fits the scenario and use the appropriate questions.

Admission Question
How many ***times*** have you attended self-help/support groups in the past 30 days?

Discharge/Level of Care Change/6-Month Update Questions
Based on the length of time the customer has been in treatment, there are two conditions, which require a slightly different question to be asked: (1) customer has been in treatment less than 30 days, ask question #1 OR (2) customer has been in treatment longer than 30 days, ask question #2. Read the "time" statement and find the one that is true.

1) If less than 30 days has passed since admission, then ask:
How many times have you attended self-help/support groups since admission?

2) If more than 30 days has passed since admission, then ask:
How many times have you attended self-help/support groups in the past 30 days?

VALID ENTRIES: **00-99**

COMMENTS: This field is required for all individuals.

FEDERALLY REQUIRED FIELD: Yes.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

FAMILY ID

DESCRIPTION: This field is used to report the family member's Member ID for individuals receiving services with their family, such as children who are in residential treatment or a parent who receives ancillary services while their child receives treatment. If both parents are in treatment, enter the mother's Member ID.

VALID ENTRIES: **10-character Member ID**

COMMENTS: This is commonly used for children in treatment with a parent in residential and halfway house substance abuse treatment, but may be used in other settings.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Presenting Problem.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required if presenting problem in (745, 746, or 747).

EDI ISSUES: Family ID, Drug Court ID, DOC Number and DHS Case Number are mutually exclusive fields. Only one of the fields would need to be reported, depending on the type of program the consumer was involved in. In the EDI documentation, the field is referred to as 'Family ID.'

DRUG COURT ID

DESCRIPTION: This field is used to report the Drug Court ID. The ID is comprised of the first initial of the last name (maiden name for females), the first initial of the first name, M or F for gender, then the date of birth in MMDDYY format. For example, John Smith, who was born on July 10, 1967, his ID would be SJM071067.

VALID ENTRIES: **nine-character Member ID**

COMMENTS: This is the old ICIS Client ID. The information is still needed to connect CDC data to other databases.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Service Focus.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required if service focus = 03.

EDI ISSUES: Family ID, Drug Court ID, DOC Number and DHS Case Number are mutually exclusive fields. Only one of the fields would need to be reported, depending on the type of program the consumer was involved in. In the EDI documentation, the field is referred to as 'Family ID.'

DOC NUMBER

DESCRIPTION: If you are providing substance abuse services to a customer in the custody of the Department of Corrections, enter the customer's DOC number.

Enter the letters "DOC" in the first three boxes followed by the customer's DOC number. The last box in this field may or may not be blank depending on the length of the number. Example: "DOC1234567."

VALID ENTRIES: **Up to 10 Characters**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Service Focus.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required if service focus = 09.

EDI ISSUES: Family ID, Drug Court ID, DOC Number and DHS Case Number are mutually exclusive fields. Only one of the fields would need to be reported, depending on the type of program the consumer was involved in. In the EDI documentation, the field is referred to as 'Family ID.'

DHS CASE NUMBER

DESCRIPTION: DHS case number is required for customers being treated under the TANF/Child Welfare contract. The primary referral source must be 49 –TANF/Child Welfare. C or H must be the first character of the seven-character TANF case number. Child Welfare number must be 10 characters beginning with KK.

VALID ENTRIES: **seven characters for TANF customers, starting with the letter "C" or "H."**
10 characters for Child Welfare customers start with "KK."

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Primary Referral.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required on any transaction if primary referral code = 49.

EDI ISSUES: Family ID, Drug Court ID, DOC Number and DHS Case Number are mutually exclusive fields. Only one of the fields would need to be reported, depending on the type of program the consumer was involved in. In the EDI documentation, the field is referred to as 'Family ID.'

CLINICIAN OF RECORD (NPI)

DESCRIPTION: Although ODMHSAS/OHCA will allow facilities to use their own definition of 'clinician of record', in general, this should identify who is responsible for a consumer's care.

The intent of this field will allow clinicians to track the outcomes and demographics of their customers.

Recommendation for determining the Clinician of Record:

Admission (23): Report which individual is the primary clinician responsible for the customer's care at that time. If the clinician of record is not known at admission, enter the NPI of the person signing the treatment plan.

6-Month Update (42): Report which clinician of record at the point the 6-month update was reported.

Discharge (60-72): Report which clinician of record at the point the discharge was reported.

Level of Care Change (40): Report which clinician will be responsible for the customer's care in the new level of care. For example, if a customer is leaving residential treatment unit and going to outpatient, the clinician of record should be from the outpatient treatment unit.

VALID ENTRIES: **10-Character NPI**

COMMENTS: This field was requested by providers. It will be used in reports to assist the provider in performance improvement.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Required.

SECTION III

Only complete this section if customer is 0 – 17 years old (under 18).

Section III is a new set of questions, initiated on 7/1/2010. Prior to that date, the design of the CDC was primarily modeled around adult outpatient care. To provide an opportunity to better understand and report the outcomes of children, providers across the state of Oklahoma met to determine a core set of outcomes. Instead of trying to collect every possible outcome, the group was tasked with focusing on the priority outcomes. With these questions asked and answers, there is hope that those collecting them will have an enhanced understanding of the performance of their program, the outcomes of their customers, and provide information to advocate for the betterment of those in treatment and the funding of those programs.

OJA CUSTODY

DESCRIPTION: If the customer is a child in the custody of the Office of Juvenile Affairs, mark 1 for Yes, otherwise indicate No. A response must be reported if the customer is under 18 years of age.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

DHS CUSTODY

DESCRIPTION: If the customer is in the custody of the Department of Human Services, mark 1 for Yes, otherwise indicate No. A response must be reported if the customer is under 18 years of age.

VALID ENTRIES:

1	Yes
2	No

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

EDI ISSUES: Format for EDI is 0 = No and 1 = Yes.

TYPE OF OUT-OF-HOME PLACEMENT

DESCRIPTION: In what type of out-of-home placement is the customer living? Select the number (**1- 6**) corresponding to the type of placement of the child. A response must be reported if the customer is under 18 years of age.

VALID ENTRIES:

1 **Not in Out-of-Home Placement** - If the child is not in out-of-home placement.

2 **Residential Treatment -** Treatment services are provided in a 24-hour structured environment. This would include RTC that is associated with a hospital. It also includes placement of children or adolescents in a residential drug treatment facility, residential placements through OJA or DHS, such as Rader, Manitou, and Central Oklahoma Juvenile Treatment Center.

3 **Specialized Community Group Home -** This is a structured program for custody children operated by an individual in his/her own home. Each Specialized Community Group Home serves a specifically defined population. These homes are primarily used for developmentally disabled youth.

4 **Foster Care -** A child who is in the custody of the Department of Human Services or the Office of Juvenile Affairs was placed in a family home where the child lives with the family and possibly other foster children. This can include kinship care and therapeutic foster care.

5 **Group Home -** Group homes can serve from 12-30 children. There is 24 hour awake supervision and sometimes children attend school at the group home. There are Level C, D, and E group homes either operated or contracted through the Department of Human Services and the Office of Juvenile Affairs.

6 **Other** – All other types of out-of-home placement.

COMMENTS: This field is to indicate where the customer is current living, not past placement.

PLEASE NOTE: Out-of-home placement is not necessarily restrictive placement. Please read the comments on 'days on restrictive placement' for more about this issue.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

DAYS IN RESTRICTIVE PLACEMENT IN PAST 90 DAYS

DESCRIPTION: Restrictive placement includes jail, juvenile detention center, inpatient psychiatric hospital, drug/alcohol rehabilitation center, residential treatment, group home. This **does NOT** include medical hospital, foster care, therapeutic foster care, group or individual emergency shelter, supervised independent living, home of a family friend, adoptive home, home of a relative, school dormitory, biological parent(s), independent living with a friend or independent living alone.

If a child was in restrictive placement for any time during a day, the whole day is counted.

VALID ENTRIES: **00-90** **Number of days in past 90 days**

COMMENTS: This measure and 'out-of-home placement' are not necessarily related. Customers can be in an out-of-home placement and not be in restrictive placement. For example, a customer may be in foster care at the time the CDC is collected/reported, but those days in foster care will not be counted in this measure.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

INCIDENTS OF SELF-HARM IN PAST 90 DAYS

DESCRIPTION: Self-harm is defined as the intent to create pain as a coping mechanism. Incidents of self-harm include self-mutilation, suicide attempts (but not suicide ideation), and cutting. This **does NOT** include social trends such as tattooing and body piercing.

Self-harm can range from mild behaviors such as scratching the skin with a paper clip to suicide attempts.

VALID ENTRIES: **00-90** **Number of days in past 90 days**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

DAYS ABSENT FROM SCHOOL IN PAST 90 DAYS

DESCRIPTION: For school-aged children, report how many days was the customer absent from school the past 90 days of the school year. School absences are the number of days the child/youth has been absent from school during the most recent 90 days of school. During the summer months or holidays, go back to the last 90 days school was in session. An absence indicates the child missed the full day of school.

If the child/youth was not enrolled in private or public school for the last 90 days, mark "99" for "not applicable."

The "not applicable" category includes children/youth that are home-schooled or have permanently dropped out of school.

Do NOT include days the child was suspended from school as absences.

VALID ENTRIES: **00-66** **Number of days in past 90 days**

99 **Not applicable**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers 17 and younger.

DAYS SUSPENDED FROM SCHOOL IN PAST 90 DAYS

DESCRIPTION: For school-aged children, report how many days was the customer was suspended from school the past 90 days of the school year. School suspensions are the number of days the child/youth has been suspended from school during the most recent 90 days of school. During the summer months or holidays, go back to the last 90 days school was in session. Do not include 'in-school' suspension days. If they are expelled, count the days until they have another school placement or home school arrangements.

If the child/youth was not enrolled in private or public school for the last 90 days, mark "99" for "not applicable."

The "not applicable" category includes children/youth that are home-schooled or have permanently dropped out of school.

VALID ENTRIES: **00-66** **Number of days in past 90 days**

99 **Not applicable**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

DAYS NOT PERMITTED TO RETURN TO DAY CARE IN PAST 90 DAYS

DESCRIPTION: For children under school age, report how many days was the customer was not permitted to return to day care. Only include days which the child was not permitted due to their behavioral issues, not days related to child or parent's illness.

If the child was not in day care in the last 90 days, mark "99."

VALID ENTRIES:

00-66	**Number of days in past 90 days**
99	**Not applicable**

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: Date of Birth.

REQUIRED, CONDITIONAL OR OPTIONAL: Conditional: required for all customers under 18 years of age.

LEGAL NAME

DESCRIPTION: Enter the legal last name, the maiden name if applicable, the legal first name, and the middle name of the customer.

The name fields only accept letters, hyphens, apostrophe, and spaces. **Do not use parentheses, quotes or AKA. Do not use nicknames or aliases.**

Last Name: Up to 50 characters
Maiden Name: Up to 50 characters
First Name: Up to 50 characters
Middle Name: Up to 50 Characters
Suffix: Only report Jr., Sr., II, III, IV, V

COMMENTS: None.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL: Last Name: Required.
Maiden Name: Conditional: required for all female customers.
First Name: Required.
Middle Name: Optional.
Suffix: Optional.

ADDRESS

DESCRIPTION: Enter the address of the customer's residence.

If the customer is 'homeless-on the streets,' you may use the address of the agency or use the word 'Homeless.' For 'homeless-shelter,' please use the zip code and address of the shelter.

For individuals in OJA/DHS/DOC custody, you may use the address of the agency.

Address 1: Up to 50 characters
Address 2: Up to 50 characters
City: Up to 20 characters (alpha characters only)
State: 2-character standard postal codes

COMMENTS: Zip code is reported in Section I.

FEDERALLY REQUIRED FIELD: No.

INTER-RELATED FIELDS: None.

REQUIRED, CONDITIONAL OR OPTIONAL:

Address 1: Required.
Address 2: Optional if additional street information is needed (not a second address).
City: Required.
State: Required.

APPENDIX: CODES AND DEFINITIONS

MILITARY TIME CHART

1 AM = 0100 HOURS
2 AM = 0200 HOURS
3 AM = 0300 HOURS
4 AM = 0400 HOURS
5 AM = 0500 HOURS
6 AM = 0600 HOURS
7 AM = 0700 HOURS
8 AM = 0800 HOURS
9 AM = 0900 HOURS
10 AM = 1000 HOURS
11 AM = 1100 HOURS
12 NOON = 1200 HOURS
1 PM = 1300 HOURS
2 PM = 1400 HOURS
3 PM = 1500 HOURS
4 PM = 1600 HOURS
5 PM = 1700 HOURS
6 PM = 1800 HOURS
7 PM = 1900 HOURS
8 PM = 2000 HOURS
9 PM = 2100 HOURS
10 PM = 2200 HOURS
11 PM = 2300 HOURS
12 MIDNIGHT=0000 HOURS

REFERRALS

01	Self
02	Significant Other
03	School
04	Church/Clergy
05	Group Home
06**	Employer, Union
08	Non-Psychiatric Hospital
09	Veterans Administration Hospital
10	Indian Health Service
11	Department of Health
12	Department of Corrections
14	Department of Human Services
18	Nursing Home
21	Private Psychiatrist/Mental Health Professional/General Physician
22	Social Security
23	Attorney/Legal Aid
25	Law Enforcement
26**	Reachout Hotline/Advertising Media
28*	Referral Due to Unscheduled Discharge (transaction type 62 or 67only)
30	Shelter for Homeless
31*	Additional Services Recommended, Referral Not Attainable
32	Court
33	Probation
34	Parole
35	Department of Public Safety
36*	Active Customer – Died (transaction type 68 only)
37	Private Physician
38	Health Maintenance Organization (HMO)/Managed Care Organization (MCO)
39*	Change in Pay Source (transaction type 64 only)
40	ODMHSAS-funded Facility (Needs OHCA Location #)
41	Non-ODMHSAS/OHCA funded Psychiatric Hospital
42	Non-ODMHSAS/OHCA funded Mental Health Center
43	Non-ODMHSAS/OHCA funded Community Agency
44	Non-ODMHSAS/OHCA funded Residential Care Home
45	Non-ODMHSAS/OHCA funded Alcohol/Drug Program
46	Non-ODMHSAS/OHCA funded Domestic Violence Facility
47	Non-ODMHSAS/OHCA funded Crisis/Stabilization Facility
48	Office of Juvenile Affairs
49	TANF/Child Welfare
50	Change in Eligibility Standards
51	Self Help Group
52	Parent/Guardian

*These Referrals can only be reported at the time of discharge.

**These Referrals can only be reported at the time of admission.

OKLAHOMA COUNTIES

Adair	01	LeFlore	40
Alfalfa	02	Lincoln	41
Atoka	03	Logan	42
Beaver	04	Love	43
Beckham	05	McClain	44
Blaine	06	McCurtain	45
Bryan	07	McIntosh	46
Caddo	08	Major	47
Canadian	09	Marshall	48
Carter	10	Mayes	49
Cherokee	11	Murray	50
Choctaw	12	Muskogee	51
Cimarron	13	Noble	52
Cleveland	14	Nowata	53
Coal	15	Okfuskee	54
Comanche	16	Oklahoma	55
Cotton	17	Okmulgee	56
Craig	18	Osage	57
Creek	19	Ottawa	58
Custer	20	Pawnee	59
Delaware	21	Payne	60
Dewey	22	Pittsburgh	61
Ellis	23	Pontotoc	62
Garfield	24	Pottawatomie	63
Garvin	25	Pushmataha	64
Grady	26	Roger Mills	65
Grant	27	Rogers	66
Greer	28	Seminole	67
Harmon	29	Sequoyah	68
Harper	30	Stephens	69
Haskell	31	Texas	70
Hughes	32	Tillman	71
Jackson	33	Tulsa	72
Jefferson	34	Wagoner	73
Johnston	35	Washington	74
Kay	36	Washita	75
Kingfisher	37	Woods	76
Kiowa	38	Woodward	77
Latimer	39		

*Customers having residence out of state will indicate the state with the alpha codes identified on the next page.

STATE CODES

ALABAMA	**AL**
ALASKA	**AK**
ARIZONA	**AZ**
ARKANSAS	**AR**
CALIFORNIA	**CA**
COLORADO	**CO**
CONNECTICUT	**CT**
DELAWARE	**DE**
DISTRICT OF COLUMBIA	**DC**
FLORIDA	**FL**
GEORGIA	**GA**
HAWAII	**HI**
IDAHO	**ID**
ILLINOIS	**IL**
INDIANA	**IN**
IOWA	**IA**
KANSAS	**KS**
KENTUCKY	**KY**
LOUISIANA	**LA**
MAINE	**ME**
MARYLAND	**MD**
MASSACHUSETTS	**MA**
MICHIGAN	**MI**
MINNESOTA	**MN**
MISSISSIPPI	**MS**
MISSOURI	**MO**
MONTANA	**MT**
NEBRASKA	**NE**
NEVADA	**NV**
NEW JERSEY	**NJ**
NEW HAMPSHIRE	**NH**
NEW MEXICO	**NM**
NEW YORK	**NY**
NORTH CAROLINA	**NC**
NORTH DAKOTA	**ND**
OHIO	**OH**
OREGON	**OR**
PENNSYLVANIA	**PA**
RHODE ISLAND	**RI**
SOUTH CAROLINA	**SC**
SOUTH DAKOTA	**SD**
TENNESSEE	**TN**
TEXAS	**TX**
UTAH/	**UT**
VERMONT	**VT**
VIRGINIA	**VA**
WASHINGTON	**WA**
WEST VIRGINIA	**WV**
WISCONSIN	**WI**
WYOMING	**WY**

PRESENTING PROBLEMS

OTHER:

000 Other Non-Mental Health Problems

PHYSICAL:

110 Speech/Hearing
120 Physical
130 Medical/Somatic

DEVELOPMENTAL INADEQUACIES:

210 Intellectual
220 Emotional
230 Social
240 Physical

ABUSE VICTIM:

311 Sexual Incest - Received Medical Treatment
Sexual abuse by a family member, which had occurred in the past year. Family includes all blood-related persons, as well as stepparents, step-siblings and half siblings. The person must have received medical treatment for injuries, etc. that resulted from the abuse.
312 Sexual Incest - No Medical Treatment
Sexual abuse by a family member, which has occurred in the past year. Family includes all blood-related persons, as well as stepparents, step-siblings and half siblings. However, the customer did not receive any medical treatment.
314 History of Sexual Incest
Sexual abuse by a family member, which occurred at least one year ago. Family includes all blood-related persons, as well as stepparents, step-siblings and half siblings.
321 Exploitation/Neglect - Received Medical Treatment
322 Exploitation/Neglect - No Medical Treatment
331 Psychological Abuse - Received Medical Treatment
332 Psychological Abuse- No Medical Treatment
341 Physical Abuse- Received Medical Treatment
Abuse of an individual through physical contact, such as hitting, slapping, punching, shoving, choking, etc.
342 Physical Abuse- No Medical Treatment
Abuse of an individual through physical contact, such as hitting, slapping, punching, shoving, choking, etc.
344 History of Physical Abuse

Abuse which has occurred at least one year ago through physical contact, such as hitting, slapping, punching, shoving, choking, etc.

351 Family/Dependent of Abuse Victim - Received Medical Treatment

352 Family/Dependent of Abuse Victim - No Medical Treatment

361 Sexual Assault by Stranger - Received Medical Treatment
Any forced, coerced, or unwanted sexual contact by a stranger – received medical attention.

362 Sexual Assault by Stranger - No Medical Treatment
Any forced, coerced, or unwanted sexual contact by a stranger – did not receive any medical attention.

364 History of Sexual Abuse
Sexual abuse which has occurred at least one year ago. Example, adults molested or sexually abused as children.

371 Sexual Assault by Acquaintance/Intimate Partner - Received Medical Treatment
Any forced, coerced, or unwanted sexual contact by an acquaintance/intimate partner. Intimate partners include spouse, common law spouse, boyfriends, girlfriends, dates, etc). Received medical attention.

372 Sexual Assault by Acquaintance/Intimate Partner - No Medical Treatment
Any forced, coerced, or unwanted sexual contact by an acquaintance/intimate partner. Intimate partners include spouse, common law spouse, boyfriends, girlfriends, dates, etc). Did not receive medical attention.

SOCIAL RELATIONS DISTURBANCE:

410 With Family Members

420 Outside Immediate Family

SOCIAL PERFORMANCE DEFICIT:

450 Social Performance Deficit

EMOTIONAL MALADJUSTMENT/DISTURBANCE:

500 Emotional Maladjustment/Disturbance

501 Depression

502 Anxiety/Panic

503 Eating Disorder

THOUGHT DISORDER/DISTURBANCE:

510 Perceptual Problems

520 Disorientation

530 Other Psychotic Symptoms

BEHAVIORAL DISTURBANCE:

610 Homicidal
620 Assaultive
621 Domestic Abuse Perpetrator
A perpetrator of domestic abuse, who uses physical, emotional/psychological and sexual contact as a means to threaten, hurt or control a partner or family member.
630 Other
631 Involvement With Criminal Justice System
632 Runaway Behavior

SUICIDAL/SELF-ABUSIVE:

650 Suicidal/Self-Abusive

SUBSTANCE ABUSE RELATED PROBLEMS:

710 Alcohol Abuse
711 Alcohol Dependency
720 Drug Abuse
721 Drug Dependency
730 Abuse of Both Alcohol and Drug(s)
731 Dependency on Both Alcohol and Drug(s)
741 At Risk for Relapse (Alcohol)
742 At Risk for Relapse (Drugs)
743 At Risk for Relapse (Both)
745 Dependent Child of an Alcohol Abuse Customer (Family ID Required)
746 Dependent Child of a Drug Abuse Customer (Family ID Required)
747 Dependent Child of Both Alcohol & Drug Abuse Customer (Family ID Required)
748 Co-Dependent of an Alcohol Abuse Customer
749 Co-Dependent of a Drug Abuse Customer
750 Co-Dependent of Both Alcohol and Drug Abuse Customer
751 Family Member or Significant Other of a Substance Abuse Customer

GAMBLING:
760 Pathological Gambling
761 Problem Gambling
762 Relative of person with Gambling Problem

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

This is an assessment of the customer's level of functioning at the time of admission, change in Level of care, discharge, and when clinically significant.

CODE

100 to 91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90 to 81 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80 to 71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).

70 to 61 Some mild symptoms (e.g., depressed mood and mild insomnia) **OR** some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful inter-personal relationships.

60 to 51 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR** moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).

50 to 41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR** any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40 to 31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) **OR** major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30 to 21 Behavior is considerably influenced by delusions or hallucinations, **OR** serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR** inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).

20 to 11 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) **OR** occasionally fails to maintain minimal personal hygiene (e.g., smears feces) **OR** gross impairment in communication (e.g., largely incoherent or mute).

10 to 01 Persistent danger of severely hurting self or others (e.g., recurrent violence) **OR** persistent inability to maintain minimal personal hygiene **OR** serious suicidal act with clear expectation of death.

DEFINITION OF SERIOUS MENTAL ILLNESS (SMI) ADULTS

(18 and Older)

SMI History

In the early 1980s, DMHSAS began to place more emphasis on the treatment of individuals who suffer from a major mental illness. To begin to monitor the movement of these individuals through the system and to identify services provided to this population, the Department developed criteria to define this target population as individuals with a "chronic mental illness." This definition focused on diagnosis, functioning and duration of illness. The duration of the illness had to be at least two years to meet the target population definition.

Beginning in 1991, the definition was changed somewhat; less emphasis was placed on diagnosis and more emphasis placed on functional impairment. Many of the components of the Federal definition were incorporated into the definition. As a result, the definition was broadened to include more individuals and the title was changed to "severe and persistent mental illness."

In 1995, with the advent of managed care, the Department again revised the target population definition. The title was changed to "serious mental illness." There was little change in diagnostic criteria. Less emphasis was placed on duration of illness, and the functional impairment criteria were revised. In addition, a functional assessment tool was developed to make the identification of this target population more objective.

"Serious Mental Illness" (Adult With a Serious Mental Illness) means an individual 18 years of age or older who meets the following criteria:

A. Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance use disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness;

And

B. Has at least **(a)** moderate impairment in at least four, **(b)** severe impairment in two or **(c)** extreme impairment in one of the following areas:

1. Feeling, Mood, and Affect: Uncontrolled emotion is clearly disruptive in its effects on other aspects of a person's life. Marked change in mood. Depression and/or anxiety incapacitates person. Emotional responses are inappropriate to the situation.

2. Thinking: Severe impairment in concentration, persistence, and pace. Frequent or consistent interference with daily life due to impaired thinking. Presence of delusions and/or hallucinations. Frequent substitution of fantasy for reality.

3. **Family:** Disruption of family relationships. Family does not function as a unit and experiences frequent turbulence. Relationships that exist are psychologically devastating.

4. **Interpersonal:** Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated.

5. **Role Performance:** Frequent disruption of role performance and individual is unable to meet usual expectations. Unable to obtain or maintain employment and/or conduct daily living chores such as care of immediate living environment.

6. **Socio-legal:** Inability to maintain conduct within the limits prescribed by law, rules, and strong mores. Disregard for safety of others. Destructive to property. Involvement with law enforcement.

7. **Self Care/Basic Needs:** Disruption in the ability to provide for his/her own needs such as food, clothing, shelter, and transportation. Assistance required in obtaining housing, food and/or clothing. Unable to maintain hygiene, diet, clothing, and prepare food.

Or

C. Has a duration of illness of at least one year and (a) at least moderate impairment in two, or (b) severe impairment in one of the following areas:

1. **Feeling, Mood, and Affect:** Uncontrolled emotion is clearly disruptive in its effects on other aspects of a person's life. Marked change in mood. Depression and/or anxiety incapacitates person. Emotional responses are inappropriate to the situation.

2. **Thinking:** Severe impairment in concentration, persistence and pace. Frequent or consistent interference with daily life due to impaired thinking. Presence of delusions and/or hallucinations. Frequent substitution of fantasy for reality.

3. **Family:** Disruption of family relationships. Family does not function as a unit and experiences frequent turbulence. Relationships that exist are psychologically devastating.

4. **Interpersonal:** Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated.

5. **Role Performance:** Frequent disruption of role performance and individual is unable to meet usual expectations. Unable to obtain or maintain employment and/or conduct daily living chores such as, care of immediate living environment.

6. **Socio-legal:** Inability to maintain conduct within the limits prescribed by law, rules, and strong mores. Disregard for safety of others. Destructive to property. Involvement with law enforcement.

7. **Self Care/Basic Needs:** Disruption in the ability to provide for his/her own needs such as food, clothing, shelter and transportation. Assistance required in obtaining housing, food and/or clothing. Unable to maintain hygiene, diet, clothing, and prepare food.

NOTE: Individuals with a primary diagnosis of substance abuse or developmental disorder are excluded from this definition.

Individuals may show less impairment if they are on medications or receiving other treatment services that reduce the symptoms of the illness, but moderate to severe impairment in functioning would result with discontinuation of the medications.

DEFINITION OF SERIOUS EMOTIONAL DISTURBANCE (SED)

Children and Adolescents (Under 18 years of age)

Individuals from birth to seventeen years of age who meet the following criteria comprise the target population:

A. A child who possesses a diagnosable, serious disorder under DSM-IV such as pervasive developmental disorder, childhood schizophrenia, schizophrenia of adult-type manifesting in adolescence, conduct disorder, affective disorder, other disruptive behaviors, or other disorders with serious medical implications such as eating disorders, or persistent involvement with alcohol or drugs;

And

B. Who has a functioning level which includes: **(a)** a moderate impairment in at least four, **(b)** severe impairment in two or **(c)** extreme impairment in one of the following areas:

1. Feeling, Mood, and Affect: Uncontrolled emotion is clearly disruptive in its effects on other aspects of a child's life. Frustration, anger, loneliness and boredom persist beyond the precipitating situation. Symptoms of distress are pervasive and do not respond to encouragement or reassurance.

2. Thinking: Disruption of daily life due to impaired thoughts and thinking process. Inability to distinguish between fantasy and reality. Unusual thoughts or attachments to objects.

3. Substance Use: Frequent difficulties due to substance use. Repeated use of substances causing difficulty at home or in school.

4. Family: Disruption of family relationships. Family does not function as a unit and experiences frequent turbulence. Relationships that exist are psychologically devastating. Lacks family support. Abused or neglected.

5. Interpersonal: Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated. Lacks age appropriate social skills.

6. Role Performance: Frequent disruption of role performance and individual is unable to meet usual expectations. Persistent behavior problems. Failure, suspension or expelled from school.

7. Socio-legal: Inability to maintain conduct within the limits prescribed by law, rules, and strong mores. Shows little concern for consequences of actions. Delinquent acts and/or frequent contact with law enforcement.

8. Self Care/Basic Needs: The ability to care for self is considerably below expectation.

9. Caregiver Resources: Caregiver has difficulties providing for the child's basic needs or developmental needs such that there is a negative impact on the child's level of functioning.

Or

C. Who has a duration of illness for at least one year and has **(a)** functioning level of moderate impairment in at least two, or **(b)** severe impairment in one of the following areas:

1. Feeling, Mood, and Affect: Uncontrolled emotion is clearly disruptive in its effects on other aspects of a child's life. Frustration, anger, loneliness, and boredom persist beyond the precipitating situation. Symptoms of distress are pervasive and do not respond to encouragement or reassurance.

2. Thinking: Disruption of daily life due to impaired thoughts and thinking process.

Inability to distinguish between fantasy and reality. Unusual thoughts or attachments to objects.

3. Substance Use: Frequent difficulties due to substance use. Repeated use of substances causing difficulty at home or in school.

4. Family: Disruption of family relationships. Family does not function as a unit and experiences frequent turbulence. Relationships that exist are psychologically devastating. Lacks family support. Abused or neglected.

5. Interpersonal: Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated. Lacks age appropriate social skills.

6. Role Performance: Frequent disruption of role performance and individual is unable to meet usual expectations. Persistent behavior problems. Failure, suspension or expelled from school.

7. Socio-legal: Inability to maintain conduct within the limits prescribed by law, rules and strong mores. Shows little concern for consequences of actions. Delinquent acts and/or frequent contact with law enforcement.

8. Self Care/Basic Needs: The ability to care for self is considerably below expectation.

9. Caregiver Resources: Caregiver has difficulties in providing for the child's basic needs or developmental needs such that there is a negative impact on the child's level of functioning.

NOTE: Children with a primary diagnosis of developmental disorders are excluded from this definition.

Individuals may show less impairment if they are on medications or involved in other treatment services that reduce the symptoms of the illness but moderate to severe impairment in functioning would result with discontinuation of the medications or current treatment.

APS CONDENSED CDC EDITS

Fields	Required/ Conditional/ Optional	Rules
Agency	**Required**	
Agency Site	**Required**	
Date of Transaction	**Required**	Transaction date must be equal to or less than the current date
Military Time	**Required**	
Transaction Type	**Required**	
Member ID	**Required**	
DOB	**Required**	Must be less than or equal to transaction date
Service Focus	**Required**	
Race	**Required**	At least one race must be selected
SSN	**Required**	
Ethnicity	**Required**	
Gender	**Required**	
Alert Information	Optional	
Mental Health Screen	**Required**	
Substance Abuse Screen	**Required**	
Trauma Screen	**Required**	
Primary/Secondary Referral	**Primary Required,** Secondary optional	Referral 31 can only be used with 60 - 72 transaction types Referral 28 can only be used with transaction types 62 OR 67 Referral 39 can only be used with a transaction type 64 Referral 36 can only be used with a transaction type 68 Referrals 06 and 26 cannot be used with 60 - 72 transaction types Primary and Secondary cannot be the same, except for referral 40
Primary/Secondary Referral Agency	Conditional	Required if Referral = 40 Primary and secondary referral agencies cannot be the same Referral agency cannot = admitting agency Referral agency must be active agency
County of Residence	**Required**	
Zip Code	**Required**	IF Zip code = 99999, then Residence = J (Homeless-Streets)
Residence	**Required**	If Residence = J (Homeless-Streets), then Zip Code must = 99999 If prison/jail = 1 (prison), then Residence = H (institutional setting);

Fields	Required/ Conditional/ Optional	Rules
Is customer in Prison/Jail	**Required**	If prison/jail = 1 (prison), customer age must be greater than 12
Living Situation	**Required**	If residence = H (institutional setting), then Living situation must = 1 (alone)
Chronic Homelessness	**Required**	
Employment	**Required**	
Type of Employment/Not in Labor Force (NILF)	**Required**	If Employment = 4 (NILF) then Type of Employment/NILF = A-F If Employment must = 3 (Unemployed), then Type of Employment/NILF = 4 (None) If Employment must = 1 or 2 , then Type of Employment/NILF = 1-3, 5 or 6
Education	**Required**	Education must = 00 if customer age is under age 5 Education cannot be greater than age of customer
Is customer currently in school	**Required**	
Military Status	**Required**	If Military Status = 1 or 3, then customer age must be 16 years of age or older
Marital Status	**Required**	
Is customer pregnant	Conditional	Required if female; blank if male If Pregnant = 1 (yes), then customer age must be between 12-55 years of age
If 1, enter expected DOB	Conditional	Required only if female and answered 1 (yes) on 'Is customer pregnant?'; Blank if male or answered 2 Expected DOB must be greater than, equal to, but not more than 9 months from today's date
Annual Income	**Required**	
Number contributing to and/or dependent	**Required**	
SSDI	**Required**	
Medicare	**Required**	
SSI	**Required**	
Medicaid	**Required**	
Does Customer speak English well?	**Required**	
If language"2" what language is preferred (1-9)	Conditional	If 'Does customer speak English well' = 1 (yes), then language preferred and specified must be blank If 'Does customer speak English well' = 2 (no), then language preferred must be completed
If 2 or 9, then specify	Conditional	Required if language preferred = 2 or 9

Fields	Required/ Conditional/ Optional	Rules
Disability 1, 2, 3, 4	**Required for 1;** Optional for 2, 3, 4	If Disability = 11 (interpreter for the deaf), then another code must include a 09 or 10 Disability 2, 3, AND 4 MUST BE BLANK IF Disability 1 = 01 Disability 1, 2, 3 and 4 cannot be the same
Legal Status	**Required**	
County of Commitment	Conditional	If legal status = 01 or 17, then county of commitment must be blank
Tobacco Use	**Required**	
Presenting Problem -- Primary/Secondary/Tertiary	**Required**	Presenting Problems cannot be the same At least one Presenting Problem must equal 710 - 743 if Service Focus = 02, 03, 06, 09, 21
Drugs of Choice - Primary/Secondary/Tertiary -	**Primary-- Required** Secondary-- Conditional Tertiary-- Conditional	Primary Drug of Choice required if any presenting problem = 710-743. If Presenting Problem = 710, 711 or 741, then a drug of choice must = 02 (alcohol) If Presenting Problem = 720, 721 or 742, then a drug of choice must = 03-21 (drug) If Presenting Problem = 730, 731 or 743, then drug of choice must include 02 (alcohol) and a 03-21 (drug) Primary Drug of Choice cannot be blank Secondary or tertiary drug of choice cannot be 01 (none) No drug of choice can be the same (NOTE: there is NO 1:1 connection between 'Presenting Problems' and 'Drugs of Choice')
Usual Route of Administration	Conditional	Required if any Drug of Choice does not = 01 or 17 If Drug of Choice = 12 (inhalants), then Route of Administration must = 3 (inhalation) If Drug of Choice = 02 (alcohol), then Route of Administration must = 1 (oral) If Drug of Choice = 01 or 17, then Route of Administration must be blank
Frequency of Use	Conditional	Required if any Drug of Choice does not = 01 or 17 If Drug of Choice = 01 or 17, then Frequency of Use must be blank
Age First Used	Conditional	Required if primary drug of choice does not = 01 or 17 If Drug of Choice = 01 or 17, then Age First Used must be blank Age cannot be greater than the customer's age
Level of Care	**Required**	Level of Care cannot be the same as previous Level of Care on Transaction Type 40 Level of care cannot be modified on a 41 or 42 transaction
CAR	**Required**	CAR Optional on Service Focus 02, 03, 09, 11, 21, 23, 30

Fields	Required/ Conditional/ Optional	Rules
ASI	Conditional	ASI Required if 18 years old or above and Service Focus = 02, 03, 06, 09, 21 ASI Required if 18 years old or above, Service Focus = 02, 03, 06, 09, 21 and there was an ASI on last CDC for Transaction Types 60, 61, 62, 63, 64, 70 ASI Optional if 18 or older on Transaction Types 62, 65, 66, 67, 68, 69, 71, 72 Not Applicable for service focus 11
TASI	Conditional	TASI Required if age 12-17 and Service Focus = 02, 03, 06, 21, 23 Required if age 12-17, Service Focus = 02, 03, 06, 21, 23 and there was an TASI on previous CDC for Transaction Types 60, 61, 63, 64, 70 Optional if 17 or younger for Transaction Types 62, 65, 66, 67, 68, 69, 71, 72 Not Applicable for service focus 11
Current LOF	**Required**	Current LOF optional for Service Focus 11
SMI	Conditional	Required if customer 18 years or older Do not allow for under 18 years old
SED	Conditional	Required if customer is under 18 years old Do not allow for 18 years or older
In the past 30 days, how many times has the customer been arrested or since admission if less than 30 days ago?	**Required**	
In the past 12 months, how many times has the customer been arrested or since admission if less than 30 days ago?	**Required**	Arrests in Last 12 Months cannot be less than Arrests in Past 30 Days
In the past 30 days, how many times has the customer attended self-help/support groups or since admission if less than 30 days ago?	**Required**	
Family ID, Drug Court, DOC #, or DHS Case Number	Conditional	If Service Focus = 03, Drug Court number is required If Service Focus = 09, Department of Corrections (DOC) number is required If Referral = 49, then DHS case number Family ID required when Presenting Problem = 745, 746 or 747

Fields	Required/ Conditional/ Optional	Rules
Clinician of Record (NPI)	**Required**	
Is this customer in the custody of OJA	Conditional	Only required for under 18 years old
Is this customer in the custody of DHS	Conditional	Only required for under 18 years old
In what type of out of home placement is the customer living	Conditional	Only required for under 18 years old
In the past 90 days how many days was the customer in restrictive placement	Conditional	Only required for under 18 years old
In the past 90 days, on how many days did an incident of self-harm occur	Conditional	Only required for under 18 years old
In the past 90 days of the school year how many days was the customer absent from school	Conditional	Only required for under 18 years old
In the past 90 days how many days of the school year how many days was the customer suspended from school	Conditional	Only required for under 18 years old
In the past 90 days, how many days was the customer not permitted to return to day care	Conditional	Only required for under 18 years old
Last Name	**Required**	
Maiden Name	Conditional	Required if female; optional if male; ALPHA CHARACTER ONLY
First	**Required**	
Middle	Optional	
Suffix	Optional	
Address 1	**Required**	
City	**Required**	
State	**Required**	
Address 2	Optional	

REQUIRED (R), CONDITIONAL (C), OR OPTIONAL (O)

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Member ID	R	23	Zip Code	R	41
Date of Birth	R	24	First Name	R	106
Service Focus	R	25	Middle Name	O	106
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