Behavioral Health Data System

Behavioral Health Supplemental Transaction Data Guide

Washington State Health Care Authority

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Data Guide Overview:

Overview

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

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

The BHDS includes data from two legacy systems:

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

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

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

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

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

Terminology Guide

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

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

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

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

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

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

Document Use Guide

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

Navigation

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

Effective Dates

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

Nationally Accepted Health Information Technology (HIT) Code Crosswalk:

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

The crosswalks link certain BHDS data elements to nationally accepted HIT vocabulary codes required by the Federal Government for use in certified EHRs1. The HIT vocabulary code sets referenced in the BHDS Guide are listed and described in Appendix H.

Each data element contains the following information:

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

[1] https://www.healthit.gov/isa/

General Considerations of Guide

Reporting Organization

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

Service Episodes

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

Data File Format

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

Key Fields

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

SFTP Accounts

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

Blanks/Unknowns/Not Collected

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

Add/Change Status

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

Special Characters

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

Appendices

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

Summary of Transactions

Definition:

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

Table Heading Definitions:

Transactions: Name of Behavioral Health Supplemental Transaction

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

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

Assessment and Treatment Summary of Transactions

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/ Service Episode End
Header	SUBMITTER ID	R	R	R	R	R	R
	BATCH NUMBER						
	BATCH DATE						
Cascade Delete	SUBMITTER ID						
	CLIENT ID						
Cascade Merge	SUBMITTER ID						
	CLIENT ID TO VOID						
	CLIENT ID TO KEEP						
Client Demographic	**SUBMITTER ID**	R		R	R	C (only bolded items)	
	CLIENT ID						
	EFFECTIVE DATE						
	FIRST NAME						
	MIDDLE NAME						
	LAST NAME						
	ALTERNATE LAST NAME						
	SOCIAL SECURITY NUMBER						
	BIRTHDATE						
	GENDER						
	HISPANIC ORIGIN						
	PRIMARY LANGUAGE						
	RACE(S)						
	SEXUAL ORIENTATION						
	SOURCE TRACKING ID						
Client Address	**SUBMITTER ID**	R		R	R		C
	CLIENT ID						
	EFFECTIVE DATE						
	ADDRESS LINE 1						
	ADDRESS LINE 2						
	CITY						
	COUNTY						
	STATE						

	ZIP CODE						
	SOURCE TRACKING ID						
Client Profile	**SUBMITTER ID**			C (only bolded elements are required, other elements can be provided if obtained)	R		
	CLIENT ID						
	PROVIDER NPI						
	PROFILE RECORD KEY						
	EFFECTIVE DATE						
	EDUCATION						
	EMPLOYMENT						
	MARITAL STATUS						
	PARENTING						
	PREGNANT						
	SMOKING STATUS						
	RESIDENCE						
	SCHOOL ATTENDANCE						
	SELF HELP COUNT						
	USED NEEDLE RECENTLY						
	NEEDLE USE EVER						
	MILITARY SERVICE						
	SMI/SED						
Program Identification	SUBMITTER ID			C (only MH related programs)	C (all SUD modalities)		
	CLIENT ID						
	PROVIDER NPI						
	PROGRAM ID KEY						
	PROGRAM ID						
	PROGRAM START DATE						
	PROGRAM END DATE						
	ENTRY REFERRAL SOURCE						
	PROGRAM END REASON						
	SOURCE TRACKING ID						
Co-occurring Disorder	SUBMITTER ID	R		R	R		
	CLIENT ID						
	PROVIDER NPI						

	GAIN-SS DATE						
	SCREEN ASSESSMENT INDICATOR						
	CO-OCCURRING DISORDER SCREENING (IDS)						
	CO-OCCURRING DISORDER SCREENING (EDS)						
	CO-OCCURRING DISORDER SCREENING (SDS)						
	CO-OCCURRING DISORDER ASSESSMENT						
	SOURCE TRACKING ID						
Authorization	SUBMITTER ID		R	R	R	R	
	PROVIDER NPI						
	CLIENT ID						
	AUTHORIZATION ID						
	AUTHORIZATION DECISION DATE						
	AUTHORIZATION START DATE						
	AUTHORIZATION END DATE						
	AUTHORIZATION DECISION						
ASAM Placement	SUBMITTER ID	R			R	R	
	CLIENT ID						
	PROVIDER NPI						
	ASAM RECORD KEY						
	ASAM ASSESSMENT DATE						
	ASAM LEVEL INDICATED						
DCR Investigation	SUBMITTER ID			C			
	CLIENT ID						
	INVESTIGATION START DATE						
	INVESTIGATION START TIME						

	INVESTIGATION COUNTY CODE						
	INVESTIGATION OUTCOME						
	DETENTION FACILITY NPI						
	LEGAL REASON FOR DETENTION/COMMITMENT						
	RETURN TO INPATIENT/REVOCATION AUTHORITY						
	DCR AGENCY NPI						
	INVESTIGATION REFERRAL SOURCE						
	INVESTIGATION END DATE						
	SOURCE TRACKING ID						
ITA Hearing	SUBMITTER ID			C			
	CLIENT ID						
	HEARING DATE						
	HEARING OUTCOME						
	DETENTION FACILITY NPI						
	HEARING COUNTY						
	SOURCE TRACKING ID						
Service Episode	SUBMITTER ID			R	R	R	
	CLIENT ID						
	PROVIDER NPI						
	EPISODE RECORD KEY						
	SERVICE EPISODE START DATE						
	SERVCE EPISODE END DATE						
	SERVICE EPISODE END REASON						
	DATE OF FIRST OFFERED APPOINTMENT						
	MEDICATION ASISSTED OPIOID THERAPY						
	SERVICE REFERRAL SOURCE						
Substance Use	SUBMITTER ID				R	R	
	CLIENT ID						

	PROGRAM ID						C (required only for SUD)
	PROVIDER NPI						
	EFFECTIVE DATE						
	SUBSTANCE (1,2,3)						
	AGE AT FIRST USE (1,2,3)						
	FREQUENCY OF USE (1,2,3)						
	PEAK USE (1,2,3)						
	METHOD (1,2,3)						
	DATE LAST USED (1,2,3)						
	SOURCE TRACKING ID						
Funding	SUBMITTER ID	R	R	R	R	R	R
	CLIENT ID						
	EFFECTIVE DATE						
	TYPE OF FUNDING SUPPORT						
	SOURCE OF INCOME/SUPPORT						
	BLOCK GRANT FUNDED SERVICES						
	SOURCE TRACKING ID						

Transaction	Data Elements	DCR	ITA	CR (Draft)			
Header	SUBMITTER ID	R	R	R			
	BATCH NUMBER						
	BATCH DATE						
Cascade Delete	SUBMITTER ID	R	R	R			
	CLIENT ID						
Cascade Merge	SUBMITTER ID	R	R	R			
	CLIENT ID TO VOID						
	CLIENT ID TO KEEP						
Client Demographic	**SUBMITTER ID**	R	R	R			
	CLIENT ID						
	EFFECTIVE DATE						
	FIRST NAME						
	MIDDLE NAME						
	LAST NAME						
	ALTERNATE LAST NAME						
	SOCIAL SECURITY NUMBER						
	BIRTHDATE						
	GENDER						
	HISPANIC ORIGIN						
	PRIMARY LANGUAGE						
	RACE(S)						
	SEXUAL ORIENTATION						
	SOURCE TRACKING ID						
Client Address	**SUBMITTER ID**						
	CLIENT ID						
	EFFECTIVE DATE						
	ADDRESS LINE 1						
	ADDRESS LINE 2						
	CITY						
	COUNTY						
	STATE						
	ZIP CODE						
	SOURCE TRACKING ID						
Client Profile	**SUBMITTER ID**						
	CLIENT ID						
	PROVIDER NPI						

	PROFILE RECORD KEY						
	EFFECTIVE DATE						
	EDUCATION						
	EMPLOYMENT						
	MARITAL STATUS						
	PARENTING						
	PREGNANT						
	SMOKING STATUS						
	RESIDENCE						
	SCHOOL ATTENDANCE						
	SELF HELP COUNT						
	USED NEEDLE RECENTLY						
	NEEDLE USE EVER						
	MILITARY SERVICE						
	SMI/SED						
Program Identification	SUBMITTER ID						
	CLIENT ID						
	PROVIDER NPI						
	PROGRAM ID KEY						
	PROGRAM ID						
	PROGRAM START DATE						
	PROGRAM END DATE						
	ENTRY REFERRAL SOURCE						
	PROGRAM END REASON						
	SOURCE TRACKING ID						
Co-occurring Disorder	SUBMITTER ID						
	CLIENT ID						
	PROVIDER NPI						
	GAIN-SS DATE						
	SCREEN ASSESSMENT INDICATOR						
	CO-OCCURRING DISORDER SCREENING (IDS)						

	CO-OCCURRING DISORDER SCREENING (EDS)						
	CO-OCCURRING DISORDER SCREENING (SDS)						
	CO-OCCURRING DISORDER ASSESSMENT						
	SOURCE TRACKING ID						
Authorization	SUBMITTER ID						
	PROVIDER NPI						
	CLIENT ID						
	AUTHORIZATION ID						
	AUTHORIZATION DECISION DATE						
	AUTHORIZATION START DATE						
	AUTHORIZATION END DATE						
	AUTHORIZATION DECISION						
ASAM Placement	SUBMITTER ID						
	CLIENT ID						
	PROVIDER NPI						
	ASAM RECORD KEY						
	ASAM ASSESSMENT DATE						
	ASAM LEVEL INDICATED						
DCR Investigation	SUBMITTER ID	R	R				
	CLIENT ID						
	INVESTIGATION START DATE						
	INVESTIGATION START TIME						
	INVESTIGATION COUNTY CODE						
	INVESTIGATION OUTCOME						
	DETENTION FACILITY NPI						

	LEGAL REASON FOR DETENTION/COMMITMENT						
	RETURN TO INPATIENT/REVOCATION AUTHORITY						
	DCR AGENCY NPI						
	INVESTIGATION REFERRAL SOURCE						
	INVESTIGATION END DATE						
	SOURCE TRACKING ID						
ITA Hearing	SUBMITTER ID		R				
	CLIENT ID						
	HEARING DATE						
	HEARING OUTCOME						
	DETENTION FACILITY NPI						
	HEARING COUNTY						
	SOURCE TRACKING ID						
Crisis Response	SUBMITTER ID			R			
	CLIENT ID						
	EVENT START DATE						
	EVENT START TIME						
	TIME REF RECIEVED						
	TIME OF DISPATCH						
	TIME OF ARRIVAL						
	EVENT END DATE						
	EVENT END TIME						
	CR TYPE						
	REFERRAL SOURCE						
	REFERRAL REASON						
	ENCOUNTER LOCATION						
	INTERPRETER NEEDED						
	LEVEL OF CARE						
	PRESENTING PROBLEM						
	EVENT TYPE						
	CR_OUTCOME						
	REFERRAL_TO						
	SOURCE TRACKING ID						
Service Episode	SUBMITTER ID						
	CLIENT ID						

	PROVIDER NPI						
	EPISODE RECORD KEY						
	SERVICE EPISODE START DATE						
	SERVCE EPISODE END DATE						
	SERVICE EPISODE END REASON						
	DATE OF FIRST OFFERED APPOINTMENT						
	MEDICATION ASISSTED OPIOID THERAPY						
	SERVICE REFERRAL SOURCE						
Substance Use	SUBMITTER ID			R (Only if there is a SUD)			
	CLIENT ID						
	PROGRAM ID						
	PROVIDER NPI						
	EFFECTIVE DATE						
	SUBSTANCE (1,2,3)						
	AGE AT FIRST USE (1,2,3)						
	FREQUENCY OF USE (1,2,3)						
	PEAK USE (1,2,3)						
	METHOD (1,2,3)						
	DATE LAST USED (1,2,3)						
	SOURCE TRACKING ID						
Funding	SUBMITTER ID						
	CLIENT ID						
	EFFECTIVE DATE						
	TYPE OF FUNDING SUPPORT						
	SOURCE OF INCOME/SUPPORT						
	BLOCK GRANT FUNDED SERVICES						
	SOURCE TRACKING ID						

Definition:

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

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

Rules:

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

Validation:

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

Notes:

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

Example:

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

Definition:

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

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

Rules:

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

Notes:

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

Example:

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

Definition:

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

Full Cascade Delete:

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

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

Rules:

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

Validation:

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

Notes:

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

Example:

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

Link to details of transaction

Definition:

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

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

Rules:

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

BHDS Data Guide

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Notes:

Example:

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

Client Address – 022.03

Section: Transactions & Definitions

Link to details of transaction

Definition:

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

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

Rules:

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

Notes:

Example:

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

Client Profile – 035.10

Section: Transactions & Definitions

Link to details of transaction

Definition:

Additional client characteristics required for all clients.

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

	SMI/SED STATUS	Varchar	2	N

Rules:

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

Notes:

Example:

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

Definition:

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

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

Rules:

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

Notes:

Example:

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

Definition:

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

New clients admitted and discharged during the reporting period
• Change in outcome will be measured from admission to the time of discharge

Continuing clients at the beginning and discharged during the reporting period
• Change in outcome will be measured from the beginning of reporting period to the time of discharge

New clients who remain on the caseload at the end of the reporting period
• Change in outcome will be measured from admission to the end of the reporting period

Continuing clients at the beginning and end of the reporting period
• Change in outcome will be measured from the beginning to the end of reporting period

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

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

	SOURCE TRACKING ID	Varchar	40	Y

Rules:

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

Notes:

Example:

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

Definition:

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

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

Rules:

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

Notes:

Example:

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

Definition:

Co-occurring disorder and screening assessment.

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

Rules:

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

Notes:

Example:

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

ASAM Placement – 030.03

Link to details of transaction

Definition:

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

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

Rules:

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

Notes:

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

Example:

030.03<tab>A<tab>105021301<tab> Client ID 20chars<tab>1234567890<tab>ASAMRecordKey 40chars <tab>20160401<tab>OST<tab>SourceTrackingID 40chars

Definition:

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

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

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

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

Rules:

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

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

22	Petition filed for outpatient evaluation	A-D or X at least one required	9	Blank/Null
23	Filed petition recommending AOT extension	Z	9	Blank/Null
24	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null

Notes:

Example:

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

Definition:

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

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

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

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

Rules:

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

Notes:

Example:

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

Definition:

This transaction documents mobile crisis response.

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

Link to details of transaction

Definition:

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

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

Rules:

- Must be reported at admission, at least every 90 days or upon change whichever comes first and at discharge for all SUD clients. SUD inpatient Provider Agencies are not exempt from reporting.
- If Substance 2 and 3 are reported, all elements are required, except Source Tracking ID.

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

Notes:

Example:

036.04<tab>A<tab>105021301<tab>1234567890<tab>Client ID 20chars<tab>
58<tab>20160401<tab>21<tab>99<tab>6<tab>6<tab>5<tab>20160501<tab>20<tab>99
<tab>6<tab>6<tab>5<tab>20160601<tab>19<tab>99<tab>6<tab>6<tab>5<tab>20160701
<tab>SourceTrackingID 40chars

Funding – 140.01

Section: Transactions & Definitions
Link to details of transaction

Definition:

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

Transaction ID:	140.01	Type	Length	Allow Null
ACTION CODE:	"A" Add "C" Change "D" Delete	Varchar	1	N
Primary Key:	SUBMITTER ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	EFFECTIVE DATE	Date	CCYYMMDD	N

Body	TYPE OF FUNDING	Varchar	2	Y
	SOURCE OF INCOME	Varchar	2	Y
	BLOCK GRANT FUNDING	Varchar	2	Y
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

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

Notes:

Example:

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

Data element definitions are classified into sections.

Identifiers

SUBMITTER ID

Section: Identifier

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

- Collected for each record as identifying record information

Data Use:

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

Validation:

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

History:

Notes:

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

Client ID

Section: Identifier

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Unique by client, by MCO

History:

Notes:

Provider NPI

Section: Identifier

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid in ProviderOne

History:

Notes:

Batch Number

Section: Header

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

- Batch number is for identifying unique batches by MCO

Validation:

- Cannot be blank
- Required for each submission

History:

Notes:

Batch Date

Section: Header

Definition:

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

Code Values Not Applicable

Rules:

Frequency:

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

Data Use:

- Batch identification

Validation:

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

History:

Notes:

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

Cascade Merge

Client ID to Keep

Section: Cascade Merge

Definition:

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

Code Values Not Applicable

Rules:

- Required for a cascade merge

Frequency:

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

Data Use:

- Used for cascade merge

Validation:

- Checks whether ID has been previously voided

History:

Notes:

Client ID to Void

Section: Cascade Merge

Definition:

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

Code Values Not Applicable

Rules:

- Required for a cascade merge

Frequency:

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

Data Use:

- Used for cascade merge

Validation:

- Checks whether ID has been previously voided

History:

Notes:

Common Transaction Elements:

Effective Date

Section: Client Demographics, Address, Profile, Substance Use

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

- Client Demographics
- Client Address
- Client Profile
- Substance Use

Validation:

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

History:

Notes:

Source Tracking ID

Section: All Transactions

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

- Reconcile data to MCO systems

Validation:

- No validation exists in this element

History:

Notes:

Client Demographics 020.08

First Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

- Required for all clients

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

Middle Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

Last Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Both apostrophes and hyphens are allowed

History:

Notes:

Alternate Last Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

Social Security Number

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

- Whenever possible or upon change

Data Use:

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

Validation:

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

History:

Notes:

Birthdate

Section: Client Demographics

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

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

Validation:

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

History:

Notes:

Gender

Section: Client Demographics

Definition:

Indicates a person's self-identified gender.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

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

Validation:

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

History:

Notes:

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

Hispanic Origin

Section: Client Demographics

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

Rules:

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

Frequency:

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

Data Use:

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

Validation:

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

History:

Notes:

Primary Language

Section: Client Demographics

Definition:

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

Code Values:

See Appendix F

Rules:

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

Frequency:

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

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code

History:

Notes:

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

Race(s)

Section: Client Demographics

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

Value	LOINC® Answer ID	LOINC Comment	SNOMED CT®	SNOMED Comment	CDC/PHIN	CDC Comment	OMB	OMB Comment
American Indian/ Alaskan Native					1735-0 1002-5 1004-1	Alaskan Native - 1735-0 American Indian/Alaskan Native - 1002-5	1002-5	American Indian/ Alaskan Native

						American Indian - 1004-1		
Asian Indian					2029-7	Asian Indian	2028-9	Asian
Black or African American					2058-6	African American	2054-5	Black or African American
Cambodian					2033-9	Cambodian	2028-9	Asian
Chinese					2034-7	Chinese	2028-9	Asian
Filipino					2036-2	Filipino	2076-08	Native Hawaiian or other Pacific Islander
Guamanian or Chamorro					2086-7	Guamanian or Chamorro	2076-08	Native Hawaiian or other Pacific Islander
Native Hawaiian					2079-2 2076-8	Native Hawaiian (2079-2) Native Hawaiian or other Pacific Islander (2076-8)	2076-08	Native Hawaiian or other Pacific Islander
Japanese					2039-6	Japanese	2028-9	Asian
White					2106-3	White	2106-3	White
Korean					2040-4	Korean	2028-9	Asian
Laotian					2041-2	Laotian	2028-9	Asian
Middle Eastern					2118-8	Middle Eastern or North African		
Other Asian					2028-9	Asian	2028-9	Asian
Other Pacific Islander					2500-7 2076-8	Other Pacific Islander (2500-7) Native Hawaiian or other Pacific Islander (2076-8)	2076-08	Native Hawaiian or other Pacific Islander
Other Race					2131-1	Other Race		
Unknown								

Rules:

- Required for all clients at assessment and whenever status changes.
- Select one or more categories, if a person selects more than 1 code, enter each one in sequence.
- If client does not identify with any of the listed races, then code “050” for Other Race.
- If information is not available or unknown, then code “999”.

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- Data submitted has to be a multiple of 3 and up to 6 race codes can be submitted

Frequency:

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Sexual Orientation

Section: Client Demographics

Definition:

Indicates a client's voluntarily stated sexual orientation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Cannot be blank
- Must be valid code

History:

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Notes:

Client Address 022.03

Address Line 1

Section: Client Address

Definition:

Indicates the street address where the client currently resides.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

Address Line 2

Section: Client Address

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

City

Section: Client Address

Definition:

Indicates the client's current city of residence.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

County

Section: Client Address

Definition:

Indicates the county where the client currently resides.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

State

Section: Client Address

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Use US Postal Addressing Standards for address
- Required for all clients
- Optional for SUD clients in withdrawal management services, but should be reported if possible.

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

Data Use:

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

Validation:

- None

History:

Notes:

Zip Code

Section: Client Address

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- None

History:

Notes:

Facility Flag

Section: Client Address

Definition:

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

Code Values:

Code	Value
Y	Yes
N	No

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- None

History:

Notes:

Client Profile 035.10

Profile Record Key

Section: Client Profile

Definition:

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

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Education

Section: Client Profile

Definition:

Indicates the educational achievement of the client.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

Value	LOINC® Answer ID	LOINC Comment	SNOMED CT®	SNOMED Comment	HL7 Version 3	HL7 Comment
No formal schooling	LA15606-9	Never attended/kindergarten only				
Nursery school, pre-school, head start						
Kindergarten, Less than one school grade	LA15606-9	Never attended/kindergarten only				
Grade 1	LA15607-7	Grade 1				
Grade 2	LA15608-5	Grade 2				
Grade 3	LA15609-3	Grade 3				
Grade 4	LA15610-1	Grade 4				
Grade 5	LA15611-9	Grade 5				
Grade 6	LA15612-7	Grade 6				
Grade 7	LA15613-5	Grade 7				
Grade 8	LA15614-3	Grade 8				
Grade 9	LA15615-0	Grade 9				
Grade 10	LA15616-8	Grade 10				
Grade 11	LA15617-6	Grade 11				
Grade 12	LA15618-4	12th grade, no diploma				
High School Diploma or GED	LA15564-0 LA15619-2	High school graduate (LA15564-0) GED or equivalent (LA15619-2)				
1st Year of College/University (Freshman)	LA15620-0	Some college, no degree				
2nd Year of College/University (Sophomore) or Associate Degree	LA15622-6 LA15620-0	Associate degree: academic program (LA15622-6) Some college, no degree (LA15620-0)				

3rd Year of College/University (Junior)	LA15620-0	Some college, no degree				
4th Year of College (Senior)	LA15620-0	Some college, no degree				
Bachelor's Degree	LA12460-4	Bachelor's degree (e.g., BA, AB, BS)				
Graduate or professional school - includes Master's and Doctoral degrees, medical school, law school, etc.	LA12461-2 LA15625-9 LA15626-7	Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) - LA12461-2 Professional school degree (example: MD, DDS, DVM, JD) - LA15625-9 Doctoral degree (example: PhD, EdD) - LA15626-7				
Vocational School – includes business, technical, secretarial, trade, or correspondence courses, which provide specialized training for skilled employment.	LA15621-8	Associate degree: occupational, technical, or vocational program				
Unknown	LA12688-0	Don't know				

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

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Employment

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Marital Status

Section: Client Profile

Definition:

Indicates the current marital status of the client.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

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

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Parenting

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Pregnant

Section: Client Profile

Definition:

Indicates whether a client is pregnant.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

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

Rules:

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

Frequency:

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

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code

History:

Notes:

Smoking Status

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

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

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Residence

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

School Attendance

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Self Help Count

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

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

History:

Notes:

- Source: https://wwwdasis.samhsa.gov/dasis2/manuals/combined_su_mh_teds_manual.pdf

Used Needle Recently

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Needle Use Ever

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Military Status

Section: Client Profile

Definition:

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

Code Values:

Code	Value	Definition
1	Yes	
2	No	
3	Refuse	
4	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

SMI/SED Status

Section: Client Profile

Definition:

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

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

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

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

Code Values:

Numeric (1 character)

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

Rules:

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

Frequency:

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

Data Use:

- SAMHSA MH-CLD Field Number C-08

Validation:

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

Notes:

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

Authorization 023.03

Authorization Decision Date

Section: Authorization

Definition:

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

Code Values:

Code	Value	Definition

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Reported at time of authorization

Data Use:

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

Validation:

- Must be valid date

History:

Notes:

Authorization ID

Section: Authorization

Definition:

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

Code Values:

Code	Value	Definition

Rules:

- Every authorization must have a unique authorization ID

Frequency:

- Collected at time of authorization

Data Use:

Validation:

- Must be valid code

History:

Notes:

Authorization Start Date

Section: Authorization

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

- Reported at time of authorization

Data Use:

Validation:

- Must be valid date

History:

Notes:

Authorization End Date

Section: Authorization

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

- Reported at time of authorization.

Data Use:

Validation:

- Must be valid date

History:

Notes:

Authorization Decision

Section: Authorization

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

- Report when authorization decision is made

Data Use:

Validation:

- Must be valid code

History:

Notes:

Service Episode 170.06

Episode Record Key

Section: Service Episode

Definition:

Unique identifier for the service episode.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Service Episode Start Date

Section: Service Episode

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

- Collected on date of first service or when episode starts

Data Use:

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

Validation:

- Must be valid date

History:

Notes:

Service Episode End Date

Section: Service Episode

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date

History:

Notes:

Service Episode End Reason

Section: Service Episode

Definition:

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

Code Values:

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

Code	Value	Definition
96	Not applicable	Should be used only when submitting a Mental Health update record (i.e., Client Transaction Type = U Update).
97	Unknown	Individual client value is unknown.
98	Not collected	State does not collect this field.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

- Collected and report at service episode end

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Service Referral Source

Section: Service Episode

Definition:

Indicates the client's primary referral source to treatment.

Code Values:

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

Historical Code Values:

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

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

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

Date of last contact

Section: Service Episode

Definition:

Any contact with a response is considered a last contact.

Rules:

Frequency:

Data Use:

Validation:

- The record must have a valid date.

- MM must be 01 through 12
- DD must be 01 through 31
- YYYY must be 2001 or later

Notes:

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

Date of first offered appointment

Section: Service Episode

Definition:

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

Rules:

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

Frequency:

Data Use:

Validation:

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

Notes:

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

Medication-Assisted Opioid Therapy

Section: Service Episode

Definition:

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

Code Values:

Code	Value	Definition

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

Rules:

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

Frequency:

Data Use:

SAMHSA TEDS Field Number MDS 19 (admission)

Validation:

If this field is blank or contains an invalid value, the value will be changed to 9 Invalid data and a warning error will be generated.
When this information is reported on a mental health record, Co-occurring Substance Abuse and Mental Health Problems must be 1 Yes, or a warning error will be generated.

Notes:

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

Program Identification 060.06

Program ID Key

Section: Program Identification

Definition:

Unique identifier for the program instance.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Program ID

Section: Program Identification

Definition:

Indicates the program in which a client is enrolled.

Code Values:

Code	Value
1	**PACT Program for Assertive Community Treatment:** The Program for Assertive Community Treatment (PACT) is an evidence-based practice for people with the most severe and persistent mental illnesses, with active symptoms and impairments, and who have not benefited from traditional outpatient programs. PACT is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. PACT teams are either "full teams" serving up to 100 individuals, or "half-teams" serving up to 50 individuals.
2	**Chemical Dependency Disposition Alternative committable (CDDA COMM):** This program is concerning mental health and chemical dependency treatment for juvenile offenders. Committable youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a treatment option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.
3	**Chemical Dependency Disposition Alternative locally sanctioned (CDDA LS):**This program is concerning mental health and chemical dependency treatment for juvenile offenders. Locally sanctioned youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a local supervision option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.
10	**Children's Evidenced Based Pilot:** Children's services is expected to receive a grant, and definition will be provided at a later date if grant is received.
11	**Jail Services:** Jail-based transitional mental health services for incarcerated individuals. State funds only. Includes services to individuals who have been referred by jail staff. These individuals are incarcerated and have been diagnosed with a mental illness or identified as in need of mental health services. Services can include transition services to persons with mental illness to expedite and facilitate their return to the community. Services include referrals for intake of persons who are not enrolled in community mental health services but who meet priority groups as defined in RCW 71.24. The Contractor must conduct mental health intake assessments for these persons and when appropriate provide transition services prior to their release from jail.
19	**Functional Family Therapy:**

	A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and the family. The phases are engagement, motivation, assessment, behavior change, and generalization.
20	**Illness Self-Management/Illness Management & Recovery:** Illness Self-Management (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness strategies for: collaborating actively in their treatment with professionals; reducing their risk of relapses and re-hospitalizations; reducing severity and distress related to symptoms; and improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.
21	**Integrated Dual Disorders Treatment:** Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.
23	**Multi-systemic Therapy:** Multi-systemic therapy (MST) views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes
25	**Supported Housing:** Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported housing is a specific program model in which a consumer lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.
26	**Therapeutic Foster Care:** Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.
28	**Wraparound with Intensive Services (WISe):** A range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school, or with peers requiring: • The involvement of the mental health system and other child-serving systems (i.e. Juvenile justice, child-protection/welfare, special education, developmental disabilities), • Intensive care collaboration; and • Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement.

	WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community based services, and mobile crisis outreach services based on the individual's need and the cross system care plan* developed by the Child and Family Team (CFT). Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization, and community integration to ensure that youth and families can live successfully in their homes and communities. **Cross System Care Plan: An individualized, comprehensive plan created by a CFT that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement the official treatment plan that each system maintains in the client record.*
29	**Housing and Recovery through Peer Services (HARPS):** Services intended to support individuals in the housing of their choice, with leases in their name. Services are focused on assisting the individual to achieve stability and maintain their tenancy, including engagement and care coordination for the individual's whole health and rehabilitative needs to live independently in the community. Identifying housing options, contacting prospective landlords, scheduling interviews, assisting with applications, and assistance with subsidy applications and supporting the individual once housed in collaboration with or on behalf of an individual. Mediate landlord-tenant, roommate, and neighbor issues. Skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific. *Note: Active only for Grays Harbor, North Sound, and Spokane MCOs.*
30	**Supported Employment Program:** Services that support individuals with behavioral health issues, who desire to be employed in the community. Services follow the principles of the SAMHSA evidence-based practice also known as Individual Placement and Support. • Competitive employment is the goal. • Supported employment is integrated with treatment. • Eligibility is based on the individual's choice; people are not excluded because of their symptoms or current substance usage. • Attention to the individual's job preferences. • Benefits counseling is important. • Rapid job search after the individual expresses their desire to work. • Job development through the development of employer relationships. • Time-unlimited support.
31	**Ticket to Work Program:** The development of an individual work plan that supports a person with their employment goals and assigns the individual's Ticket to the Social Security approved DBHR Employment Network. Individuals can receive Ticket to Work (TTW) services simultaneously with other services from any behavioral health program.
32	**TANF Supported Employment:** Temporary Assistance for Needy Families (TANF) Supported Employment Pilot Project for TANF population in North Sound Mental Health Administration MCO.
34	**CJTA (DC):** Substance Use Disorder treatment funded through the Criminal Justice Treatment Account (CJTA) and Drug Court (DC). (RCW 70.96A, RCW 70.96A.055: Drug Courts, RCW 2.28.170; Drug Courts) Drug court funding is provided to the following counties: Clallam; Cowlitz; King; Kitsap; Pierce; Skagit; Spokane; and Thurston/Mason. The Contractor must ensure the provision of SUD treatment and support services in accordance with RCW 70.96A and RCW 2.28.170.
35	**CJTA (NDC):** Criminal Justice Treatment Account Non-drug Court
36	**Diversion Program:** To improve the state's forensic mental health system, a prosecutor uses their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The client/defendant is referred for a mental health, substance abuse, or developmental disability assessment to determine the appropriate service needs of the client/defendant. The intent is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization, into needed behavioral health treatment. Note: Active only for King, Great Rivers, Greater Columbia, and Spokane as of May 16, 2016.
37	**Roads to Community Living (RCL):**

	The purpose of the "Roads to Community Living" (RCL) project is to examine how best to successfully help people with complex, long-term care needs transition from institutional to community settings. Grant funds provide services for each participant in preparation for their move and for their first year following transition.
38	**New Journeys:** New Journeys Coordinated Specialty Care (CSC) model for Transition Age Youth, ages 15-25, experiencing First Episode Psychosis (FEP). This early intervention approach offers real hope for clinical and functional recovery. Core components of CSC model include: • Utilizing a coordinated team approach to provide intensive services • Assertive community outreach and education • Low-dosage medications • Psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training) • Skills training • Co-occurring substance use disorder counseling • Supported employment and education • Case management • Family psychoeducation • Primary Care Coordination • Peer support • 24 hour/day and 7 day/week crisis line New Journeys Admission Criteria: a. Age range: 15–25 years. b. Must live in King, Mason, Thurston, or Yakima County. c. Diagnoses: schizophrenia, schizoaffective and schizophreniform disorders, delusional, disorder, psychosis not otherwise specified (NOS). d. Duration of psychotic symptoms > 1 week and < 2 years. e. IQ over 70. f. Symptoms not known to be caused by a medical condition or drug use.
39	**BEST:** The Becoming Employed Starts Today (BEST) project is designed to transform service delivery through promoting sustainable access to evidence-based Supported Employment. BEST provides consumers with meaningful choice and control of employment and support services. BEST utilizes Peer Counselors, reduces unemployment and supports the recovery and resiliency of individuals with serious mental illness including co-occurring disorders. The Department of Social and Health Services (DSHS) secured the $3.9 million federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The grant will provide services to 450 people over five years. North Central MCO and its provider Grant Mental Health and Columbia River Mental Health in Clark County are implementing the (BEST) project. Individuals with behavioral health issues, who desire to be employed, can access an approach to vocational rehabilitation known as Supported Employment (SE). This evidence-based practice adopted by SAMHSA assists individuals to obtain competitive work in the community and provides the supports necessary to ensure their success in the workplace.
40	**1115 Waiver Supportive Housing**
41	**1115 Waiver Supportive Employment**
42	**Peer Bridger Program – Hospital & Community**
43	**Peer Respite**
44	**Intensive Residential Teams**
45	**Intensive Behavioral Health Facilities**
51	**Substance Use Disorder – Outpatient:** Individual and group treatment services of varying duration and intensity according to a prescribed plan. ASAM Level 1: less than 9 hours per week (adults) less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies.
52	**Substance Use Disorder – Intensive Outpatient:** Intensive Outpatient: A concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 2.1: 9 or more hours per week (adults) 6 or more hours per week (adolescents) to treat multidimensional instability.

54	**Substance Use Disorder – Intensive Inpatient:** A 24-hour care concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 3.3-3.7: Hours of treatment service to be defined by program and individual treatment plan to treat multidimensional instability.
55	**Substance Use Disorder – Long Term Residential:** A program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health. ASAM level 3.1: 24 hour structured program with available personnel; at least 5 of clinical services/week (WAC 246-341-1114 defines services as a minimum of 2 hours each week individual or group counseling and minimum of 2 hours each week education regarding alcohol, other drug and addiction).
56	**Substance Use Disorder – Recovery House:** A program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. (WAC 246-341-1114 defines Recovery House services as 4 hours of individual, group counseling and education per week).
57	**Substance Use Disorder – Withdrawal Management (aka Detox):** Chemical dependency detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with American Society of Addiction Medicine Criteria level Withdrawal Management (WM)-3.2-3.7.
58	**Substance Use Disorder – Opiate Substitution:** Services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These programs must also meet outpatient treatment service requirements.
59	**Substance Use Disorder – Housing Support Services**

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Program Start Date

Section: Program Identification

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

- Collected on date of program start

Data Use:

Validation:

- Must be valid date

History:

Notes:

Program End Date

Section: Program Identification

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

- Collected on program end

Data Use:

Validation:

- Must be valid date

History:

Notes:

Entry Referral Source

Section: Program Identification

Definition:

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

Code Values:

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

9	Other Community Referral	Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
97	Unknown	Individual client value is unknown

Historical Code Values:

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

Rules:

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

Frequency:

- Collected on entry into a special program

Data Use:

Validation:

- Must be valid code

History:

Notes:

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

Program End Reason

Section: Program Identification

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

- Collected at program end

Data Use:

Validation:

- Must be valid code

History:

Notes:

Co-occurring Disorder 121.05

GAIN-SS Date

Section: Co-occurring Disorder

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid date

History:

Notes:

Screen Assessment Indicator

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Co-Occurring Disorder Screening (IDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Co-Occurring Disorder Screening (EDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Co-Occurring Disorder Screening (SDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

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Notes:

Co-Occurring Disorder Quadrant Assessment

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

ASAM Placement 030.03

ASAM Assessment Date

Section: ASAM Placement

Definition:

Date the assessment occurred.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

ASAM Level Indicated

Section: ASAM Placement

Definition:

Clinician placement of client ASAM Level.

Code Values:

Code	Adolescent	Adult	Definition
0			Place holder for people who are truly not at any risk.
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder.
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
1-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM without Extended On-Site Monitoring	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery.
2-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM with Extended On-Site Monitoring	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management.
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability

2.5	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of services/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours clinical services/week
3.2-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Clinically Managed Residential WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.3	This level of care not designated for adolescent populations.	Clinically Managed Population Specific High Intensity Residential Services	24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3. 16 hour/day counselor ability

3.7-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Monitored Inpatient WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24-hour nursing care daily physician care for severe, unstable problems in Dimension 1, 2, or 3. Counseling available to engage patient in treatment.
4-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Managed Intensive WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.
OTP (LEVEL 1)	Some OTPs not specified for adolescent populations.	Opioid Treatment Program (LEVEL 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

DCR Investigation 160.05

Investigation Start Date

Section: DCR Investigation

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date

History:

Notes:

Investigation Start Time

Section: DCR Investigation

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Investigation County Code

Section: DCR Investigation

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Investigation Outcome

Section: DCR Investigation

Definition:

Indicates the outcome of a DCR investigation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed
- Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2, 3, or code 10 – 16)

- Only collected for persons being investigated under the Involuntary Treatment Act
- Note: MCO may change outcome of detention if the outcome of detention is for another AOT (assisted outpatient treatment) – if outcome changes, the MCO would send an update record

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Detention Facility NPI

Section: DCR Investigation

Definition:

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

- DCR INVESTIGATION
- ITA HEARING

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

- DBHR provided DCR NPI facility list guidance

Legal Reason for Detention/Commitment

Section: DCR Investigation

Definition:

Indicates the reason for detention/commitment.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Return to Inpatient/ Revocation Authority

Section: DCR Investigation

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

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

DCR Agency NPI

Section: DCR Investigation

Definition:

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

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

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

Investigation Referral Source

Section: DCR Investigation

Definition:

Indicates the source of the referral for an ITA investigation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Investigation End Date

Section: DCR Investigation

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

ITA Hearing 162.05

Hearing Date

Section: ITA Hearing

Definition:

Indicates the date of an Involuntary Treatment Act court hearing.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid date

History:

Notes:

Hearing Outcome

Section: ITA Hearing

Definition:

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

Code Values:

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

19	90 Day SUD LRA or LRA extension	Court order for 90 days of less restrictive alternative order for SUD treatment
20	180 Day SUD LRA or LRA extension	Nonexistent order

Historical Code Values:

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

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code

History:

Notes:

Hearing County Code

Section: ITA Hearing

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code

History:

Notes:

Event Start Date

Section: Crisis Response

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid date

History:

Notes:

Event Start Time

Section: Crisis Response

Definition:

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

Code Values:

Code	Value	Definition

Rules:

- Only one option allowed

- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:
- Must be valid code

History:

Notes:

Time of Dispatch
Section: Crisis Response

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

Code Values:

Code	Value	Definition

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

Frequency:

Data Use:

Validation:
- Must be valid code

History:

Notes:

Time of Arrival

Section: Crisis Response

Definition:

Time of day the crisis team arrived on scene.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Event End Date

Section: Crisis Response

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date

History:

Notes:

Event End Time

Section: Crisis Reponse

Definition:

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

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Crisis Response Type

Section: Crisis Response

Definition:

Initial assessment to determine level of least restrictive crisis diversion.

Code Values:

Code	Value	Definition
01	Mobile Crisis Response	

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Crisis Response Referral Source

Section: Crisis Response

Definition:

Indicates the source of the referral for an ITA investigation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Crisis Response Referral Reason

Section: Crisis Response

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Definition:

Indicates the source of the referral for a crisis response.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Presenting Problem

Section: Crisis Response

Definition:

TBD

Code Values:

Code	Value	Definition
	TBD	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Encounter Location

Section: Crisis Response

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Interpreter Needed

Definition:
Defines whether an interpreter was needed during the event

Code Values:

Code	Value	Definition
1	Yes	
2	No	

Rules:
Frequency:

Data Use:

Validation:

Notes:

Level of Care Needed

Section: Crisis Response

Definition:

TBD

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Crisis Response Outcome

Section: Crisis Response

Definition:
TBD

Code Values:

Code	Value	Definition
1	TBD	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:
- Only one option allowed

Frequency:

Data Use:

Validation:
- Must be valid code

History:

Referral Outcome
Section: Crisis Response

Definition:
TBD

Code Values:

Code	Value	Definition
	TBD	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Notes:

Substance Use 036.04

Substance (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Required field for all clients receiving Substance Use Disorder services.
- Reported at admission, discharge, and updated at least every 90 days or upon change whichever comes first.
- A Substance (except for ”None”) cannot be selected more than once.
- The same substance(s) must be included in the report at admission, at least every 90 days or upon change whichever comes first, and at discharge. The purpose of this is to detect how frequency and method of use change for the 3

substances between admission and discharge. If substance 2 & 3 were originally reported as null, these can be updated in the course of treatment, and must be the same substances reported at discharge.

- May have different substances for different programs. Substances do not have to be consistent across all programs.

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Age at First Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

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Frequency of Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

Notes:

Peak Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Method (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid code

History:

Notes:

Date of Last Used (1, 2, 3)

Definition:

Indicates the date that client last used a specific substance.

Code Values:

Code	Value	Definition

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date

History:

Notes:

Funding 140.01

Type of Funding Support

Section: Funding

Definition:

This field specifies type of funding support for clients.

Code Values:

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

Rules:

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

Frequency:

Data Use:

- SAMHSA MH-CLD Field Number O-03

Validation:

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

Notes:

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

Source of Income/Support

Section: Funding

Definition:

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

Code Values:

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

Rules:

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

Frequency:

Data Use:

- SAMHSA TEDS Field Number SuDS 9 (admission)

Validation:

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

Notes:

- Sources:
  https://www.hca.wa.gov/assets/billers-and-providers/data-dictionary.pdf (page S-13) and
  https://www.samhsa.gov/data/sites/default/files/TEDS2012N_Web/TEDS2012NAppB.htm#Min
  https://www.census.gov/topics/income-poverty/public-assistance/about.html

Block Grant Funded Services

Section: Funding

Definition:

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

Code Values:

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

Rules:

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

Frequency:

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

Data Use:

SAMHSA MH-CLD Field Number O-04

Validation:

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

Notes:

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

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Appendix A: Document History

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

Date: effective date of comments/status
Change Type: proposed change, publish, approve dates, revisions, drafts
Description: detailed description or publish details
Name: primary owner of changes

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

Appendix B: Error Codes

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

Error Code Directory

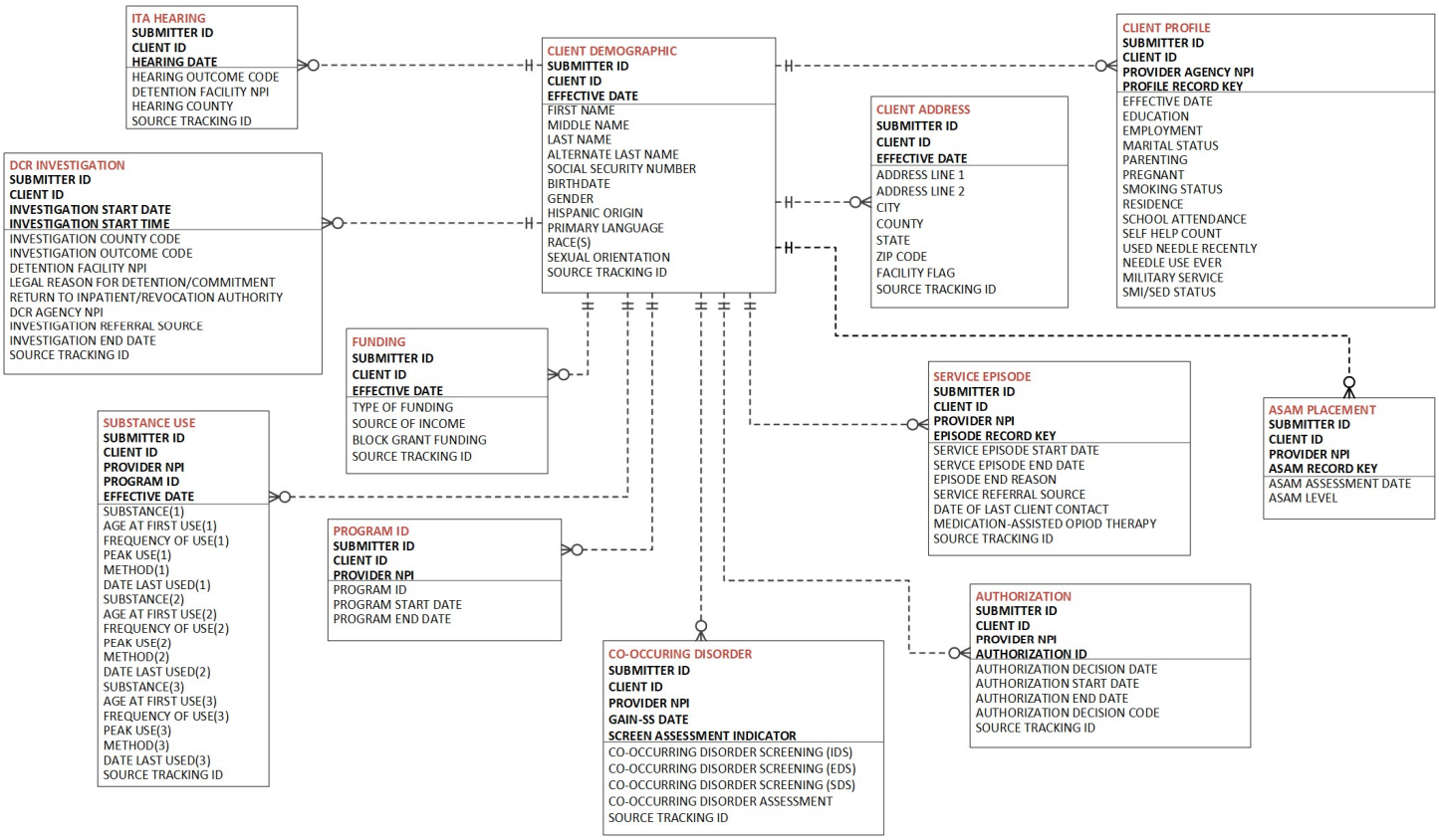
Error Code	Description
23306	Error: Consumer ID for Contractor has been previously voided.
30197	Referenced Client Id may not be the same as the Client Id. Transaction not posted
30198	Referenced Client Id may not be blank. Transaction not posted.
30199	Valid Client Demographics for Referenced Client ID not found. Transaction not posted.
30200	Client ID may not be blank. Transaction not posted.
30201	SUBMITTER ID is invalid. Transaction not posted.
30202	Valid Client Demographics transaction not found. Transaction not posted.
30203	Invalid Provider NPI. Transaction not posted.
30204	First name may not be blank. Transaction not posted.
30205	Last name may not be blank. Transaction not posted.
30206	Invalid SSN. If not blank, must be exactly nine digits without dashes. Transaction not posted.
30207	Invalid birthdate. May not be blank. Transaction not posted.
30208	Invalid Gender code. Transaction not posted.
30209	Invalid Military Service code. Transaction not posted.
30210	Invalid Assessment Date. Transaction not posted.
30211	Invalid ASAM Level code. Transaction not posted.
30212	Invalid Hispanic Origin code. Transaction not posted.
30213	Invalid Language code. Transaction not posted.
30214	There is an invalid race code - it may be due to length such as a missing leading zero.
30215	Invalid Sexual Orientation code.
30216	Invalid Education code. Transaction not posted.
30217	Invalid Employment code. Transaction not posted.
30218	Invalid Marital Status code. Transaction not posted
30219	Invalid Parenting code. Transaction not posted.

30220	Invalid Authorization Decision Date. Transaction not posted.
30221	Invalid Authorization ID. May not be blank. Transaction not posted.
30222	Invalid Start Date. May not be blank. Transaction not posted.
30223	Invalid End Date. Transaction not posted.
30224	Start Date may not be later than End Date. Transaction not posted.
30225	Invalid Authorization Decision Code. Transaction not posted.
30226	Error: Invalid Effective date. May not be blank or longer than 8 digits. Transaction not posted.
30227	Invalid County code. Transaction not posted.
30228	Invalid State code. Transaction not posted.
30229	Zip Code not numeric. Transaction not posted.
30230	Invalid Zip Code Length. Transaction not posted.
30231	Invalid WA Zip Code. Transaction not posted.
30232	Invalid OR Zip Code. Transaction not posted.
30233	Invalid ID Zip Code. Transaction not posted.
30234	Facilty flag error. Flag shall be 'Y' or 'N'
30330	Invalid Pregnant code. Transaction not posted.
30331	Invalid Smoking Status code. Transaction not posted.
30332	Invalid Residence code. Transaction not posted.
30333	Invalid School Attendance code. Transaction not posted.
30334	Invalid Self Help code. Transaction not posted.
30335	Invalid Needle used recently code. Transaction not posted.
30336	Invalid Needle Use Ever code. Transaction not posted.
30337	Invalid GAINS Date. Transaction not posted.
30338	Invalid Screen Assessment Indicator code. Transaction not posted.
30339	Invalid IDS code. Transaction not posted.
30340	Invalid EDS code. Transaction not posted.
30341	Invalid SDS code. Transaction not posted.
30342	Invalid Screen Assessment Score. May not be blank. Transaction not posted.
30343	Missing one or more of IDS, EDS, SDS when required
30344	Missing Assessment Score when required

30345	Invalid Detention Facility NPI. Transaction not posted.
30346	Invalid DMHP Agency NPI. Transaction not posted.
30347	Invalid Start Time. Transaction not posted.
30348	Invalid Investigation Outcome code. Transaction not posted.
30349	Invalid Investigation Referral Source code. May not be null. Transaction not posted.
30350	Invalid Hearing Outcome. Transaction not posted.
30351	Invalid Hearing Date. Transaction not posted.
30352	Invalid Program code. Transaction not posted.
30353	Invalid Episode Record key. May not be blank. Transaction not posted.
30354	Invalid Episode Modality code. Transaction not posted.
30355	Invalid Discharge Reason code. May not be null if Discharge Date is included. Transaction not posted.
30356	Invalid Referral Source code. May not be null. Transaction not posted.
30357	Invalid Substance One code. Transaction not posted.
30358	Invalid Substance Two code. Transaction not posted.
30359	Invalid Substance Three code. Transaction not posted.
30360	Invalid Age at First Use One code. May not be blank. Transaction not posted.
30361	Invalid Age at First Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30362	Invalid Age at First Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30363	Invalid Frequency Use One code. May not be blank. Transaction not posted.
30364	Invalid Frequency Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30365	Invalid Frequency Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30366	Invalid Peak Use One code. May not be blank. Transaction not posted.
30367	Invalid Peak Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30368	Invalid Peak Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30369	Invalid Method Use One code. May not be blank. Transaction not posted.

30370	Invalid Method Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30371	Invalid Method Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30372	Invalid Last Used One Date. May not be blank. Transaction not posted.
30373	Invalid Last Used Two Date. May not be blank unless Substance Two equals 1. Transaction not posted.
30374	Invalid Last Used Two Date. May not be blank unless Substance Three equals 1. Transaction not posted.
30378	ASAMRecordKey may not be blank. Transaction not posted.
30379	ASAMRecordKey may not contain non-alphanumeric characters. Transaction not posted.
30380	Disallowed characters in SourceTrackingId. Transaction not posted.
30381	Invalid Revocation Authority code. Transaction not posted.
30382	ProgramIdKey may not be blank. Transaction not posted
30383	Disallowed characters in ProgramIdKey. Transaction not posted.
30400	Invalid Batch Date. File not processed.
30401	Batch out of sequence. File not processed
30402	Invalid Transaction Code. Transaction not posted.
30403	Expired transaction code. Transaction not posted.
99999	Temp error number place holder

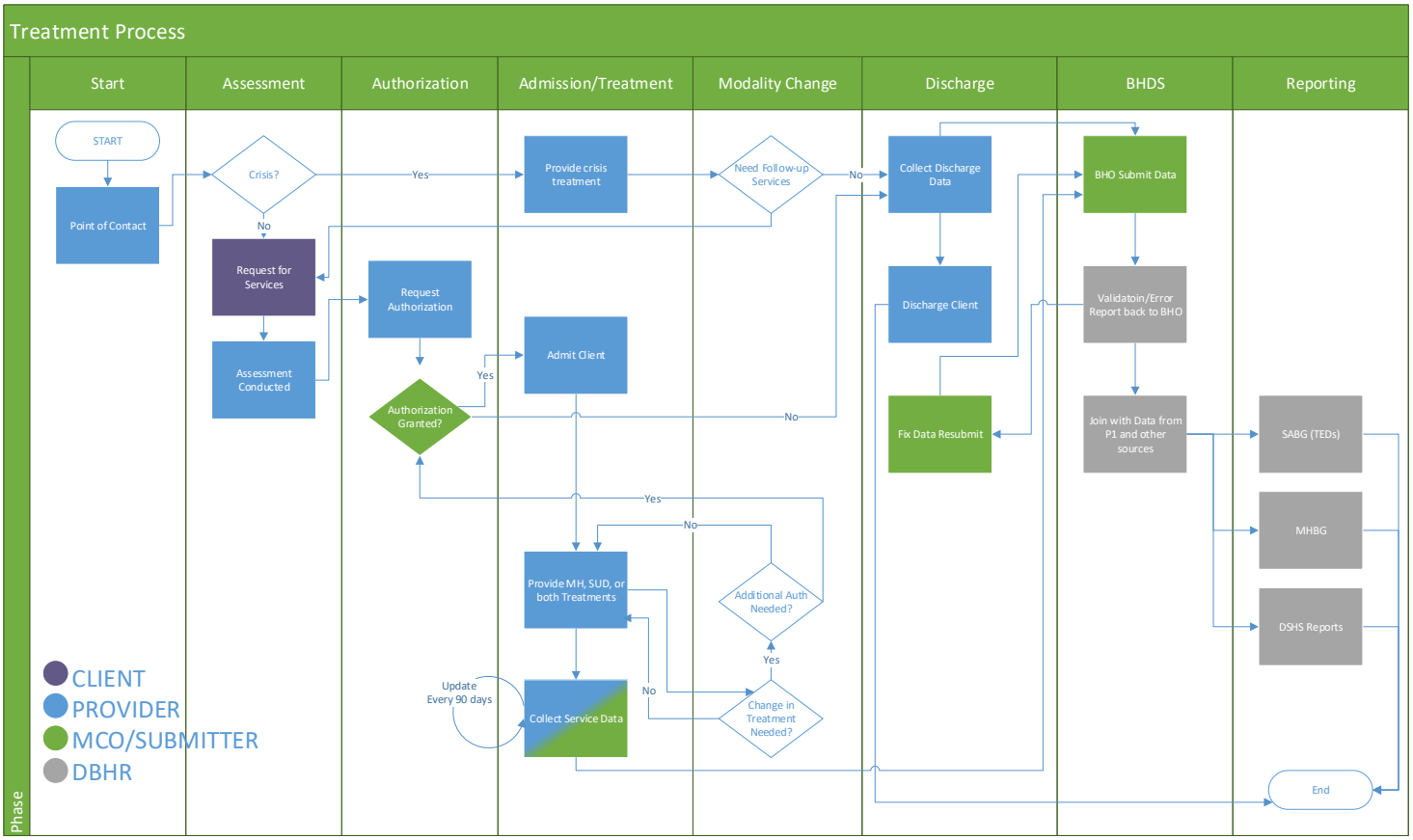
Appendix C: Entity Relationship Diagram (ERD)



High Level Logical ERD

Appendix D: Process Flow Chart

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



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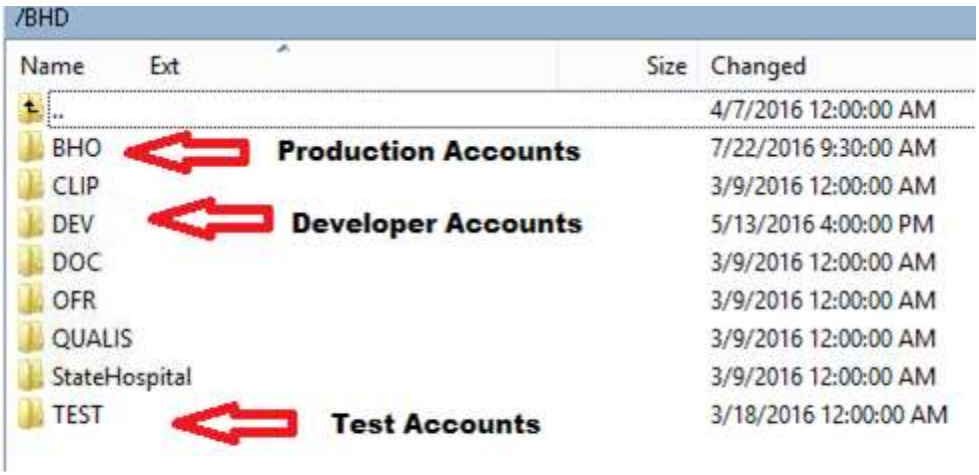
Appendix E: Submission Instructions

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

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



SFTP Folder Structure / Access

Once logged in with the production account the MCOs place txt files in the "MCO" production folder corresponding to their account if they are submitting production data. If they are testing they will use the testing login and place a text file in the test account. **Only txt files will be accepted**.
The SQL Agent job runs every hour of the day from 6am to 6pm, 7 days a week to process the files, unless there is an "urgent" need. If there is an urgent need the MCO needs to contact IT for processing.
The job processes the file and produces an error report that gets returned to the MCO with error information regarding which records were processed. Validation of the data will be based on date in the transaction (ie. Effective Date).

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

Appendix F: Instructions for submitting License Number in P1

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

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

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

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

837P

Header

Service Facility Location name (Loop 2310C)					
270	2310C	NM1	01	Entity Identifier Code	Please use '77'
270	2310C	NM1	02	Entity Type Qualifier	Please use '2'
270	2310C	NM1	03	Name Last or Organization Name	Please enter Organization Name here.

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Service Facility Location Address (Loop 2310C)					
272	2310C	N3	01	Address Information	Please enter the Service Facility address line 1.
272	2310C	N3	02	Address Information	Please enter the Service Facility address line 2.
Service Facility Location City/State/ZIP Code (Loop 2310C)					
273	2310C	N4	01	City Name	Please enter the Service Facility Location city.
274	2310C	N4	02	State or Province Code	Please enter the Service Facility Location State.
274	2310C	N4	03	Postal Code	Please enter the Service Facility Location Zip Code.
Service Facility Location Secondary Identification (Loop 2310C)					
275	2310C	REF	01	Reference Identification Qualifier	Please enter 'G2'
276	2310C	REF	02	Reference Identification	Please enter the Service Facility Location's Agency ID.

837P

Line

Service Facility Location name (Loop 2420C)					
442	2420C	NM1	01	Entity Identifier Code	Please use '77'
442	2420C	NM1	02	Entity Type Qualifier	Please use '2'
442	2420C	NM1	03	Name Last or Organization Name	Please enter Organization Name here.
Service Facility Location Address (Loop 2420C)					
444	2420C	N3	01	Address Information	Please enter the Service Facility address line 1.
444	2420C	N3	02	Address Information	Please enter the Service Facility address line 2.
Service Facility Location City/State/ZIP Code (Loop 2420C)					
445	2420C	N4	01	City Name	Please enter the Service Facility Location city.
446	2420C	N4	02	State or Province Code	Please enter the Service Facility Location State.

446	2420C	N4	03	Postal Code	Please enter the Service Facility Location Zip Code.
Service Facility Location Secondary Identification (Loop 2420C)					
447	2420C	REF	01	Reference Identification Qualifier	Please enter 'G2'
448	2420C	REF	02	Reference Identification	Please enter the Service Facility Location's Agency ID.

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

Appendix G: Primary Language Code List

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

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

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

ISO 639-2 Code	English name of Language
abk	Abkhazian
ace	Achinese
ach	Acoli
ada	Adangme
ady	Adyghe; Adygei
aar	Afar
afh	Afrihili
afr	Afrikaans
afa	Afro-Asiatic languages
ain	Ainu
aka	Akan
akk	Akkadian
alb	Albanian*
sqi	Albanian
ale	Aleut
alg	Algonquian languages
tut	Altaic languages
amh	Amharic
anp	Angika
apa	Apache languages
ara	Arabic
arg	Aragonese
arp	Arapaho
arw	Arawak
arm	Armenian*
hye	Armenian
rup	Aromanian; Arumanian; Macedo-Romanian
art	Artificial languages
asm	Assamese
ast	Asturian; Bable; Leonese; Asturleonese
ath	Athapascan languages
aus	Australian languages
map	Austronesian languages
ava	Avaric
ave	Avestan
awa	Awadhi

aym	Aymara
aze	Azerbaijani
ban	Balinese
bat	Baltic languages
bal	Baluchi
bam	Bambara
bai	Bamileke languages
bad	Banda languages
bnt	Bantu languages
bas	Basa
bak	Bashkir
baq	Basque*
eus	Basque
btk	Batak languages
bej	Beja; Bedawiyet
bel	Belarusian
bem	Bemba
ben	Bengali
ber	Berber languages
bho	Bhojpuri
bih	Bihari languages
bik	Bikol
bin	Bini; Edo
bis	Bislama
byn	Blin; Bilin
zbl	Blissymbols; Blissymbolics; Bliss
nob	Bokmål, Norwegian; Norwegian Bokmål
bos	Bosnian
bra	Braj
bre	Breton
bug	Buginese
bul	Bulgarian
bua	Buriat
bur	Burmese*
mya	Burmese
cad	Caddo
cat	Catalan; Valencian
cau	Caucasian languages
ceb	Cebuano
cel	Celtic languages
cai	Central American Indian languages
khm	Central Khmer
chg	Chagatai
cmc	Chamic languages
cha	Chamorro
che	Chechen
chr	Cherokee
chy	Cheyenne

chb	Chibcha
nya	Chichewa; Chewa; Nyanja
chi	Chinese*
zho	Chinese
chn	Chinook jargon
chp	Chipewyan; Dene Suline
cho	Choctaw
chu	Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic
chk	Chuukese
chv	Chuvash
nwc	Classical Newari; Old Newari; Classical Nepal Bhasa
syc	Classical Syriac
cop	Coptic
cor	Cornish
cos	Corsican
cre	Cree
mus	Creek
crp	Creoles and pidgins
cpe	Creoles and pidgins, English based
cpf	Creoles and pidgins, French-based
cpp	Creoles and pidgins, Portuguese-based
crh	Crimean Tatar; Crimean Turkish
hrv	Croatian
cus	Cushitic languages
ces	Czech
cze	Czech*
dak	Dakota
dan	Danish
dar	Dargwa
del	Delaware
din	Dinka
div	Divehi; Dhivehi; Maldivian
doi	Dogri
dgr	Dogrib
dra	Dravidian languages
dua	Duala
dum	Dutch, Middle (ca.1050-1350)
dut	Dutch; Flemish*
nld	Dutch; Flemish
dyu	Dyula
dzo	Dzongkha
frs	Eastern Frisian
efi	Efik
egy	Egyptian (Ancient)
eka	Ekajuk
elx	Elamite
eng	English
enm	English, Middle (1100-1500)

ang	English, Old (ca.450-1100)
myv	Erzya
epo	Esperanto
est	Estonian
ewe	Ewe
ewo	Ewondo
fan	Fang
fat	Fanti
fao	Faroese
fij	Fijian
fil	Filipino; Pilipino
fin	Finnish
fiu	Finno-Ugrian languages
fon	Fon
fra	French
fre	French*
frm	French, Middle (ca.1400-1600)
fro	French, Old (842-ca.1400)
fur	Friulian
ful	Fulah
gaa	Ga
gla	Gaelic; Scottish Gaelic
car	Galibi Carib
glg	Galician
lug	Ganda
gay	Gayo
gba	Gbaya
gez	Geez
geo	Georgian*
kat	Georgian
deu	German
ger	German*
gmh	German, Middle High (ca.1050-1500)
goh	German, Old High (ca.750-1050)
gem	Germanic languages
gil	Gilbertese
gon	Gondi
gor	Gorontalo
got	Gothic
grb	Grebo
grc	Greek, Ancient (to 1453)
ell	Greek, Modern (1453-)
gre	Greek, Modern (1453-)*
grn	Guarani
guj	Gujarati
gwi	Gwich'in
hai	Haida
hat	Haitian; Haitian Creole

hau	Hausa
haw	Hawaiian
heb	Hebrew
her	Herero
hil	Hiligaynon
him	Himachali languages; Western Pahari languages
hin	Hindi
hmo	Hiri Motu
hit	Hittite
hmn	Hmong; Mong
hun	Hungarian
hup	Hupa
iba	Iban
ice	Icelandic*
Isl	Icelandic
ido	Ido
ibo	Igbo
ijo	Ijo languages
ilo	Iloko
smn	Inari Sami
inc	Indic languages
ine	Indo-European languages
ind	Indonesian
inh	Ingush
ina	Interlingua (International Auxiliary Language Association)
ile	Interlingue; Occidental
iku	Inuktitut
ipk	Inupiaq
ira	Iranian languages
gle	Irish
mga	Irish, Middle (900-1200)
sga	Irish, Old (to 900)
iro	Iroquoian languages
ita	Italian
jpn	Japanese
jav	Javanese
jrb	Judeo-Arabic
jpr	Judeo-Persian
kbd	Kabardian
kab	Kabyle
kac	Kachin; Jingpho
kal	Kalaallisut; Greenlandic
xal	Kalmyk; Oirat
kam	Kamba
kan	Kannada
kau	Kanuri
krc	Karachay-Balkar
kaa	Kara-Kalpak

krl	Karelian
kar	Karen languages
kas	Kashmiri
csb	Kashubian
kaw	Kawi
kaz	Kazakh
kha	Khasi
khi	Khoisan languages
kho	Khotanese; Sakan
kik	Kikuyu; Gikuyu
kmb	Kimbundu
kin	Kinyarwanda
kir	Kirghiz; Kyrgyz
tlh	Klingon; tlhIngan-Hol
kom	Komi
kon	Kongo
kok	Konkani
kor	Korean
kos	Kosraean
kpe	Kpelle
kro	Kru languages
kua	Kuanyama; Kwanyama
kum	Kumyk
kur	Kurdish
kru	Kurukh
kut	Kutenai
lad	Ladino
lah	Lahnda
lam	Lamba
day	Land Dayak languages
lao	Lao
lat	Latin
lav	Latvian
lez	Lezghian
lim	Limburgan; Limburger; Limburgish
lin	Lingala
lit	Lithuanian
jbo	Lojban
nds	Low German; Low Saxon; German, Low; Saxon, Low
dsb	Lower Sorbian
loz	Lozi
lub	Luba-Katanga
lua	Luba-Lulua
lui	Luiseno
smj	Lule Sami
lun	Lunda
luo	Luo (Kenya and Tanzania)
lus	Lushai

ltz	Luxembourgish; Letzeburgesch
mac	Macedonian*
mkd	Macedonian
mad	Madurese
mag	Magahi
mai	Maithili
mak	Makasar
mlg	Malagasy
may	Malay*
msa	Malay
mal	Malayalam
mlt	Maltese
mnc	Manchu
mdr	Mandar
man	Mandingo
mni	Manipuri
mno	Manobo languages
glv	Manx
mao	Maori*
mri	Maori
arn	Mapudungun; Mapuche
mar	Marathi
chm	Mari
mah	Marshallese
mwr	Marwari
mas	Masai
myn	Mayan languages
men	Mende
mic	Mi'kmaq; Micmac
min	Minangkabau
mwl	Mirandese
moh	Mohawk
mdf	Moksha
lol	Mongo
mon	Mongolian
mkh	Mon-Khmer languages
mos	Mossi
mul	Multiple languages
mun	Munda languages
nah	Nahuatl languages
nau	Nauru
nav	Navajo; Navaho
nde	Ndebele, North; North Ndebele
nbl	Ndebele, South; South Ndebele
ndo	Ndonga
nap	Neapolitan
new	Nepal Bhasa; Newari
nep	Nepali

nia	Nias
nic	Niger-Kordofanian languages
ssa	Nilo-Saharan languages
niu	Niuean
nqo	N'Ko
zxx	No linguistic content; Not applicable
nog	Nogai
non	Norse, Old
nai	North American Indian languages
frr	Northern Frisian
sme	Northern Sami
nor	Norwegian
nno	Norwegian Nynorsk; Nynorsk, Norwegian
nub	Nubian languages
nym	Nyamwezi
nyn	Nyankole
nyo	Nyoro
nzi	Nzima
oci	Occitan (post 1500)
arc	Official Aramaic (700-300 BCE); Imperial Aramaic (700-300 BCE)
oji	Ojibwa
ori	Oriya
orm	Oromo
osa	Osage
oss	Ossetian; Ossetic
oto	Otomian languages
pal	Pahlavi
pau	Palauan
pli	Pali
pam	Pampanga; Kapampangan
pag	Pangasinan
pan	Panjabi; Punjabi
pap	Papiamento
paa	Papuan languages
nso	Pedi; Sepedi; Northern Sotho
fas	Persian
per	Persian*
peo	Persian, Old (ca.600-400 B.C.)
phi	Philippine languages
phn	Phoenician
pon	Pohnpeian
pol	Polish
por	Portuguese
pra	Prakrit languages
pro	Provençal, Old (to 1500);Occitan, Old (to 1500)
pus	Pushto; Pashto
que	Quechua
raj	Rajasthani

rap	Rapanui
rar	Rarotongan; Cook Islands Maori
qaa-qtz	Reserved for local use
roa	Romance languages
rum	Romanian; Moldavian; Moldovan*
ron	Romanian; Moldavian; Moldovan
roh	Romansh
rom	Romany
run	Rundi
rus	Russian
sal	Salishan languages
sam	Samaritan Aramaic
smi	Sami languages
smo	Samoan
sad	Sandawe
sag	Sango
san	Sanskrit
sat	Santali
srd	Sardinian
sas	Sasak
sco	Scots
sel	Selkup
sem	Semitic languages
srp	Serbian
srr	Serer
shn	Shan
sna	Shona
iii	Sichuan Yi; Nuosu
scn	Sicilian
sid	Sidamo
sgn	Sign Languages
bla	Siksika
snd	Sindhi
sin	Sinhala; Sinhalese
sit	Sino-Tibetan languages
sio	Siouan languages
sms	Skolt Sami
den	Slave (Athapascan)
sla	Slavic languages
slo	Slovak*
slk	Slovak
slv	Slovenian
sog	Sogdian
som	Somali
son	Songhai languages
snk	Soninke
wen	Sorbian languages
sot	Sotho, Southern

sai	South American Indian languages
alt	Southern Altai
sma	Southern Sami
spa	Spanish; Castilian
srn	Sranan Tongo
zgh	Standard Moroccan Tamazight
suk	Sukuma
sux	Sumerian
sun	Sundanese
sus	Susu
swa	Swahili
ssw	Swati
swe	Swedish
gsw	Swiss German; Alemannic; Alsatian
syr	Syriac
tgl	Tagalog
tah	Tahitian
tai	Tai languages
tgk	Tajik
tmh	Tamashek
tam	Tamil
tat	Tatar
tel	Telugu
ter	Tereno
tet	Tetum
tha	Thai
tib	Tibetan*
bod	Tibetan
tig	Tigre
tir	Tigrinya
tem	Timne
tiv	Tiv
tli	Tlingit
tpi	Tok Pisin
tkl	Tokelau
tog	Tonga (Nyasa)
ton	Tonga (Tonga Islands)
tsi	Tsimshian
tso	Tsonga
tsn	Tswana
tum	Tumbuka
tup	Tupi languages
tur	Turkish
ota	Turkish, Ottoman (1500-1928)
tuk	Turkmen
tvl	Tuvalu
tyv	Tuvinian
twi	Twi

udm	Udmurt
uga	Ugaritic
uig	Uighur; Uyghur
ukr	Ukrainian
umb	Umbundu
mis	Uncoded languages
und	Undetermined
hsb	Upper Sorbian
urd	Urdu
uzb	Uzbek
vai	Vai
ven	Venda
vie	Vietnamese
vol	Volapük
vot	Votic
wak	Wakashan languages
wln	Walloon
war	Waray
was	Washo
wel	Welsh*
cym	Welsh
fry	Western Frisian
wal	Wolaitta; Wolaytta
wol	Wolof
xho	Xhosa
sah	Yakut
yao	Yao
yap	Yapese
yid	Yiddish
yor	Yoruba
ypk	Yupik languages
znd	Zande languages
Zap	Zapotec
Zza	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki
Zen	Zenaga
Zha	Zhuang; Chuang
Zul	Zulu
Zun	Zuni

Appendix H: Nationally Accepted HIT Code References

Crosswalk values are added to their corresponding data element.

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

Appendix I: Provider Entry Portal (PEP)

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

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

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

Appendix K: Guidance attachments

Closing Service Episode of Care Guidance

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

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

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

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

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

Authorization Transaction Guideline

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

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

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

BHDS Data Guide

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

BHDS Glossary

Term	Definition	Clarification
1st routine encounter	First non-crisis encounter following the intake/assessment	
Action Code	This is the code submitted by the user that is a status or change the user intended. How this is used is covered in the Add/Change Status section of the document.	
Agency	Providers, agencies, or entities providing services directly to clients in the community.	
Assessment	Clinical medicine, evaluation of the patient for the purposes of forming a diagnosis and plan of treatment.	In this context it is synonymous with intake in mental health.
Behavioral Health Supplemental Transaction	Transactions submitted to the BHDS, aka: Non-encounter transactions	
BHDC	Behavioral Health Consolidation: The project effort to integrate both mental health and substance use disorder.	
BHDS	Behavioral Health Data System: This is the process for submission of the client-level data to DBHR.	
CDC /PHIN	CDC PHIN Vocabulary Coding System concepts are used when the public health concepts are not available in the Standard Development Organization(SDO) Vocabulary (e.g., SNOMED CT, LOINC). The CDC/PHIN includes code systems for: 1.Race & Ethnicity Code System 2. Race 3. Ethnicity Hierarchy	
Client	Person needing services	Person identified in BHDS
Clinician	Medical professional having direct contact with and responsibility for patients	
Data Element	Field of data	
Date of Request for Service	Date client asks for service. Can be done in via multiple methods such as phone call, walk in, referral, others requesting services on behalf of client.	
DBHR	Division of Behavioral Health and Recovery	
Discharge	Client no longer receives services from a particular MCO	
EDI	Electronic Data Interchange (EDI) is the computer-to-computer exchange of business data in standard formats.	
EDI 837	The EDI (Electronic Data Interchange) 837 transaction set is the format established to meet HIPAA requirements for the electronic submission of healthcare claim	

	information. The claim information included amounts to the following, for a single care encounter between patient and provider.	
EDI X12N	EDI X12 (Electronic Data Interchange) is data format based on ASC X12 standards. It is used to exchange specific data between two or more trading partners. Term 'trading partner' may represent organization, group of organizations or some other entity.	
Gain-SS	GAIN-SS (Global Assessment of Individual Needs-Short Screener)	
Identifier	Unique key for an entity	
Intake	The process of admission of an individual to a health facility, during which data regarding the health history and other pertinent personal information is gathered.	
LOINC	LOINC (Logical Observation Identifiers Names and Codes) common terminology for laboratory and clinical observations to send clinical data electronically from laboratories and other data who use the data for clinical care and management purposes.	
MCO Administrator	The head of the organization at the level able to commit the organization and its resources into programs.	This does not necessarily mean the CEO, but often is at that level.
MCOs	Managed Care Organizations	Includes Managed Care Organizations and Behavioral Health-Administrative Service Organizations.
Mental Health	Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave.	
MH-CIS	Legacy Mental Health Information System –Mental Health Consumer Information System	
Modality	The method of application of a therapeutic agent or regimen.	Specific to a substance use level of care
OMB	OMB (Office of Management and Budget) established codes for race categories.	
On change	Verification with client if information has changed.	
pre-intake	Prior to assessment/intake	
Provider Agency	Sites providing mental health and substance abuse services to clients.	
QHH	Qualified Health Home	
Quadrant Placement	Quadrant placement was defined using data that is routinely gathered in clinical care or available in administrative data sets (i.e., substance dependence diagnosis, Global Assessment of Functioning scores).	
Revised Code of Washington (RCW)	An RCW, or law, is the result of legislation that has been passed by the House and Senate and has been signed by the Governor. The Revised Code of Washington contains all laws that have been adopted in the State of Washington, as well as a history of all laws that have previously existed or been amended.	

SAMHSA	Substance Abuse and Mental Health Services Administration	
Service Episode	A service episode may be thought of as a container of services, which can be MH programs or SUD programs, a group of SUD programs that are related, or a combination of both MH and SUD services. The key boundary is that the services can only be provided by a single agency/provider. On the other hand, SUD programs occur within a single modality of service.	
Service Episode End Date	The date the episode of care (container) ended/closed by a provider agency.	
Service Episode Start Date	Start of services provided to a particular client, that contracting MCO is authorized to pay for.	
SNOMED	SNOMED CT ((Systematized Nomenclature of Medicine--Clinical Terms)is a systematically organized computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting. SNOMED CT is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world. SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information.	
SUD	Substance Use Disorder	
TARGET	Legacy SUD System - Treatment and Assessment Reports Generation Tool	
Transaction	A set of submitted data or date table. In the context of this guide it is the set of data denoted with a number (020.27 – Client Demographics).	
Washington Administrative Code (WAC)	Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency.	
Withdrawal Management Services	Professional services to people in the process of screening, assessing, preparing, planning, and monitoring of withdrawal symptoms.	