Client Data Set

Submission Guide

for Fiscal Year 2022

SFY22 Updates to Client File

3/10/2021: **Field 5 Sex at Birth**

Renamed field from "Sex" to "**Sex at Birth**" to clarify. The DBHDID removed the values 3, 4, and 5 to this field starting with SFY22 and shifted those options to the new Gender Identity field. This is a self-reported data element. The unknown code can be used when the client's biological sex at birth is unknown or the Client Status Code (field #6) ="2" of "3".

Valid Codes:

1. Male
2. Female
7. Unknown (only valid if Field #6 Client Status Code = "2" or "3")
8. Not Collected (only valid if Field #6 Client Status Code = "2" or "3")

3/10/2021: **Add new field 89 Gender Identity (new in SFY22)**

Data field name – **Gender Identity**

Length	Format	From	To	Fatal
1	#	279	279	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field identifies the client's identified gender as most recently reported. The DBHDID starting collecting this field with SFY22 to capture gender identity through the two-question approach as recommended by the Center for Disease Control and Prevention.

Valid Codes:

1. Male
2. Female
3. Transgender Male (designated female at birth but identifies as male)
4. Transgender Female (designated male at birth but identifies as female)
5. Intersex (at birth, had biological characteristics / reproductive organs associated with both male and female sex)
6. Nonbinary or Genderqueer (identifies with or expresses a gender identity that is neither exclusively male nor female).
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

3/10/2021: **Add new field 90 Sexual Orientation (new in SFY22)**

Data field name – **Sexual Orientation**

Length	Format	From	To	Fatal
1	#	280	280	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field

identifies the client's most recently reported sexual orientation. The DBHDID starting collecting this field with SFY22 to promote a client-centered environment as recommended by the Center for Disease Control and Prevention.

Valid Codes:

1. Straight or Heterosexual
2. Lesbian or Gay
3. Bisexual
4. Queer or Pansexual
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

Client File Data Conventions

Field Types

1. Numeric (#) Must contain only numeric characters 0-9

2. Alpha/Numeric (X) Can contain both letters and numbers (letters should always be in upper case)
No special characters like dash, slash, or commas unless specifically authorized.

Field Formats

1. # - numeric digit
2. X - any character (letters and numbers allowed, letters in upper case only)
3. YYYYMMDD - numeric date field in the form:
   YYYY – four-digit year
   MM – two-digit month
   DD – two-digit day

   Note: Dates should contain only numeric characters. Do not enter date separators, such as "/" or "-" in these fields.

Standard Codes

Standard coding methodology is used throughout the data set whenever possible. Some examples are:

1. For fields requiring a "Yes" or "No", the codes are:
   0 No
   1 Yes

2. Codes for "Not Applicable" are dependent on field length, and always end in "6". This code is used to indicate that the field does not apply to the client. An example would be the Pregnant Women field for male clients. Those fields that have Not Applicable as valid codes use the coding convention below:

Code	Field Length
6	1
96	2
etc.	

3. Codes for "Unknown" are dependent on field length, and always end in "7". IPOP would prefer that this code NOT be used unless the Center wants to capture the difference between Unknown and Not Collected. The Not Collected code is the recommended code for this information. Both codes will be treated in the same manner. Both could count against the General Error Standard. Those fields that have Unknown as valid codes use the coding convention below:

Code	Field Length
7	1
97	2
etc.	

4. Codes for "Not Collected" are dependent on field length, and always end in "8". This code is used by TEDS to indicate a field that is not collected. Kentucky uses it to indicate that the data was not collected from the client, but that the field is one that Kentucky collects. Both this code and the previous code are treated in the same manner. Both could count against the General Error Standard. Those fields that have Not Collected as valid codes use the coding convention below:

Code	Field Length
8	1
98	2
etc.	

3. Codes for "Other" are also field length specific, but always end in "9".

Code	Field Length
9	1
99	2
etc.	

Historical Client Guidelines & Data Submission Procedure

The client dataset information is captured on a monthly basis (i.e., the dataset will capture up to 12 months worth of data per client per fiscal year).

This will allow IPOP to effectively track changes in client dataset information. Also, events and client service information will be tied more closely to accurate and timely information that will represent a “true” picture of the information submitted.

Each monthly Client file should include a record for each client for whom services were provided during that month. Only those clients with one or more services during that month should be reported.

Client Data Submission File Layout

Field Number	Data Element Name	Field Type	Field Length	Field Start	Field End	Format
1	***System Reporting Date***	Numeric	8	1	8	YYYYMMDD
2	***Region Number***	Numeric	2	9	10	##
3	***Client ID***	Alpha/Numeric	9	11	19	#########
4	***Date of Birth***	Date	8	20	27	YYYYMMDD
5	***Sex at Birth***	Numeric	1	28	28	#
6	***Client Status Code***	Numeric	1	29	29	#
7	***Provider Identifier***	Alpha/Numeric	6	30	35	XXXXXX
8	***Initial Contact Date***	Date	8	36	43	YYYYMMDD
9	***Admission Date***	Date	8	44	51	YYYYMMDD
10	~~***Race***~~	~~Numeric~~	~~1~~	~~52~~	~~52~~	~~#~~
11	***Hispanic Origin / Ethnicity***	Numeric	1	53	53	#
12	***Education***	Numeric	2	54	55	##
13	~~***Veteran Status***~~	~~Numeric~~	~~1~~	~~56~~	~~56~~	#
14	***Marital/Relational Status***	Numeric	1	57	57	#
15	***Employment Status***	Numeric	2	58	59	##
16	***Income***	Numeric	6	60	65	######
17	***SSI or SSDI***	Numeric	1	66	66	#
18	***Primary Source of Income/Support***	Numeric	1	67	67	#
19	***Living Arrangements***	Numeric	2	68	69	##
20	***Family Size***	Numeric	2	70	71	##
21	***County of Residence***	Numeric	3	72	74	###
22	***Source of Referral - Primary***	Numeric	2	75	76	##
23	***Source of Referral - Secondary***	Numeric	2	77	78	##
24	***DCBS Involvement***	Numeric	1	79	79	#
25	***Diagnosis 1***	Alpha/Numeric	8	80	87	XXX.XXXX
26	***Diagnosis 2***	Alpha/Numeric	8	88	95	XXX.XXXX
27	***Diagnosis 3***	Alpha/Numeric	8	96	103	XXX.XXXX
28	***Diagnosis 4***	Alpha/Numeric	8	104	111	XXX.XXXX
29	***Diagnosis 5***	Alpha/Numeric	8	112	119	XXX.XXXX
30	***Diagnosis 6***	Alpha/Numeric	8	120	127	XXX.XXXX
31	***Diagnosis 7***	Alpha/Numeric	8	128	135	XXX.XXXX
32	***Diagnosis 8***	Alpha/Numeric	8	136	143	XXX.XXXX
33	***Diagnosis 9***	Alpha/Numeric	8	144	151	XXX.XXXX
34	***Diagnosis 10***	Alpha/Numeric	8	152	159	XXX.XXXX
35	***Diagnosis 11***	Alpha/Numeric	8	160	167	XXX.XXXX
36	***Diagnosis 12***	Alpha/Numeric	8	168	175	XXX.XXXX
37	***Diagnosis 13***	Alpha/Numeric	8	176	183	XXX.XXXX
38	***Diagnosis 14***	Alpha/Numeric	8	184	191	XXX.XXXX
39	***Primary Diagnosis Indicator***	Alpha/Numeric	8	192	199	XXX.XXXX
40	***Serious Mental Illness (SMI or CMI)***	Numeric	1	200	200	#
41	***Severe Emotional Disability (SED)***	Numeric	1	201	201	#
42	***Methadone***	Numeric	1	202	202	#
43	***IV Drug User***	Numeric	1	203	203	#
44	~~***Co-Dependent/Collateral***~~	~~Numeric~~	~~1~~	~~204~~	~~204~~	#
45	***DUI Conviction***	Numeric	1	205	205	#
46	***Developmental Disability/Developmental Delay***	Numeric	1	206	206	#

47	***Client 2 Description*** ~~***N/A***~~	Numeric	1	207	207	#
48	***Victim of Rape/Sexual Assault/Sexual Abuse***	Numeric	1	208	208	#
49	***Victim of Domestic Abuse***	Numeric	1	209	209	#
50	***Perpetrator of Rape/Sexual Assault/Sexual Abuse***	Numeric	1	210	210	#
51	***Perpetrator of Domestic Abuse***	Numeric	1	211	211	#
52	***Pregnant Women***	Numeric	1	212	212	#
53	***Pregnant Women - Due Date***	Numeric	6	213	218	YYYYMM
54	***Women with Dependent Children***	Numeric	1	219	219	#
55	~~***Clozapine or Clozaril N/A***~~	~~Numeric~~	~~1~~	~~220~~	~~220~~	~~#~~
56	~~***Substance Abuse Prior Episode***~~	~~Numeric~~	~~1~~	~~221~~	~~221~~	#
57	~~***Disposition at Termination N/A***~~	~~Numeric~~	~~1~~	~~222~~	~~222~~	~~#~~
58	***Drug Type Code, Primary at Admission***	Numeric	4	223	226	####
59	***Frequency of Use - Primary (Admission)***	Numeric	1	227	227	#
60	***Route of Administration - Primary***	Numeric	1	228	228	#
61	***Age of First Use or Alcohol Intoxication - Primary***	Numeric	2	229	230	##
62	***Drug Type Code, Secondary at Admission***	Numeric	4	231	234	####
63	***Frequency of Use - Secondary (Admission)***	Numeric	1	235	235	#
64	***Route of Administration - Secondary***	Numeric	1	236	236	#
65	***Age of First Use or Alcohol Intoxication - Secondary***	Numeric	2	237	238	##
66	***Drug Type Code, Tertiary at Admission***	Numeric	4	239	242	####
67	***Frequency of Use - Tertiary (Admission)***	Numeric	1	243	243	#
68	***Route of Administration - Tertiary***	Numeric	1	244	244	#
69	***Age of First Use or Alcohol Intoxication – Tertiary***	Numeric	2	245	246	##
70	***Deaf or Hard of Hearing***	Numeric	1	247	247	#
71	~~***Acquired or Traumatic Brain Injury***~~	~~Numeric~~	~~1~~	~~248~~	~~248~~	~~#~~
72	***Homeless Indicator***	Numeric	1	249	249	#
73	***State Guardianship***	Numeric	1	250	250	#
74	***Primary Language***	Alpha/Numeric	3	251	253	XXX
75	***English Ability***	Numeric	1	254	254	#
76	***Client Review Date***	Date	8	255	262	YYYYMMDD
77	***Head Injury***	Numeric	1	263	263	#
78	***Head Injury Frequency***	Numeric	2	264	265	##
79	***Head Injury Medical***	Numeric	1	266	266	#
80	***Race Am Indian***	Numeric	1	267	267	#
81	***Race Asian***	Numeric	1	268	268	#
82	***Race Black***	Numeric	1	269	269	#
83	***Race Pacific***	Numeric	1	270	270	#
84	***Race White***	Numeric	1	271	271	#

85	***Arrests in Past 30 Days***	Numeric	2	272	273	##
86	***Military History***	Numeric	2	274	275	##
87	***Attendance at Self-Help Programs***	Numeric	2	276	277	##
88	***School Attendance Status***	Numeric	1	278	278	#
89	***Gender Identity***	Numeric	1	279	279	#
90	***Sexual Orientation***	Numeric	1	280	280	#

N/A and ~~strikethrough~~ indicate fields no longer required, edited or considered

New fields will NOT be counted in the General Error Standard or Fatal Error Standard during the first fiscal year of activity.

Client Data Set Table Layout

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
1	System Reporting Date	date	From input file, must match valid date and not in future	F	
2	* Region Number	char 2	From input file ID, must match valid code	F	
3	* Client ID	char 9	Must be 9 character valid encryption code	F	
	* Month	num 2	From input file ID, must match valid code	F	
	* Year	num 4	From input file ID, must match valid code	F	
4	Date of Birth	date	Before today, before System Reporting date, within 150 years; over 100 years, Possible error	G/P	
5	Sex at Birth	char 1	Must be valid code	G	
6	Client Status Code	char 1	Must be valid code	F	
7	Provider Identifier	char 6	Must match Providers Table	G	
8	Initial Contact Date	date	Must be a valid Date Date must be before System Reporting Date Date must be after Date of Birth and/or 1960	G	
9	Admission Date	date	Must be before or same as System Reporting Date and after DOB	G	
10	~~Race~~	~~char 1~~			
11	Hispanic Origin	char 1	Must be valid code	G/C	If = 6 / 7 / 8
12	Education	char 2	Must be valid code	G/C	If = 97 /98
13	~~Veteran Status~~	~~char 1~~			
14	Marital Status	char 1	Must be valid code	G/C	If = 7 / 8
15	Employment Status	char 2	Must be valid code	G/C	If = 96 / 97 /98
16	Income	char 6	Must be valid code	G/C	If = 999998
17	SSI or SSDI	char 1	Must be valid code	G/C	If = 6 / 7 / 8
18	Primary Source of Inc Sup	char 1	Must be valid code	G/C	If = 7 / 8
19	Living Arrangements	char 2	Must be valid code	G/C	If = 96 / 97 /98
20	Family Size	char 2	Must be valid code	G/C	If = 98
21	County of Residence	char 3	Must match county table else set to “998”	G/C	If = 996 / 997 / 998
22	Source of Ref Primary	char 2	Must be valid code	G/C	If = 96 / 97 /98
23	Source of Ref Secondary	char 2	May be blank or match valid code else set to “98”	G	
24	DCBS Involvement	char 1	Must be valid code	G/C	If = 6 / 7 / 8
25	Diagnosis 1	char 8	Valid ICD-10 code; at least one required	G	
26	Diagnosis 2	char 8	same as #25	G	
27	Diagnosis 3	char 8	same as #25	G	
28	Diagnosis 4	char 8	same as #25	G	
29	Diagnosis 5	char 8	same as #25	G	
30	Diagnosis 6	char 8	same as #25	G	
31	Diagnosis 7	char 8	same as #25	G	

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
32	Diagnosis 8	char 8	same as #25	G	
33	Diagnosis 9	char 8	same as #25	G	
34	Diagnosis 10	char 8	same as #25	G	
35	Diagnosis 11	char 8	same as #25	G	
36	Diagnosis 12	char 8	same as #25	G	
37	Diagnosis 13	char 8	same as #25	G	
38	Diagnosis 14	char 8	same as #25	G	
39	Primary Diagnosis Ind	char 8	Must be valid code	G/P	
40	Serious Mental Illness	char 1	Must be valid code; under age 18 is Possible error	G/P/C	If = 6 / 7 / 8 and MH client
41	Severe Emotional Dis	char 1	Must be valid code and under age 21; between 18 & 20 is Possible error	G/P/C	If = 6 / 7 / 8 and MH client
42	Opioid Replacement Therapy	char 1	Must be valid code; not SA client is Possible error	G/P/C	If = 6 / 7 / 8 and SA client
43	IV Drug User	char 1	Must be valid code; not SA client is Possible error	G/P/C	If = 6 / 7 / 8 and SA client
~~44~~	~~Co Dependent Collateral~~	~~char 1~~	~~Must be valid code~~	~~G A~~	
45	DUI Conviction	char 1	Must be valid code; not SA client is Possible error	G/P/C	If = 6 / 7 / 8 and SA client
46	Developmental Dis Delay	char 1	Must be valid code; outside appropriate age range for code is Possible error	G/P/C	If = 6 / 7 / 8
47	Client 2 Description	char 1	Must be valid code; Not Client Status 2 is Possible error	G/P/C	If = 0 and Client Status Code = 2
48	Vic of Rape Sex Assault	char 1	Must be valid code	G /C	If = 6 / 7 / 8
49	Victim of Domestic Abuse	char 1	Must be valid code	G /C	Must be valid code
50	Perp of Rape Sex Assault	char 1	Must be valid code	G /C	If = 6 / 7 / 8
51	Perp of Domestic Abuse	char 1	Must be valid code	G /C	If = 6 / 7 / 8
52	Pregnant Women	char 1	Must be valid code & female; male is Possible error	G/P/C	If = 6 / 7 / 8 and SA client
53	Due Date	char 6	If Preg-Women = Yes, then must be valid date (yyyymm) between 9 months in future and 4 months in past	G /C	If = 999998 and Pregnant women = Yes
54	Women with Dep Children	char 1	Must be valid code & female; male is Possible error	G /C	If = 6 / 7 / 8 and SA client
55	~~Clozapine or Clozaril~~	~~char 1~~			
56	SA Prior Episode	char 1	Must be valid code	G /C	If = 6 / 7 / 8 and SA client
57	~~Disposition at Term~~	~~char 1~~			
58	Drug Type Primary	char 4	Must be valid code; not SA client is Possible error	G/P/C	If = 9996 / 9997 / 9998 / 0101 and SA client
59	Freq of Use Primary	char 1	Must be valid code	G/C	If = 6 / 7 / 8 and Drug type valid
60	Route of Admin Primary	char 1	Must be valid code	G /C	If = 6 / 7 / 8 and Drug type valid

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
61	Age First Use Primary	char 2	Must be numeric and between 00-98; 00 or over client age is Possible error	G/P/C	If = 96 / 97 / 98 and Drug type valid
62	Drug Type Secondary	char 4	Same as #60	G/P	See Field 58
63	Freq of Use Secondary	char 1	Same as #61	G /C	See Field 59
64	Route of Admin Secondary	char 1	Same as #62	G/C	See Field 60
65	Age First Use Secondary	char 2	Same as #63	G/P/C	See Field 61
66	Drug Type Tertiary	char 4	Same as #60	G/P	See Field 58
67	Freq of Use Tertiary	char 1	Same as #61	G/C	See Field 59
68	Route of Admin Tertiary	char 1	Same as #62	G/C	See Field 60
69	Age First Use Tertiary	char 2	Same as #63	G//C	See Field 61
70	Deaf or Hard of Hearing	char 1	Must be valid code	G	If = 6 / 7 / 8
71	~~Traumatic Brain Injury~~	~~char 1~~			If = 6 / 7 / 8
72	Homeless Indicator	char 1	Must be valid code; conflict with field #21 is Possible error	G/C	If = 6 / 7 / 8
73	State Guardianship	char 1	Must be valid code	G/C	If = 6 / 7 / 8
74	Primary Language	char 3	Must be valid code	G/C	If = 996 / 997 / 998
75	English Ability	char 1	Must be valid code	G/C	If = 6 / 7 / 8 and Primary Language NOT English
76	Client Field Review Date	date	Must be valid date before field #5	G/C	If = 99999996 / 99999997 / 99999998
77	Head Injury	char 1	Must be valid code	G/C	If = 6 / 7 / 8
78	Head Injury Frequency	char 2	Must be valid code; conflict with field #79 is Possible error	G/C	If = 96 / 97 / 98
79	Head Injury Medical	char 1	Must be valid code	G/C	If = 6 / 7 / 8
80	Race Am Indian	char 1	Must be valid code	G/C	If = 6 / 7 / 8
81	Race Asian	char 1	Must be valid code	G/C	If = 6 / 7 / 8
82	Race Black	char 1	Must be valid code	G/C	If = 6 / 7 / 8
83	Race Pacific	char 1	Must be valid code	G/C	If = 6 / 7 / 8
84	Race White	char 1	Must be valid code	G/C	If = 6 / 7 / 8
85	Arrests	char 2	Must be valid code; value over 31 is Possible error	G/P/C	If = 96 / 97 / 98 and SA client
86	Military History	char 2	Must be valid code	G/C	If = 96 / 97 / 98
87	Self-Help Attendance	char 2	Must be valid code; value over 31 is Possible error	G/C	If = 96 / 97 / 98 and SA client
88	School Attendance Status	char 2		G/C	If = 6 / 7 / 8 and Client Status 1
	MH	bit	based on diagnosis codes		
	MR	bit	based on diagnosis codes		
	Alc	bit	based on diagnosis codes		
	Drug	bit	based on diagnosis codes		
	~~Fatal Error~~	~~bit~~	~~Not used~~		
	Cert	bit	indicates ‘Certified’ record		

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
	MH Rec	bit	indicates MH record per Data Dictionary definition		
	MH Cert	bit	indicates 'Certified' MH record		
	SA Rec	bit	indicates SA record per Data Dictionary definition		
	SA Cert	bit	indicates 'Certified' SA record		
	SA Cert Old	bit	indicates pre-12/06 'Certified SA record		

A ~~strike through~~ indicate fields no longer required, edited or considered. Fields after 88 are for internal use only.
- - - - -
Note: Input records completely replace existing records for matching Year and Month.

Under the Errors column;

F = Fatal error - field vital to record, entire record rejected.

G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code.

P = Possible error - value in this field should be reviewed if it is outside normal bounds or is in conflict with another field.

C = Completeness - this field checked against Not Collected codes **for Status 1 clients ONLY**

NOTE: Some fields are considered for Completeness ONLY if the client's diagnosis puts them in the appropriate program. See the Incomplete Criteria column.

NOTE: Only the following fields are required for Client Status 2 clients, however all fields containing data will be edited.

Region Number, Client ID, System Reporting Date, Date of Birth, Client Status Code, and Client 2 Description

For Client Status 3 clients, the following fields are required. No other fields will be edited.
Region Number, Client ID, System Reporting Date, and Client Status Code

All other fields will be accepted ONLY if valid data is present. The only errors that may occur related to the other fields are when two fields containing valid data are in conflict, such as Pregnant Male clients and duplicate diagnostic codes.
- - - - -
NOTE: For the purpose of cross-checking fields,
- if the client has any Diagnosis that is a Mental Health diagnosis, then the client is a "MH" client;
- if the client has any Diagnosis that is an Intellectual Disabilities diagnosis, then the client is an "ID" client';
- if the client has any Diagnosis that is an Alcohol or Drug diagnosis, then the client is a "SA" client;

- - - -
Timeliness Standard FAILS if final submission not completed by the last day of the month following the Reporting Period.

Fatal Error Standard FAILS if any fatal field has more than 1.0% invalid values. See "Standards for Information Quality" for list of fatal fields.

General Error Standard FAILS if any non-fatal field has more than the maximum error rate of invalid values allowable for the field. See "Standards for Information Quality" for list of non-fatal fields and maximum error rate.

Input Record Format

1. System Reporting Date

Data field name - System_Reporting_Date
Sub field - Month
Sub field - Year

Length	Format	From	To	Fatal
8	YYYYMMDD	1	8	Yes

Description: Data submission date to the client data set. It is suggested that this be the date that the data was created for the file or the date that the file was submitted.

Valid Codes: Must be a valid date in the form YYYYMMDD.

Example: Submission Date is October 30, 2006.
Code = 20061030

Special Instructions:
1. Enter month and day using 2 digits each. Enter year using 4 digits.
2. If month or day is only one digit, please precede the digit with a zero.
3. Do not enter '/' or '-' in this field.
4. This date should be no later than the day the submission is received.

	Error Condition	**Error Action**
Fatal Error	1. Invalid Date 2. System Reporting Date after submission date	Current record is rejected

2. Region Number

Data field name - Region_Number

Length	Format	From	To	Fatal
2	##	9	10	Yes

Description: Region collecting data on this element

Valid Codes:
01 Region 01 – Four Rivers Behavioral Health (Western Ky.)
02 Region 02 – Pennyroyal Center
03 Region 03 – River Valley Behavioral Health (Green River)
04 Region 04 – LifeSkills, Inc.
05 Region 05 – Communicare
06 Region 06 – Centerstone of Kentucky (formerly Seven Counties Services)
07 Region 07 – NorthKey Community Care (Northern Ky.)
08 Region 08 – Comprehend, Inc.
09 Region 09 – Transitions, Inc.
10 Region 10 – Pathways, Inc.
11 Region 11 – Mountain Comprehensive Care Center
12 Region 12 – Kentucky River Community Care, Inc.
13 Region 13 – Cumberland River Behavioral Health (Comprehensive Care Center)
14 Region 14 – Adanta (Lake Cumberland)
15 Region 15 – New Vista (formerly Bluegrass)
16 Region 16 – The Healing Place

17 Region 17 – The MORE Center
18 Region 18 – Central Kentucky Recovery Center (CKRC)
19 Region 19 – Wellspring
~~20 Region 20 – Independence Place, Inc.~~

Special Instructions:
1. For regions 1-9, please be sure to precede the region number with a zero.
2. Must match region number specified in file name.

	Error Condition	**Error Action**
Fatal Error	Invalid Region	Current record is rejected

3. Client ID

Data field name - Client_ID

Length	Format	From	To	Fatal
9	#########	11	19	Yes

Description: Identifies client within the database using a unique identifier. This identifier should be the encrypted SSN using the established encryption methodology. Contact IPOP for the KDMHMRS Client ID Encryption Protocol.

Valid Codes: 9-character encrypted SSN.

	Error Condition	**Error Action**
Fatal Error	Invalid encrypted SSN	Current record is rejected

4. Date of Birth

Data field name - Date_of_Birth

Length	Format	From	To	Fatal
8	YYYYMMDD	20	27	No

Description: Client's date of birth

Valid Codes: Valid date in the format YYYYMMDD
99999998 – Unknown (only valid if Field #6 Client Status Code = “2”)

Example: Client was born February 16, 1960
Code = 19600216

Special Instructions:
1 Do not enter '/' or '-' in this field.
2. Birth date must be prior to Field 9 -Admission Date and Field 1 - Reporting Date.
3. Birth date must not be more than 150 years prior to Field 1 - Reporting Date.
4. Not required if Field #6 Client Status Code = “3”.

	Error Condition	**Error Action**

General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Birth date more than 150 years ago 4. Code = 99999998 and Client Status = 1 or Client Status = 2	Error reported Field set to Null in database
Possible Error	Birth date more than 100 years ago	Error reported no change to database

5. Sex at Birth

Data field name – Sex at Birth

Length	Format	From	To	Fatal
1	#	28	28	No

Description: Identifies the client's most recently reported biological gender. Per Office of Management & Budget (OMB), sex is defined as biological sex. For SFY22, this field name was expanded from "Sex" to "Sex at Birth" to add clarity. The DBHDID removed the values 3, 4, and 5 to this field starting with SFY22 and shifted those options to the Gender Identity field which is new in SFY22. This is a self-reported data element. The unknown code can be used when the client's biological sex is unknown or the Client Status Code (field #6) ="2" of "3".

Valid Codes:

1. Male
2. Female
3. ~~Transgender Male (designated female at birth but identifies as male)~~
4. ~~Transgender Female (designated male at birth but identifies as female)~~
5. ~~Intersex (at birth, had biological characteristics / reproductive organs associated with both male and female sex)~~
6. ~~Not Applicable (only valid if Field #6 Client Status Code = "2" or "3")~~
7. Unknown (only valid if Field #6 Client Status Code = "2" or "3")
8. Not Collected (only valid if Field #6 Client Status Code = "2" or "3")
9. ~~Nonbinary or Genderqueer (identifies with or expresses a gender identity that is neither exclusively male nor female).~~

Special Instructions: Do not leave this field blank.

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake. ~~and if a subsequent medical procedure with respect to gender makes a change necessary. The field must be updated if the sex of a client has changed since the last submitted data.~~

6. Client Status Code

Data field name - Client_Status_Code

Length	Format	From	To	Fatal
1	#	29	29	Yes

Description: **Client Status 1:** Any person participating in a Center program for whom the Center has established or plans to establish an individual plan of care (e.g. Individual Support Plan, Treatment Plan, Service Plan) signed by a clinically licensed or certified professional and who has received one or more services during the current fiscal year. NOTE: Generally, any client who has received more than three services should be a Status 1 client.

Client Status 3 (Pseudo Client): This special reporting procedure / method is for Services and / or Purchases reported under DMHMRS Modifiers 024, 025, 072, 073, 174 (NTE02, columns 7-9 - formerly FAO-12) and should be used ONLY to report services / purchases when there is no single person against which the service may be counted.

Client Status 2: Any person who receives a service, as defined in event data service codes, during the current fiscal year, whose treatment is of brief duration, informational or educational in nature or who does not have a plan of care (at this time). The following services and associated programs have been identified as definitive of a client status 2 if the client has received ONLY these services.

DMHMRS Modifier 1 (FAO-12)	Service Description	Associated Program
001	Assessment	MH/SUD
004	PASRR Evaluation (Level II)	MH/ID PASRR
006	Consultation PASRR	MH/ID PASRR
024	Miscellaneous Services Purchased	MH/ID Supported Living
025	Miscellaneous Goods Purchased	MH/ID Supported Living
070	DUI Education Services	SUD-DUI
073	Consultation	MH/SUD/ID
101	Screening	MH
102	Screening	SUD
138	Residential Crisis Stabilization	MH/SUD (Adult)
139	Residential Crisis Stabilization	MH/SUD (Child/Youth)
174	Outreach and Education	MH/SUD/ID
176	Mobile Crisis	MH/SUD/ID
200, 210, 211	Crisis Intervention	MH/SUD/ID

The following details apply to the associated programs listed above.

Division of Intellectual Disabilities

- Supported Living – Code as Client Status 3 as defined in the CMHC Data Implementation Guide.

Division of Substance Abuse

- DUI – If only education and assessment are provided, code as Client Status 2. If any treatment services are provided, code as Client Status 1.

Division of Mental Health / Division of Intellectual Disabilities

- PASRR **–** Client status 2 is used only for the evaluation, other ID PASRR services have codes in dataset and they should be client status 1.

NOTE: Clients who meet the following criteria may be considered **Valid Client Status 2**:

1) clients with 7 or fewer days between the first and last service
or 2) clients with fewer than 5 services
or 3) clients with fewer than 10 services within 60 days
or 4) clients who average less than 1 service per month

or

clients who have received JUST the above services. Clients who receive any other services should be coded Status 1.

Valid Codes:

1. Client meeting definition of Client Status 1
2. Client meeting definition of Client Status 2
3. Pseudo Client (new 2004)
9. Client Deceased

Special Instructions: Alternate editing processes will be used for those clients coded as 2 in this field. In particular, only the client ID field will be considered as fatal, and all other errors will be considered when calculating general and fatal error rates only if the field is completed.

	Error Condition	**Error Action**
Fatal Error	Invalid Code	Current record is rejected

Update Frequency: At time of contact for Client Type 2. At time of Intake for Client Type 1. When a treatment plan is established for a Type 2, change to Type 1.

7. Provider Identifier (Site Code)

Data field name - Provider_Identifier

Length	Format	From	To	Fatal
6	XXXXXX	30	35	No

Description: Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. This ID number is assigned by the individual center in keeping with the standard coding structure.

Valid Codes: See provider list on the Web
999998 – Unknown/Not Collected (valid only if Field 6 – Client Status = 2 / 3)

Special Instructions:

1. Regions must submit provider id update forms to the department whenever sites are added, deleted, or changed.

2. To update Provider Types at any time, Regions use the form “Appendix A1 - Provider Type Update” located at http://dbhdid.ky.gov/CMHC/documents/guides/current/AppendixA1.pdf

3. All regions should left justify this element as required by the provider ID list. The rest of the field should be left blank.

	Error Condition	**Error Action**
General Error	1. Provider ID does not match provider listing 2. Code = ‘999998’ and Client Status = 1	Error reported Field set to 999998 in database

Update Frequency: At time of Intake.

8. Initial Contact Date (Reinstated July 2017)

Data field name - Initial_Contact_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	36	43	No

Description: Date of potential client's initial contact with CMHC by phone or otherwise. This is a required field.

First contact means the first time that the person (or family or guardian if the person is a child or has a guardian) contacts the Center to obtain services, but also applies to a person if they have not received services by the Center during the previous six months. First contact usually will be a call from a potential client looking for an appointment, a walk-in looking for an appointment, or a crisis service provided by the provider. The preliminary screening and risk assessment services may occur telephonically or face-to-face and are to be provided according to payer service delivery requirements.

"During Initial Contact", a preliminary screening and risk assessment is made to determine acuity of needs. This is a separate event from the "Initial Evaluation" which is described below.

After the "Initial Contact" and preliminary screening the "Initial Evaluation" occurs. THE FOLLOWING ARE NOT "Initial Contact" activities but instead are to be included in "Initial Evaluation".

- preliminary diagnoses,
- source of referral, reason for seeking care,
- identification of immediate clinical care needs related to the diagnosis for mental and substance use disorders,
- a list of current prescriptions and medications and other substances being taken,
- identification of suicide risk factors,
- identification of safety concerns,
- identification of need for medical care, and
- a determination of military involvement.

Valid Codes: Valid date in the format YYYYMMDD.
If unknown, use 8 spaces or '99999998'

Example: August 26, 2006 - 20060826

Special Instructions:
1. Must be prior or equal to Field 1 - System Reporting Date, and equal to or after Field 4 - Date of Birth
2. Do not enter random characters or symbols such as '/' or '-' in this field.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Date of Birth 4. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database

9. Admission Date

Data field name - Admission_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	44	51	No

Description: Date when the client receives first direct service of this episode, including the initial intake. This is a required field.

Valid Codes: Valid date in the format YYYYMMDD.
If Field 6 – Client Status = 2, may be 8 spaces or '99999998'

Example: January 31, 2007 - 20070131

Special Instructions: 1. Must be prior or equal to Field 1 - System Reporting Date, **equal to or** after Field 4 - Date of Birth equal to or after 1/1/1960, and equal to or after Field 8 – Initial Contact Date.
2. Do not enter random characters or symbols such as '/' or '-' in this field.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Date of Birth and/or 1960 4. Date prior to Initial Contact Date 5. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database

Update Frequency: When permission to treat is signed.

10. Race

Data field name - Race dropped in 2006

Length	Format	From	To	Fatal
1	#	52	52	No

Note: this field no longer in use, replaced by fields 80-84. Please zero fill or follow instructions below.

Description: Client's Race

Valid Codes:

1	White / Caucasian
2	Black / African American
3	American Indian / Alaskan Native
4	Asian
5	Alaskan Native (use valid code “3”)
6	Native Hawaiian or Pacific Islander
7	Multi-racial
8	Not Applicable/Unknown/Not Collected
9	Other

Note: Japanese-Americans should be classified as 4-Asian and not 6-Pacific Islander

11. Hispanic Origin / Ethnicity

Data field name - Hispanic_Origin

Length	Format	From	To	Fatal
1	#	53	53	No

Description: Identifies client's specific Hispanic origin. Hispanic origin can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person’s parents or ancestors before arriving in the United States. Hispanic Origin / Ethnicity is separate from a person’s race. People who identify as Hispanic, Latino, or Spanish may be any race.

Valid Codes:

0	Not of Hispanic Origin
1	Puerto Rican
2	Mexican
3	Cuban
4	Other Hispanic
6	Not Applicable

7	Unknown
8	Not collected

Note: Use “0” (Not of Hispanic Origin) for non-Hispanic clients, NOT “6” (Not Applicable)

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 – Client Status = 1	Counted against General Error Standard

Update Frequency: At time of Intake.

12. Education

Data field name - Education

Length	Format	From	To	Fatal
2	##	54	55	No

Description: Specifies the highest school grade the client has completed, or the equivalent. Home schooled, special ed students, foreign students, and others may have differences between the number of years of schooling and the equivalent education level achieved. Enter the nearest equivalent grade completed or education level achieved. NOTE: This is NOT the grade they are currently attending and may NOT necessarily be the number of years in school.

Valid Codes:

pre-school	95
kindergarten	96
no schooling	00
grades 1 - 11	01 - 11
high school graduate or GED	12
1 to 3 years of education beyond high school	13 - 15
four year college degree	16
1 to 8 years of education beyond 4-year college degree	17 - 24
more than 8 years of education beyond 4-year college degree	25
education level unknown	97
education level not applicable / not collected	98

Example: Client is currently in the 4th grade - Code = 03.
Client has completed a 4 year college degree plus 1 year of graduate school - Code = 17.

Special Instructions: If education is single digit, please precede with a zero.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 97/98 in database and Field 6 – Client Status = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after a change in student status. Must be reviewed annually or whenever there is an indication that the status has changed.

13. Veteran Status dropped in 2011 (Replaced by field 86 – Military History)

Data field name - Veteran_Status

Length	Format	From	To	Fatal
1	#	56	56	No

Note: this field is no longer in use. It has been replaced by the new field 86 (Military History). Please pad field 13 with a space/blank or follow instructions below.

Description: Identifies whether the client has performed military service. If client has served in multiple actions, mark the most recent service. Military service is defined as anyone in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, or Coast and Geodetic Survey.

Valid Codes:

0	No military service	**5**	**Any Military Service**
~~1~~	~~World War II~~	6	Not Applicable
~~2~~	~~Korean War~~	7	Unknown
~~3~~	~~Vietnam War~~	8	Not Collected
~~4~~	~~Persian Gulf War~~		

NOTE: Although codes 1-4 are acceptable, code **5** should be used for a client with any military service.

14. Marital/Relational Status

Data field name - Marital_Status

Length	Format	From	To	Fatal
1	#	57	57	No

Description: Describes the client's marital status/family structure in categories revised to be compatible with the U.S. Census.

Valid Codes:

1	Single/never married (or only marriage was annulled)		
2	Married	6	Separated
3	Divorced	7	Unknown
4	Co-habitating	8	Not Applicable/Not Collected
5	Widowed		

Example: Client is single - Code = 1

Special Instructions: Values of “2”, “3”, “4”, “5”, or “6” in this field will generate a Possible error if the value in Field 4 (Date of Birth) indicates the client is under 18 years of age.

Note: Clients whose only marriage has been annulled should be coded as 1 – Never Married

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Possible Error	Code = 2,3,4,5,or 6 and Field 4 (Date of Birth) indicates client is under 18 years of age	Error reported No change to database

Completeness Error	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after change in legal marital status. Must be reviewed annually or whenever there is an indication that the status has changed.

15. Employment Status

Data field name - Employment_Status

Length	Format	From	To	Fatal
2	##	58	59	No

Description: Identifies client's current employment status.

Valid Codes:

01	Employed full time - 32 or more hours per week
02	Employed part time - 31 or less hours per week
03	Laid off from job
04	Looking for work/available for work during the last four weeks (Includes those clients who are out of work and not looking)
05	In the armed forces
06	Homemaker
07	Student
08	Retired
09	Resident of institution/incarcerated
10	Child (preschool, under school age) (under 6)
11	Disabled
96	Not Applicable
97	Unknown
98	Not collected

Example: Seasonal workers employed full time are coded 01 (employed full time)

Note: Clients with a code of 10 – Child must be under age 6.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Possible Error	Code is 10 and client is age 6 or over	Error reported No change to database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

16. Income (Reinstated July 2013)

Data field name - Income

Length	Format	From	To	Fatal
6	######	60	65	No

Description: Annual family income of the client (in whole dollars).

Family income is the amount reported on the IRS tax returns on the line titled "total income" or from the W-2 received from employers. Total income can also be the amount of public assistance received for a 12-month period or any other form of disability payments. For persons who file tax returns, total income is line 4 on the 1040EZ form, line14 on the 1040A form, and line 23 on the 1040 form.

Valid Codes:

000000-900000	Actual number
900001	Refused to Answer
999998	Unknown/Not Collected

Do NOT include comma or decimal

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 999998 in database
Completeness Error	Code = 999998 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

17. SSI or SSDI or TANF

Data field name - SSI_or_SSDI

Length	Format	From	To	Fatal
1	#	66	66	No

Description: Identifies whether the client is currently receiving SSI and/or SSDI or TANF.
SSI = supplemental security income
SSDI = social security disability income
TANF = Temporary Assistance to Needy Families (formerly AFDC)

Valid Codes:

0	No - receives none
1	Yes - SSI only
2	Yes - SSDI only
3	Yes - both SSI and SSDI
4	Yes – TANF only
5	Yes – TANF and SSDI
6	Not Applicable
7	Unknown
8	Not collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

18. Primary Source of Income/Support

Data field name - Primary_Source_of_Inc_Sup

Length	Format	From	To	Fatal
1	#	67	67	No

Description: Identifies the primary source of client's income.

Valid Codes:

1 Wages/salary/self employed
2 Public assistance
3 Retirement/pension
4 Disability
5 Other sources
6 No income/support
7 Unknown
8 Not Applicable/Not Collected

Example: 60% of client's income is from TANF - Code = 2

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.

19. Living Arrangements

Data field name - Living_Arrangements

Length	Format	From	To	Fatal
2	##	68	69	No

Description: Identifies the living arrangement for clients having field #6 Client Status Code = “1”.

Use value “96-Not Applicable” ONLY for clients having field #6 Client Status Code = “2” or “3”.

If values “01”, “02”, or “03” are used, the client homeless status should be recorded as homelessness in field #72 Homeless.

NOTE: Value “98-Not Collected” is not an option beginning with July 2017 data set.

Valid Codes:

No Fixed Residence
01 Homeless/uninhabitable dwelling
02 Mission/shelter
03 Hotel/motel

Staffed Residence
11 Staffed residence
12 Alcohol/Drug treatment facility

Non-Staffed Residence
21 Living in parent/guardian's residence
22 Living in own residence
23 Living in own residence with parent/guardian
24 Boarding home

25 Living in residence of a family member – other than parent or guardian
26 Living in residence of a friend or acquaintance

Licensed Long-Term Facility
31 SNF (nursing home)
32 Personal care home
33 ICF/MR State facility
34 ICF/MR Private facility
35 Family care home

Other
41 Foster care
42 Jail/prison - local or state
43 Jail/prison – federal

96 Not Applicable
97 Unknown

Example: Client lives in an apartment alone - Code = 22

Special Instructions:

1. Value "96" should only be used upon client's death which is further indicated by field #6 Client Status Code = "9" or for clients whose field #6 Client Status Code = "2" or "3".
2. Value "97" (unknown) should rarely be used.
3. **Value "98-Not Collected" is not an option beginning with July 2017 data set.**
4. Value "22" (Living in own residence) is intended for adults. It is not intended for children who are living with a parent or guardian. Those clients should be coded with a value of 21 (Living in parent/guardian's residence).
5. Value "22" in this field will generate a **General Error** if the value in Field 4 (Date of Birth) indicates the client is under 16 years of age. It will be a **Possible Error** for clients ages 16 to 17.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
General Error	Code = 22 and Field 4 (Date of Birth) indicates client is under 16 years of age.	Error reported Field set to 98 in database
Possible Error	Code = 22 and Field 4 (Date of Birth) indicates client is at least 16 years of age but less than 18 years of age.	Error reported No change to database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and must be reviewed annually or whenever there is an indication that the status has changed.

NOTE: This field is required for SA / TEDS Discharge record - should be validated as often as possible.

20. Family Size (Reinstated July 2013)

Data field name – Family_Size

Length	Format	From	To	Fatal
2	##	70	71	No

Description: Number of household members on the family income (Internal Revenue Service definition)

Definition of family: Total number of personal exemptions claimed on the most recent federal tax return, form 1040ez, 1040a, or 1040. For person not filing tax returns, how many persons living in the home are dependent on the family income?

Valid Codes:

01-19	Actual number
20	Twenty or more
21	Refused to Answer
98	Unknown/Not collected Refused to Answer

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

21. County of Residence

Data field name - County_of_Residence

Length	Format	From	To	Fatal
3	###	72	74	No

Description: Kentucky County for which the client considers his/her county of residence. If the client's county of residence is in another state, use the code respective to the state as listed in Appendix B.

Valid Codes:

001-299	Actual county code - See County Code list in Appendix B. NOTE: codes > 120 represent states other than Kentucky
996	Not Applicable
997	Unknown

Example: Client lives in Louisville - Jefferson county - Code = 056

Special Instructions:

1. See list of county codes, Appendix B.
2. If actual code is less than "100", use preceding with zero(s) (e.g., "021").
3. If the client's county of residence is in another state, use the code respective to the state as listed in Appendix B.
4. Value "996" should only be used upon client's death which is further indicated by field #6 Client Status Code = "9", or for homeless clients (as needed) as reflected in field #73 homelessness, or for clients whose field #6 Client Status Code = "2" or "3".
5. Value "997" (unknown) should rarely be used.
6. **Value "998-Not Collected" is not an option beginning with July 2017 data set.**

	Error Condition(s)	**Error Action**

General Error	Invalid Code	Error reported Field set to 998 in database
Completeness Error	Code = 996/997/998 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after relocation. Must be reviewed annually or whenever there is an indication that the status has changed.

22. Source of Referral - Primary

Data field name - Source_of_Ref_Primary

Length	Format	From	To	Fatal
2	##	75	76	No

Description: Defines who made the primary referral of the client to the program

Valid Codes:

Personal
01 Self
02 Employer
03 Family/friend
04 Self help group
05 Clergy
06 State Nursing Facility
07 Private Nursing Facility

Judicial Systems
08 Veterans Court
09 Mental Health Court
10 District Court
11 Police
50 Circuit or State court
51 Federal court
14 Probation/parole
15 Recognized legal entity - other than probation/parole
16 Driving Under the Influence (DUI)
17 Other criminal justice
18 Diversionary program / Court Designated Work Program
19 Department of Juvenile Justice (DJJ)
20 Drug Court

Inpatient Treatment Facility
21 State Funded or State Contracted Psychiatric Hospital
22 Other Psychiatric Hospital / Psychiatric Unit at Other Hospital
23 Substance Use Disorder (SUD) Treatment Facility-State
24 Substance Use Disorder (SUD) Treatment Facility- Private
27 Personal Care Home
28 General hospital
29 ICF/IID Facility – State
30 ICF/IID Facility - Private

Agency Referral
31 School/Family Resource and Youth Services Center
32 Vocational Rehabilitation
33 Community Mental Health Center (CMHC)
34 DCBS (Department for Community Based Services)

35 Other social services agency
36 Health Department
38 Child Care Provider
39 University/College

Private Behavioral Health and Medical Providers
41 Private psychiatrist
42 Private psychiatric clinic
43 Physician
44 Private Therapist
45 Private APRN

Other
96 Not Applicable
97 Unknown
98 Not collected
99 Other

Example: Client talked to his minister about his drinking problem. The minister suggested the client call the local community MH/ ID center. Code = 05 (Clergy)

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake.

23. Source of Referral - Secondary

Data field name - Source_of_Ref_Secondary

Length	Format	From	To	Fatal
2	##	77	78	No

Description: Defines who made the secondary referral of the client to the program.

Valid Codes: See codes for Field 22 - Source of Referral - Primary.

Special Instructions: If no secondary referral is present, enter 96, 97 or 98. All are acceptable.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database

Update Frequency: At time of Intake.

24. DCBS Involvement

Data field name - DCBS_Involvement

Length	Format	From	To	Fatal
1	#	79	79	No

Description: Indicates if client has received services from the Department for Community Based Services (formerly known as the Department for Social Services).

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Example: Client tells you he once received assistance from a caseworker with DCBS in another city of your region about two years ago - Code = 1 (Yes)

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake. Must be reviewed monthly.

25. Diagnosis 1

Data field name - Axis_I_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	80	87	No

Description: ICD-10 diagnosis

Valid Codes: 1. See Appendix F – Any valid ICD10 Diagnosis Code

Special Instructions:

1. Must be a valid ICD-10 code.
2. Must include decimal point – except for 3 digit codes.
3. Must be the EXACT code – include any necessary 4th, 5th, 6th, or 7th digits.
4. Fields 25 through 38 allow for the submission of up to 14 diagnoses for a client.
5. Field 25 should contain a valid code but any other unneeded diagnosis fields should be padded with ‘000.0000’ or left blank.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Code 2. When a code is duplicated from another diagnosis field. (Z71.1 and 000.0000 are acceptable duplicates.)	Error reported Field set to 000.0000 in database

Update Frequency: At the completion of the treatment plan or after any revision to the treatment plan.

26. Diagnosis 2

Data field name - Axis_I_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	88	95	No

Description: Same as Field 25.

27. Diagnosis 3

Data field name - Axis_I_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	96	103	No

Description: Same as Field 25.

28. Diagnosis 4

Data field name - Axis_I_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	104	111	No

Description: Same as Field 25.

29. Diagnosis 5

Data field name - Axis_I_Diagnosis_5

Length	Format	From	To	Fatal
8	XXX.XXXX	112	119	No

Description: Same as Field 25.

30. Diagnosis 6

Data field name - Axis_I_Diagnosis_6

Length	Format	From	To	Fatal
8	XXX.XXXX	120	127	No

Description: Same as Field 25.

31. Diagnosis 7

Data field name - Axis_II_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	128	135	No

Description: Same as Field 25.

32. Diagnosis 8

Data field name - Axis_II_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	136	143	No

Description: Same as Field 25.

33. Diagnosis 9

Data field name - Axis_II_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	144	151	No

Description: Same as Field 25.

34. Diagnosis 10

Data field name - Axis_II_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	152	159	No

Description: Same as Field 25.

35. Diagnosis 11

Data field name - Axis_III_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	160	167	No

Description: Same as Field 25.

36. Diagnosis 12

Data field name - Axis_III_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	168	175	No

Description: Same as Field 25.

37. Diagnosis 13

Data field name - Axis_III_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	176	183	No

Description: Same as Field 25.

38. Diagnosis 14

Data field name - Axis_III_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	184	191	No

Description: Same as Field 25.

39. Primary Diagnosis Indicator

Data field name - Primary_Diagnosis_Ind

Length	Format	From	To	Fatal
8	XXX.XXXX	192	199	No

Description: Field which indicates the patient's primary diagnosis.

DEFINITION OF PRIMARY DIAGNOSIS: The condition which is the main focus or attention or treatment, usually the condition for which the client initially sought treatment. For example, a client is initially seen at CMHC following inpatient hospitalization for follow-up of Schizophrenia. During the course of treatment, it is discovered the client also has a substance abuse problem and client is treated for substance abuse. Schizophrenia remains under treatment and remains the primary diagnosis.

Valid Codes: Must be a valid ICD-10 code **and** must be present in one of the diagnosis fields 25-38. See Appendix F.

Special Instructions:
1. Must be a valid ICD-10 code.
2. Must include decimal point – except for 3 digits codes.
3. Must be the EXACT code – including any necessary digits after decimal.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Code 2. Code '000.0000' and Field 6 – Client Status = 1	Error reported Field set to 000.0000 in database
Possible Error	Diagnosis not in fields 25-38	Error reported No change to database

Update Frequency: At the time of Intake and after testing for or hospitalization for any contributing illness.

40. Serious Mental Illness (SMI or CMI)

Data field name - Severe_Mental_Illness

Length	Format	From	To	Fatal
1	#	200	200	No

Description: SMI, also known as CMI (chronic mental illness), identifies clients age 18 and over who meet the priority target population definition for serious/chronic mental illness.

This description is based on the dimensions of diagnosis, disability, and duration. Additional information describing these dimensions may be found in the Request for Funding Manual.

Valid Codes:

0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not collected

Special Instructions: Applicable to all clients who have any Mental Health diagnosis. For a listing of MH diagnosis codes, see Appendix G. If not applicable, set Code = 0.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
General Error:	Code = 1 and Client's age <18	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against General Error Standard

Update Frequency: After staffing or change of diagnostic status to meet SMI criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

41. Severe Emotional Disability (SED)

Data field name - Severe_Emotional_Dis

Length	Format	From	To	Fatal
1	#	201	201	No

Description: Identifies children, under the age of 18, who meet the priority/target population definition for SED.

This description is based on a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the DSM.

Additional information on the definition is found in the Request for Funding Manual.

Valid Codes:

0 No

1 Yes (SED)

This code is valid for all persons under 18 years of age (or up to 21 if they were classified as having SED prior to reaching 18 years of age) who meet criteria for Severe Emotional Disturbance unless criteria for Code #2 are met. All persons having SED will not necessarily receive Targeted Case Management (TCM), although all persons receiving TCM should meet the criteria for SED.

2 Yes (High Fidelity Wraparound)

This code is valid for all persons who have been accepted into the High Fidelity Wraparound Program. Use of this code should ALWAYS be

accompanied by reporting the client's information in the IMPACT Outcomes Management System. It is required that all persons in the High Fidelity Wraparound Program meet the criteria for SED.

6 Not Applicable
7 Unknown
8 Not collected

Special Instructions:

1. Applicable to all clients which have any Mental Health diagnosis. For a listing of MH diagnosis codes, see Appendix G.
2. If not applicable, set Code = 0.
3. SED refers to clients under 18 years of age. However, clients over 17 and under 21 years of age may still be coded as SED if they were classified as being SED prior to reaching 18 years of age.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
General Error	Code = 1 or 2 and Client's age > 20	Error reported Field set to 8 in database
Possible Error	Code = 1 or 2 and Client's age > 17 and < 21	Error reported No change made to database
Completeness Error	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against General Error Standard

Update Frequency: After staffing or change of diagnostic status to meet SED criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

42. ~~Opioid Replacement Therapy (ORT)~~ Medications for Opioid Use Disorder (MOUD)

Data field name – ~~Methadone~~ (MOUD)

Length	Format	From	To	Fatal
1	#	202	202	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "Are ~~you currently~~ ~~a client in a~~ the use of opioid medications such as methadone, ~~LAAM~~, buprenorphine, naltrexone or other opioid agonist replacement therapy ~~maintenance program~~ currently a part of your treatment plan?"

Valid Codes:

0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not collected

Special Instructions:

1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes , see Appendix G
2. If not applicable, set Code = 6.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database

Possible Error	Code = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
Completeness Error	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

43. IV Drug User

Data field name - IV_Drug_User

Length	Format	From	To	Fatal
1	#	203	203	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "In your lifetime, have you ever used drugs intravenously?"

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Special Instructions:
1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix G.
2. If not applicable, set Code = 8

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Possible Error	Code = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
Completeness Error	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

44. Co-Dependent/Collateral

Data field name - Co_Dependent_Collateral

Length	Format	From	To	Fatal
1	#	204	204	No

Note: Effective with FY2011, this field no longer in use. Please pad field with a space or with an "8" (Not collected).

Description: A client in the alcohol or drug program who may or may not have a primary substance abuse diagnosis, but is in treatment for a substance abuse problem relative to a family member or significant other. Has an affirmative response to the question "Are you seeking services because of problems arising from your relationship with an alcohol or drug user?"

Valid Codes:

~~0 No~~
~~1 Yes~~
~~6 Not Applicable~~
~~7 Unknown~~
8 Not collected

45. DUI Conviction

Data field name - DUI_Conviction

Length	Format	From	To	Fatal
1	#	205	205	No

Description: A client in the alcohol or drug program who answers yes to the question "Are you receiving services at this agency as a result of a DUI conviction?"

Valid Codes:

0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not collected

NOTE: The diagnosis of substance abuse states that the problem is recurrent. Therefore, a client with one DUI may not fit the diagnosis of substance abuse. It is not uncommon for people with one DUI to not meet the criteria for abuse. Therefore, a "yes" answer to this question does not mean that the client would have a diagnosis of substance abuse. (per SA Division on 3/29/2005)

Special Instructions:

1. Applicable to all clients who have any Substance Abuse diagnosis
2. Clients with a DUI Conviction, but no SA diagnosis, may be recorded as Yes
2. If not applicable, set Code = 8

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Substance Abuse Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

46. Developmental Disability/Developmental Delay

Data field name - Developmental_Dis_Delay

Length	Format	From	To	Fatal
1	#	206	206	No

Description: Identifies the client as meeting the definition of developmental delay or developmental disability as specified below:

Code #1 - Developmental Delay (under age 10)

In order to be considered developmentally delayed a child shall be under age 10 years (birth through the day prior to the 10th birthday) and shall, by appropriate diagnostic instruments and procedures, or professional judgment, be determined to be significantly behind developmental norms in the following skill areas:

1. Cognitive Development
2. Communication Development
3. Physical Development (including vision and hearing)
4. Social or Emotional Development
5. Adaptive Development

In order to be significantly behind developmental norms in the above skill areas the child shall meet one of the following criteria:

two standard deviations below the mean in one skill area

or

at least one and one-half standard deviations below the mean in two skill areas

ESTABLISHED RISK: A child shall be under 10 years of age and diagnosed with physical or mental conditions which have a high probability of resulting in developmental delay.

Code # 2 - Developmental Disability (10 years or older)

Severe, chronic disability of a person 10 years of age or older which:

A) Is attributable to a mental and/or physical impairment
B) Is manifested before a person reaches the age of 22
C) Is likely to continue indefinitely
D) Results in substantial functional limitations in three or more of the following areas of major life activity:
   1) self-care
   2) receptive and expressive language
   3) learning
   4) self-direction
   5) capacity for independent living
   6) economic self-sufficiency
E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Valid Codes:

0	Neither
1	Developmental Delay
2	Developmental Disability
6	Not Applicable
7	Unknown
8	Not collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Possible Error	Code = 1 and client's age >= 10 or Code = 2 and client's age < 10	Error reported No change to database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: After staffing and/or testing. Must be reviewed annually or whenever there is an indication that the status has changed.

47. **Client 2 Description** (Reinstated July 2014)

Data field name – Client_2_Description

Length	Format	From	To	Fatal
1	#	207	207	No

Description: Further description of why client is coded a "2" in Field 6 - Client Status.

Valid Codes:

0 Not Applicable (Field 6 – Client Status Code = 1)
1 Client did not continue service
2 Client placed on a waiting list
3 Client received non-billable service by any payer (e.g. respite, Medication Dispensing via CMSP)
5 Screening/Assessment/Evaluations (including DUI, jail diversion, PASAAR, etc.)
6 Client received services during a community, state, or national/federal crisis, emergency, or disaster.
9 Other

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to <blank> in database
Possible Error	Valid code (other than 0) and Field 6 (Client Status Code) <> 2	Error reported No change to database
Completeness Error	Code = 0 in and Field 6 (Client Status Code) = 2	Counted against General Error Standard

48. **Victim of Rape/Sexual Assault/Sexual Abuse**

Data field name - Vic_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	208	208	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Note: Sexual abuse includes sexual victimization as a child.

Valid Codes:

0 No
1 Yes, unknown whether they are currently seeking treatment for this issue
2 Yes, not seeking treatment for this issue
3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database

Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

49. Victim of Domestic Abuse (formerly Physical Abuse) Changed 2004

Data field name - Victim_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	209	209	No

Description: By definition, this population includes both clients who present the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin.

Valid Codes:

0 No
1 Yes, unknown whether they are currently seeking treatment for this issue
2 Yes, not seeking treatment for this issue
3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of domestic abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

50. Perpetrator of Rape/Sexual Assault/Sexual Abuse

Data field name - Perp_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	210	210	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Valid Codes:

0 No
1 Yes, unknown whether they are currently seeking treatment for this issue
2 Yes, not seeking treatment for this issue
3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

51. Perpetrator of Domestic Abuse (formerly Physical Abuse) Changed 2004

Data field name - Perp_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	211	211	No

Description: By definition, this population includes both clients who present with the problem of being a domestic abuse perpetrator and those that present with other problems initially but acknowledge being a perpetrator of domestic abuse after treatment services have begun. This should also include all clients referred by the criminal justice system or Department for Community Based Services for domestic violence or child abuse treatment services; except those involving sexual abuse.

Domestic Abuse is commonly defined as a pattern of controlling and/or coercive behaviors including physical violence, emotional abuse, and attempts to control the environment of persons who are related by blood or marriage, have a child in common, or past or present intimate partners.

In cases where a client is referred to the center for court-ordered domestic violence offender treatment services, the client should be coded as “3 = Yes, currently seeking treatment”

Valid Codes:

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Physical Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

52. Pregnant Women

Data field name - Pregnant_Women

Length	Format	From	To	Fatal
1	#	212	212	No

Description: A **female** client with a **Substance Abuse diagnosis** who answers yes to the question "Are you pregnant?"

Valid Codes:

0 No
1 Yes
6 Not Applicable (used when client is Male or is Female and does not have an SA diagnosis)
7 Unknown
8 Not Collected

Special Instructions:

1. Code 1 is eligible for payment against the substance abuse block grant set aside for pregnant women.
2. Applicable to all clients that have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix G.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 0 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Abuse Diagnosis present	Field set to 8 in database Field set to 8 in database No change to database
Completeness Error	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer eligible for the SA Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

53. Pregnant Women - Due Date

Data field name - Due_Date

Length	Format	From	To	Fatal
6	YYYYMM	213	218	No

Description: Identifies the month and year of the expected birth of the child.

Valid Codes:

1. Valid date in the year and month format (YYYYMM).
2. 999998 - Not Applicable/Unknown/Not collected

Example: Client is pregnant. Due date is May, 2015. Code = 201505

Special Instructions:

1. Applicable to all clients with Substance Abuse Diagnosis present who have Field 52 (Pregnant Women) = 1
2. If not applicable set Code = 999998.

	Error Condition	**Error Action**
General Error	1. Invalid code 2. Code = 999998 and Field 52-Pregnant Women = 1 3. ~~Date is more than four months prior to System Reporting Date or~~ more than nine months from System Reporting Date. 4. Date is before 4/1 of prior Fiscal Year	Error reported Field set to 999998 in database

Update Frequency: At the time of Intake and after discovery of pregnancy. This field should be changed to '999998' when field 52 is changed to 0. Must be reviewed annually or whenever there is an indication that the status has changed.

54. Women with Dependent Children

Data field name - Women_with_Dep_Children

Length	Format	From	To	Fatal
1	#	219	219	No

Description: A **female** client with a **Substance Abuse diagnosis** who answers yes to the question "Do you have one or more dependent children?"

Valid Codes:

0 No
1 Yes
6 Not Applicable (used when client is Male or is Female and does not have an SA diagnosis)
7 Unknown
8 Not Collected

Special Instructions:

1. Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix G.
3. If not applicable, use Code = 6.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Abuse Diagnosis present	Field set to 8 in database No change to database
Completeness Error	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

55. Clozapine or Clozaril

Length	Format	From	To	Fatal
1	#	220	220	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Identifies those clients who receive the medication clozaril (clozapine). Individuals taking clozaril must agree to an intensive clinical medical management (i.e. weekly monitoring, laboratory test).

Valid Codes:

0 No
1 Yes
8 Unknown/Not collected

56. Substance Abuse Prior Treatment Episode

Data field name - SA_Prior_Episode

Length	Format	From	To	Fatal
1	#	221	221	No

Note: This field no longer in use. Please leave blank or follow instructions below.

Description: Identifies the total number of prior treatment episodes in any Substance Abuse treatment program.

Valid Codes:

0-4	Actual number of prior treatments
5	Five or more
6	Not Applicable
7	Unknown
8	Not Collected

Example: A first treatment would be coded 0 because there are no prior treatments.

Special Instructions:
1. Applicable to clients who have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see Appendix G.
2. If client is in a SA program, enter a zero if no prior treatments.
3. If not applicable, use Code = 8.

57. Disposition at Termination

Length	Format	From	To	Fatal
1	#	222	222	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Disposition at closure of chart.

Valid Codes:

0	Client actively receiving service
1	Met treatment goals/completed treatment
2	Client no longer seeking treatment
3	Referral to more appropriate resource
4	Moved out of service area
5	Against staff advice
6	Discharge-non compliance
7	Incarcerated
8	Death
9	Other

58. Drug Type Code, Primary ~~at Admission~~

Data field name - Drug_Type_Primary

Length	Format	From	To	Fatal
4	####	223	226	No

Description: Identifies the client's primary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has been a gap of more than 90 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes: 1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))

2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Example: A client is admitted with dependence on a benzodiazepine tranquilizer. If it is known that the specific drug is valium, the code would be 1304.

Special Instructions: 1. Applicable to all clients which have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see Appendix G.
2. For clients with no SA diagnoses, enter 9998 (to keep current year in line with past years, use 9998 for clients with no SA diagnosis rather than 9996)
3. NOTE: Coding a Tobacco drug type in this field (or the Secondary / Tertiary fields) does NOT cause the system to put the client in a SA program / category.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 9998 in database
Possible Error	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
Completeness Error	Code = 9996/9997/9998 or 0101 in database and Substance Abuse diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

59. Frequency of Use - Primary

Data field name - Freq_of_Use_Primary

Length	Format	From	To	Fatal
1	#	227	227	No

Description: Identifies the frequency of use of the primary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes:

1	No use in past month
2	1-3 times in past month
3	1-2 times in past week
4	3-6 times in past week
5	Daily
6	Not Applicable
7	Unknown
8	Not Collected

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996, 9997, 9998	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

60. Route of Administration - Primary

Data field name - Route_of_Admin_Primary

Length	Format	From	To	Fatal
1	#	228	228	No

Description: Identifies the usual route of administration of the primary drug.

Valid Codes:

1	Oral
2	Smoking
3	Inhalation
4	Injection
6	Not Applicable
7	Unknown
8	Not Collected
9	Other

Example: Client A snorts cocaine - Code = 3
Client B injects cocaine - Code = 4

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 58-Drug Type Code Primary at Admission <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

61. Age of First Use or Alcohol Intoxication - Primary

Data field name - Age_First_Use_Primary

Length	Format	From	To	Fatal
2	#	229	230	No

Description: For alcohol, this records the age of first alcohol intoxication.
For all other substances, this identifies the age of first use of the primary substance.

Valid Codes: 00 Newborn with substance dependency at birth

01-95 Client age at first use
NOTE: if client started after the age of 95, use code 95
96 Not Applicable
97 Unknown
98 Not Collected

Example: Client A, in alcohol treatment, first drank to intoxication at age sixteen. - Code = 16.
Client B, in drug treatment, began using cocaine at age twenty one. - Code = 21.

Special Instructions: Required if Drug Type Code, Field 58 - Primary at Admission <> 0101 or 9996/9997/9998.

Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database
Completeness Error	Code = 96/97/98 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

62. Drug Type Code, Secondary ~~at Admission~~

Data field name - Drug_Type_Secondary

Length	Format	From	To	Fatal
4	####	231	234	No

Description: Identifies the clients secondary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has been a gap of more than 90 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes: Codes))

1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.
2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 9998 in database

Possible Error	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
General Error	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

63. Frequency of Use - Secondary

Data field name - Freq_of_Use_Secondary

Length	Format	From	To	Fatal
1	#	235	235	No

Description: Identifies the frequency of use of the secondary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use - Primary at Admission

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

64. Route of Administration - Secondary

Data field name - Route_of_Admin_Secondary

Length	Format	From	To	Fatal
1	#	236	236	No

Description: Identifies the usual route of administration of the secondary drug.

Valid Codes: Same as Field 60

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

65. Age of First Use or Alcohol Intoxication - Secondary

Data field name - Age_First_Use_Secondary

Length	Format	From	To	Fatal
2	#	237	238	No

Description: For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the secondary substance.

Valid Codes:

00	Newborn with substance dependency
01-95	Clients age at first use NOTE: if client started after the age of 95, use code 95
96	Not Applicable
97	Unknown
98	Not Collected

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.
Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 62-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database
Completeness Error	Field =96/97/98 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

66. Drug Type Code, Tertiary ~~at Admission~~

Data field name - Drug_Type_Tertiary

Length	Format	From	To	Fatal
4	####	239	242	No

Description: This identifies the clients tertiary substance abuse problem at admission AND at discharge from a Substance Abuse program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Abuse program. Since a client is considered 'discharged' when there has been a gap of more than 90 days between SA services, this field will have to be updated when (if) the client resumes SA services.

Valid Codes:

1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.
2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) or Field 62 (Drug Code – Secondary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 9998 in database
Possible Error	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
General Error	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) or Field 62 (Drug Code – Secondary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

67. Frequency of Use - Tertiary

Data field name - Freq_of_Use_Tertiary

Length	Format	From	To	Fatal
1	#	243	243	No

Description: Identifies the frequency of use of the tertiary drug type at the time of admission to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use, Primary at Admission

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

68. Route of Administration - Tertiary

Data field name - Route_of_Admin_Tertiary

Length	Format	From	To	Fatal
1	#	244	244	No

Description: Identifies the usual route of administration of the tertiary drug.

Valid Codes: Same as Field 60

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

69. Age of First Use or Alcohol Intoxication - Tertiary

Data field name - Age_First_Use_Tertiary

Length	Format	From	To	Fatal
2	#	245	246	No

Description: For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the tertiary substance.

Valid Codes:

00	Newborn with substance dependency
01-95	Clients age at first use
96	Not Applicable
97	Unknown
98	Not Collected

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.
Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 66-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than client's current age	Error reported No change to database
Completeness Error	Field =96/97/98 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

70. Deaf or Hard of Hearing

Data field name - Deaf_and_Hard_of_Hearing

Length	Format	From	To	Fatal
1	#	247	247	No

Description: By definition, this population includes clients who are either deaf or hard of hearing.

Deaf: The presence of a significant hearing loss sufficient to make communication by auditory means impractical for daily communication.

Hard of Hearing: The presence of a significant hearing loss which impairs auditory communication, hard of hearing refers to those people who rely on their residual hearing and speech for communication. This distinction between deaf and hard of hearing is not a medical or auditory one but a reflection of communication preference and cultural identity.

Valid Codes:

0	No
~~1~~	~~Yes~~
2	Deaf
3	Hard of Hearing
4	Deaf/Blind
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

71. Acquired or Traumatic Brain Injury (dropped 2006 and Replaced by fields 77-79)

Data field name - Traumatic_Brain_Injury

Length	Format	From	To	Fatal
1	#	248	248	No

Note: this field no longer in use, replaced by fields 77 - 79. Please zero fill or follow instructions below.

Description: An acquired or traumatic brain injury is an injury with structural, non-degenerative brain damage. This injury is one that is not hereditary, congenital or degenerative, and it is an injury that occurs after birth. An acquired or traumatic brain injury is not a disease process that results in deterioration of the brain and its function.

Injuries within the scope of this definition may include:

(a) central nervous system injury from a physical trauma
(b) central nervous system damage from anoxia or hypoxic episode
(c) central nervous system damage from an allergic condition, toxic substance or other acute medical incident

The following conditions are NOT considered to be acquired or traumatic brain injuries, for the purposes of this definition:

(a) spinal cord injuries in which there are no known or obvious injuries to the intracranial central nervous system
(b) progressive dementia and other mentally impairing conditions of a chronic degenerative nature such as senile dementia, organic brain disorders, Alzheimer's Disease, alcoholism or other addictions
(c) depression and psychiatric disorders in which there is no known or obvious central nervous system damage
(d) intellectual disabilities without an etiology to the acquired brain injury
(e) birth defect related disorders

Valid Codes:

0	No
5	Yes
6	Not Applicable
7	Unknown
8	Not Collected

72. **Homeless Indicator** (new 2004)

Data field name - Homeless_Indicator

Length	Format	From	To	Fatal
1	#	249	249	No

Description: **A Homeless Person is:**

- A Client who answers YES to the question; "Are you now, or have you been homeless in the past 12 months?"

Homelessness is defined in Section 103 of the McKinney-Vento Act, as amended by the HEARTH Act (https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/)
The categories are:

(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation (e.g., condemned or abandoned buildings). Include persons who are exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and have no fixed residence and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing. Include persons who have as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation (e.g., offices, movie theatre, restaurant, and post office).
(2) individuals and families who will imminently lose their primary nighttime residence;
(3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition*; and
(4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Include residents of domestic violence shelters and youth shelters.

*For the purpose of McKinney-Vento, the term homeless refers to children and youths who lack a fixed, regular, and adequate nighttime residence. This includes children and youth, ages three through 21 who are:

a. Sharing housing due to loss of housing or economic hardship
b. Living in motels, hotels, dilapidated trailers or camping ground due to lack of alternative adequate housing
c. Living in emergency or transitional housing
d. Abandoned in hospitals
e. Awaiting foster care

f. Having a primary nighttime residence that is a public or private place not designed for, or ordinarily used as regular sleeping accommodations
g. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations
h. Migratory students who live in housing described above
i. "Unaccompanied Homeless Youth" means a homeless youth who is under the age of 18 and is not in the physical custody of a parent or guardian.

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

Special Instructions: Screen every applicant.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

73. State Guardianship (new 2006)

Data field name - State_Guardianship

Length	Format	From	To	Fatal
1	#	250	250	No

Description: Indicates if Client (regardless of age) is a State Guardianship Client

Note: To answer "Yes", the client must be affirmed by DCBS's (Department for Community Based Services) legal "State Guardianship" status. This status is assigned by court through an established process.

NOTE: A person's 'living arrangement' such as a prison, half-way house, home, etc. does not determine them as a "State Guardianship" client. The DCBS legal process must be followed through the courts to declare someone an official "Guardian" of the state.

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

74. Primary Language Used by Client (new 2006)

Data field name - Primary_Language

Length	Format	From	To	Fatal
3	XXX	251	253	No

Description: Indicates the primary language used by the Client

Valid Codes: Any valid ISO 639 3-character language code. See "Language Codes" report in the REPORTS drop down box with the Data Set Implementation Guide on the web The first page of the report lists the 46 most common languages used in Kentucky. The remaining pages list the rest of the over 400 languages listed. If you cannot find the applicable language in the report, contact IPOP.

Examples:

ENG	American / English
ASL	American Sign Language
SPA	Spanish
996	Not Applicable
997	Unknown
998	Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '998' in Database
Completeness Error	Code = 996/997/998 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

75. Ability to Understand English (new 2006)

Data field name - English_Ability

Length	Format	From	To	Fatal
1	#	254	254	No

Description: Indicates the interviewer's assessment of how well the Client is able to understand English. If the Client's primary language is English (American), use code '6' in this field.

Valid Codes:

0	Not at all
1	Not well / Poorly
2	Well (average for age)
3	Very well (above average for age)
6	Not applicable because English is primary language
7	Unknown
8	Not collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database

Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1 and Field 74 (Primary Language) is NOT 'ENG'	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

76. Date of Client Field Review (new 2006)

Data field name - Client_Review_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	255	262	No

Description: Indicates the date when **ALL** applicable client fields were last reviewed and updated. This date may be the date of the initial load of the client's demographic data.

Valid Codes: Any valid date in YYYYMMDD format
99999996 Not Applicable
99999997 Unknown
99999998 Not Collected

Special Instructions: The value in this field is compared to the value in Field Number 9 (Admission Date). If Date of Client Field Review is prior to Admission Date, then the Admission Date value is substituted for the Date of Client Field Review. If a valid date value is not supplied in the Admission Date field, then no comparison can be made and a Possible error is reported for Status 1 clients for the Date of Client Field Review.

Value in this field should be before or equal to the value in Field Number 1 (System Reporting Date) and should be greater than or equal to 1/1/1960.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Code 2. If date is after field 1 (System Reporting Date) or prior to 1/1/1960.	Error reported, field set to NULL in Database
Completeness Error	Code = 99999996/9999997/99999998 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake when the Client is loaded as a Status 1 client. All active clients must be reviewed annually. Individual fields should be updated whenever there is an indication that the status of that field has changed, but would not mandate a change to this date UNLESS **ALL** demographic fields were reviewed at the time of the update.

77. Head Injury (new 2006)

Data field name - Head_Injury

Length	Format	From	To	Fatal
1	#	263	263	No

Description: Indicates the Client's answer to the question: "Have you ever had a head injury that resulted in being knocked out or kept in the hospital for at least one night ?"

Valid Codes: 0 No
1 Yes

6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

78. Head Injury Frequency (new 2006)

Data field name - Head_Injury_Frequency

Length	Format	From	To	Fatal
2	##	264	265	No

Description: Indicates the Client's answer to the question: "How many times have you had a head injury that resulted in being knocked out or kept in the hospital for at least one night?"

Valid Codes:
00 None
01-94 Number of times
95 95 times or more or can't remember how many times
96 Not Applicable because never had a head injury
97 Unknown
98 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Completeness Error - checked ONLY when field 77 (Head Injury) = Yes	Code = 96/97/98 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard
Possible	1. Code = 00 and field 77 (Head Injury) = Yes 2. Code between 01 & 94 and field 77 (Head Injury) = No	Error reported No change to database

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

79. Head Injury Medical (new 2006)

Data field name - Head_Injury_Medical

Length	Format	From	To	Fatal
1	#	266	266	No

Description: Indicates the Client's answer to the question: "Have you ever had a medical crisis that resulted in a brain injury?" Examples would include having a stroke, overdosing on a drug, or not getting oxygen for several minutes.

Valid Codes: 0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

80. Race American Indian / Alaskan Native (replaced field #10 in 2006)

Data field name - Race_Am_Indian

Length	Format	From	To	Fatal
1	#	267	267	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America]). Terms that apply include "Native American".

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes: 0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

81. Race Asian (including Japanese-Americans) (replaced field #10 in 2006)

Data field name - Race_Asian

Length	Format	From	To	Fatal
1	#	268	268	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

82. Race Black / African American (replaced field #10 in 2006)

Data field name - Race_Black

Length	Format	From	To	Fatal
1	#	269	269	No

Description: Indicates the Client's primary race. A person having origins in any of the black racial groups of Africa. Terms that apply include "Haitian", ~~"Negro",~~ "Black", ~~and~~ "African American", Haitian, Jamaican, Ethiopian, Somali. The category includes, but is not limited to, the groups Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

83. Race Native Hawaiian / Pacific Islander (replaced field #10 in 2006)

Data field name - Race_Pacific

Length	Format	From	To	Fatal
1	#	270	270	No

Description: Indicates the Client's primary race. A person having origins in any of the other original peoples of Hawaii, Guam, Samoa, ~~or~~ other Pacific Islands, including Chamorro people.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
- 0 No
- 1 Yes
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

84. Race White / Caucasian (replaced field #10 in 2006)

Data field name - Race_White

Length	Format	From	To	Fatal
1	#	271	271	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, ~~Iranian,~~ White). This category includes, but is not limited to, the groups Irish, German, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
- 0 No
- 1 Yes
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

	Error Condition(s)	**Error Action**

General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

85. Number of Arrests in the past 30 days (new 2008)

Data field name - Arrests

Length	Format	From	To	Fatal
2	##	272	273	No

Description: Indicates the Client's answer to the question: "How many times have you been arrested in the past 30 days ?"

Valid Codes:
- 00-95 Number of arrests in past 30 days
- 96 Not Applicable
- 97 Unknown
- 98 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Number exceeds 30	Error reported, no change to Data Base
Completeness Error	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake and monthly thereafter.

NOTE: Because of the nature of the question, this field must be updated regularly to be assured of accuracy. It is required for federal TEDS reporting and Mental Health Client-Level reporting.

Prior to Fiscal Year 2013, the field was only required for clients with a Substance Abuse diagnosis. Starting with Fiscal Year 2013, it is required for all Status 1 clients.

86. Military History (newly replaces field 13-Veterans Status as of July 2010)

Data field name – Military_History

Length	Format	From	To	Fatal
2	##	274	275	No

Description: Identifies whether the client is currently active in the military or has performed previous military service. If client has served in multiple actions, indicate the most recent service. Military service is defined as serving in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, National Guard or Reserve.

Valid Codes:
- 00 No military service

01 Active duty without deployment
02 Active duty with deployment to a non-combat zone
03 Active duty with deployment to a hostile or combatant zone
04 Previous duty without deployment (veteran)
05 Previous duty with deployment to a non-combatant zone (veteran)
06 Previous duty with deployment to a hostile or combatant zone (veteran)
96 Not Applicable
97 Unknown
98 Not Collected

Special Instructions: Do not leave this field blank.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Code between "01" and "06" and Field 4 (Date of Birth) indicates client's age to be under 18.	Error reported, no change to Database.
Completeness Error	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At time of intake. Must be reviewed annually or whenever there is an indication that the status has changed.

87. Attendance at Self-Help Programs in the Past 30 Days (new Jan. 2010)

Data field name – Self_Help_Attendance

Length	Format	From	To	Fatal
2	##	276	277	No

Description: The number of times client has attended a self-help program in the prior 30 days. Includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), 12-Step, DRA (Dual-diagnosis Recovery Anonymous), Double Trouble in Recovery (DTR), Cocaine, Anonymous, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Valid Codes:
00-90 Number of self-help sessions attended in past 30 days
95 Some attendance in past 30 days, but frequency unknown
96 Not Applicable (appropriate for non-SA/TEDS clients)
97 Unknown
98 Not Collected

Special Instructions:
1. Applicable to all Status 1 clients who have a Substance Abuse diagnosis.
2. If not applicable, set code = 96.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Number exceeds 30	Error reported, no change to Data Base
Completeness Error	Code = 96/97/98 in submission and Substance Abuse diagnosis present and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of EACH admission to a substance abuse program. A client is considered to be *admitted* on the date of his first substance abuse service. That episode of admission continues until there is

a break in substance abuse services of more than 30 days. For further details, see "Substance Abuse Client Admissions and Discharges" in Data Dictionary.
NOTE: Required for SA / TEDS Discharge record - should be validated as often as possible.

88. School Attendance Status (new July 2012)

Data field name – School_Attendance_Status

Length	Format	From	To	Fatal
1	#	278	278	No

Description: Indicates whether or not the client has attended school or college in the past three months.

Valid Codes:
- 0 No
- 1 No, because client's school/college was on break during the past three months.
- 2 Yes, client has attended public school, private school, home school, college or university
- 3 Yes, "Self-contained Special Education class" for children in Special Education who are not mainstreamed in regular school grade
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

Special Instructions:
1) Include only nursery or preschool, kindergarten, elementary school, home school, or other schooling which leads to a high school diploma or a college degree.
2) Data item should be collected for all Status 1 clients regardless of age.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6, 7, or 8 in submission and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake and at discharge and at least quarterly in between those dates.

NOTE: Required for federal Client-Level Data reporting. Field should be validated at least once every three months.

89. Gender Identity (new July 2022)

Data field name – Gender Identity

Length	Format	From	To	Fatal
1	#	279	279	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field identifies the client's identified gender as most recently reported. The DBHDID starting collecting this field with SFY22 to capture gender identity through the two-question approach as recommended by the Center for Disease Control and Prevention.

Valid Codes:
1. Male
2. Female

3. Transgender Male (designated female at birth but identifies as male)
4. Transgender Female (designated male at birth but identifies as female)
5. Intersex (at birth, had biological characteristics / reproductive organs associated with both male and female sex)
6. Nonbinary or Genderqueer (identifies with or expresses a gender identity that is neither exclusively male nor female).
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

Special Instructions:

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake. The field must be updated if the client reports a change in gender identity since the last submitted data.

90. Sexual Orientation (new in SFY22)

Data field name – Sexual Orientation

Length	Format	From	To	Fatal
1	#	280	280	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field identifies the client's most recently reported sexual orientation. The DBHDID starting collecting this field with SFY22 to promote a client-centered environment as recommended by the Center for Disease Control and Prevention.

Valid Codes:
1. Straight or Heterosexual
2. Lesbian or Gay
3. Bisexual
4. Queer or Pansexual
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

Special Instructions:

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake. The field must be updated if the client reports a change in sexual orientation since the last submitted data.