# Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS)

# State Instruction Manual

## with Data Submission System (DSS) Guide

## Version 4.3.1

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## Acknowledgments/Disclaimer

This manual was prepared for the Center for Behavioral Health Statistics and Quality (CBHSQ) within the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), by Eagle Technologies, Inc., Arlington, Virginia. Work was performed under the Behavioral Health Services Information System (BHSIS) Project Contract No. HHSS283201600001C.

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## Electronic Access to Publication

This publication may be downloaded from the BHSIS Resource Center, **https://dasis3.samhsa.gov/brc**.

## Audience

This manual is intended to assist all state substance use and mental health or behavioral health agency staff, including state consultants and/or contractors, involved in the collection, extraction, and submission of TEDS data files.

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**BHSIS Resource Center** (https://dasis3.samhsa.gov/brc)

This website provides federal, state, and other agency partners with contact information and other resources necessary for successful implementation of BHSIS program components. This manual is available for download from this site. All succeeding changes to the manual will be posted to the site.

**Data Submission System (DSS)** (https://dasis3.samhsa.gov/dss)

The Data Submission System (DSS) is a data preparation and submission system that was developed in collaboration with SAMHSA and state representatives to replace the legacy State TEDS Submission System (STSS).

**BHSIS Project Office**

To reach the BHSIS Project Office staff for technical support, technical assistance, questions on this manual and/or to request access to the Data Submission System (DSS) and/or the BHSIS Resource Center, send an email to BHSIS_Helpdesk@eagletechva.com.

# Summary of Updates

This *Combined SU and MH TEDS State Instruction Manual – Version 4.3.1* is issued to provide further clarification on the TEDS reporting guidelines and edits. It does not involve any significant changes in TEDS requirements. The current and preceding updates are intended to give state users a more efficient, transparent, and self-reliant experience in their TEDS file reporting.

On October 15, 2018, the BHSIS program archived TEDS 2000–2004 admission records. Therefore, effective October 16, 2018, the BHSIS program only accepts TEDS substance use admission records with an admission date of January 1, 2005, or later. States may continue to submit discharge data with the acceptable date ranges. Please refer to **Appendix D** for the acceptable discharge date ranges for substance use and mental health records.

Note: Although the BHSIS program archived TEDS 2000–2004 data, we will continue to accept substance use admission records with an admission date between January 1, 2000 and December 31, 2004 for clients who are in treatment for an opioid use disorder or who are being treated with methadone, buprenorphine, and/or naltrexone. These admission records are critical in understanding the nation's opioid crisis. We encourage states to determine if such records exist and to submit them where available.

Below is the list of changes:

**Version 4.3.1 (September 2019)**
- Updated **Appendix E. List of Edit Checks**, a listing of all the DSS validation edits for easy reference
- Editorial changes

**Version 4.3 (October 2018)**
- Replaced the term "Abuse" with "Use" throughout the manual where it is applicable
- Renamed the following variables:
  > Previous: **Substance Abuse Problem (Primary, Secondary, Tertiary) [SuDS 1,2,3]**
  > Update: **Substance Use (Primary, Secondary, Tertiary)**

  > Previous: **Co-occurring Substance Abuse and Mental Health Problem [SuDS 5]**
  > Update: **Co-occurring Mental and Substance Use Disorders**

  > Previous: **Previous Substance Abuse Treatment Episodes [MDS 6]**
  > Update: **Previous Substance Use Treatment Episodes**

  > Previous: **Attendance at SA Self-Help Groups in Past 30 Days [SuDS 17]**
  > Update: **Attendance at Substance Use Self-Help Groups in Past 30 Days**

  > Previous: **Substance Abuse Diagnosis [SuDS 19]**
  > Update: **Substance Use Diagnosis**
- Added the following Codes:
  - **Diagnostic Code [SuDS 4]**
    - Code 999.96 - No Substance Use Diagnosis *(for MH records only)*

  - **Substance Use Diagnosis [SuDS 19]**
    - Code 999.9996 - No Substance Use Diagnosis *(for MH records only)*

  - **Mental Health Diagnosis (Two and Three) [MHA 1b,1c]**
    - Code 999.9996 - No Mental Health Diagnosis
- Updated **Appendix E. List of Edit Checks**, a listing of all the DSS validation edits for easy reference
- Editorial changes

**Version 4.2.1 (November 2017)**
- Added the American Society of Addiction Medicine (ASAM) definitions under the Substance Abuse Treatment Service/Setting Categories in **Appendix D. Data Dictionary**
- Added Naltrexone to the list of medications used in Medication-Assisted Opioid Therapy
- Updated **Appendix E. List of Edit Checks**, a listing of all the DSS validation edits for easy reference
- Editorial changes

**Version 4.2 (June 2017)**
- Updated Chapter 5. TEDS File Submission
- Updated **Appendix E. List of Edit Checks**, a listing of all the DSS validation edits for easy reference
- Updated SAMHSA contractor's and BHSIS Project Office's contact information
- Added DSS State User Manual hyperlinks
- Editorial changes

**Version 4.1.2 (October 2016)**
- Modified the reporting guideline for **Gender**
- Transgender clients should be coded based on their biological sex
- Transgender male (designated female at birth but identifies as male) – code as *2 Female*
- Transgender female (designated male at birth but identifies as female) – code as *1 Male*

**Version 4.1.1 (July 2016)**
- Editorial changes
- Correction on validation edit for **Date of Discharge**
- **Date of Discharge** restricted to the same as **Reporting Date** or later, but not earlier

**Version 4.1 (February 2016)**
- Updates to existing guidelines, primarily in response to questions received from states
- Updated examples to explain reporting concepts
- Updated STSS screenshots, including one for the modified STSS Error Report
- Consolidated discussion on edit checks under a new chapter entitled Validation Edits
- Added **Appendix E. List of Edit Checks**, a listing of all the validation edits for easy reference
- Added new validation edits, identified in **Appendix E**
- Added **Appendix F. Using TEDS Records for BGAS Tables**, a guide for calculating substance abuse National Outcome Measures (NOMs)
- Corrections made on the following Supplemental Data Sets:

  o Attendance at SA Self-Help Groups in Past 30 Days

  > *Previous: Code 07 – Some Attendance*
  > *Update: Code 06 – Some Attendance*

  o Detailed Drug Code

  > *Previous: Code 06 Methadone – 0601 Methadone*
  > *Update: Code 06 Non-prescription Methadone – 0601 Non-prescription Methadone*
  > *Previous: Code 20 Other Drugs – 2002 "Spice," Carisoprodol (Soma), and other drugs*
  > *Update: Code 20 Other Drugs – 2002 Synthetic Cannabinoid "Spice," Carisoprodol (Soma), and other drugs*

# Summary of TEDS Modifications

In August 2014, the *Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual* was developed to integrate the instructions for substance use and mental health data reporting. The manual provides a single reference document for the modified TEDS system. The modified TEDS system incorporates mental health (MH) data collection while retaining the substance use data reporting protocol largely intact.

Below is a summary of modifications made on the TEDS structure in May and June 2014. ***No further modifications to the TEDS structure were made after these dates through publication of this manual.***

- New Data Elements (May 2014):
  The new data elements below were appended to the end of the standard TEDS record, i.e., the record typically used for substance use TEDS reporting. States reporting substance use records may begin submitting these data fields as soon as modifications can be made to their data extraction programs. For the states reporting mental health records, the records must contain these two data elements.

  o **Diagnostic Code Set Identifier** – This data field identifies the disease standard classification systems (alternately referred to as diagnostic code sets) used to report diagnostic codes. The addition of this data field provides flexibility by allowing the use of different diagnostic code sets across records.
  o **Substance Abuse Diagnosis –** States must use this data field to report the substance use diagnosis. This field replaces the existing **SuDS 4 Diagnostic Code (DSM or ICD).** States must transition to this field at the earliest possible time.

- Refinements to Existing Data Elements (May 2014):

  o Changes to variable names:
    o Renamed **Ethnicity** to **Hispanic or Latino Origin**
    o Renamed **Psychiatric Problem in Addition to Alcohol or Drug Problem** to **Co-occurring Substance Abuse and Mental Health Problems**
  o Coding changes to **Substance Abuse Problem** and **Detailed Drug Code**:
    o Drug lists revised to make them consistent in the fields **Substance Abuse Problem** and **Detailed Drug Code**
    o Redundant code *1605 Other Sedatives* deleted
    o STSS function "Commit" changed to "Upload"

- The integration of mental health data collection in TEDS resulted in two major changes (June 2014):

  o Adjustment of categories in certain TEDS data elements; and
  o Addition of mental health data elements to the TEDS structure. The specific changes included the following:
  ▪ Response categories for some TEDS data elements were adjusted to make them applicable for mental health data reporting:
  - **Client Transaction Type**
  - **Education**

- **Employment Status**
- **Type of Treatment Service/Setting**
- **Reason for Discharge, Transfer, or Discontinuance of Treatment**
- **Living Arrangements**
- **Detailed Not in Labor Force**

▪ Data elements needed for mental health data reporting, and not previously collected in TEDS, were added:

- **Legal Status at Admission to State Hospital**
- **SMI/SED Status**
- **School Attendance Status**
- **Mental Health Diagnosis - [One/Two/Three]**
- **CGAS/GAF Score**

# Chapter 1: Introduction

## Summary

This document is the Combined SU and MH TEDS State Instruction Manual for reporting admission and discharge/update data to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Treatment Episode Data Set (TEDS). The manual describes the TEDS data system and the information needed to produce and submit standard admission and discharge/update data files to the BHSIS Project Office.

This manual is intended for all state substance use and mental health or behavioral health agency staff, including state consultants and/or contractors, involved in the collection, extraction, and submission of TEDS data files. Assistance in using this manual and with developing and submitting files is provided by the BHSIS contractor, Eagle Technologies, Inc.

The Combined SU and MH TEDS State Instruction Manual integrates instructions for substance use and mental health data reporting and provides a single reference manual for TEDS. The TEDS framework allows for the reporting of mental health client-level data as an alternative method to the MH-CLD, an approach developed under the SAMHSA-funded Data Infrastructure Grants (DIGs).

TEDS is a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who are receiving publicly funded substance use and/or mental health services. State administrative data systems, claims, and encounter data are the primary data sources. The state role in submitting TEDS to SAMHSA is critical, since TEDS is the only national data source for client-level information on persons who use substance use treatment services. TEDS also provides a mechanism for states to report treatment admissions and discharges of persons receiving mental health services. This reporting framework supports SAMHSA's initiative to build a national behavioral health data set accessible (with appropriate confidentiality protection) by the public; local, state, and federal policymakers; researchers; and many others for comparisons and trends on the characteristics of persons receiving substance use and/or mental health treatment services. TEDS provides outcomes data in support of SAMHSA's program, performance measurement, and management goals.

To submit data to TEDS, state representatives will need to extract data from their states' system(s) and, if needed, convert state data elements to TEDS data definitions (see **Chapter 4, State Data Crosswalk** and **Appendix B: TEDS Crosswalk Worksheet**, in this manual). The use of consistent reporting formats and data definitions is essential to the production of standard national data.

Data are collected from admission records and discharge/update records. For annual reporting to SAMHSA, update records are required only for mental health reporting. It is not unusual for people with mental illness to be engaged in treatment for an extended period. To conduct intermediate analyses of their outcomes, submission of update records is critical. The update record uses the same data reporting format as a discharge record.

The data are processed and stored as two separate datasets, i.e., admission dataset and discharge/update dataset, and are linkable using a unique client identifier that is a KEY field in both files. This unique client identifier must not contain any personal identifying information in accordance with the

Health Insurance Portability and Accountability Act (HIPAA). States should use the web-based DSS to validate and submit records on a monthly, quarterly, or semi-annual schedule.

## General Reporting Process

The general reporting process for TEDS is summarized in the following steps and illustrated in the diagram below (Figure 1. TEDS reporting process).

**FIGURE 1. TEDS REPORTING PROCESS**



Step 1. START (Read Instruction Manual)

Step 2. Develop/Modify State Data Crosswalk — Revise until accepted — Submit Crosswalk for review and approval — Approved Crosswalk saved in DSS — Annual Review — Approved Crosswalk provides context to the data

Step 3. Prepare, Validate, and Submit Data File — Apply corrective action on errors — Upload data file for edit validation using DSS — State submits the file for final review — Approved data file is appended to the database and used for reporting — REPORTS

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Step 1: START (Read the Combined SU and MH TEDS State Instruction Manual). State staff involved in the extraction of data must read the *Combined SU and MH TEDS State Instruction Manual*. Please request technical support if needed by emailing **BHSIS_Helpdesk@eagletechva.com**.

Step 2: Develop/Modify State Data Crosswalk. Before data extraction or file preparation, states must develop and submit a state data crosswalk to the BHSIS Project Office for review and approval. A state data crosswalk contains a one-to-one mapping of state data fields, codes, and categories to the TEDS data fields, codes, and categories. It also captures state comments or data notes that provide context to the reported data. (See **Chapter 4, State Data Crosswalk** and **Appendix B: TEDS Crosswalk Worksheet** of this manual for details.) States are to submit a modified state data crosswalk if changes in the state data collection protocol and/or data system significantly affect the quality (context) and quantity (volume) of data. The state data crosswalk is reviewed on an annual basis. States are expected to review the crosswalk and indicate any changes during the annual crosswalk review process.

Step 3: Prepare, Validate, and Submit Data File. After the state data crosswalk is approved, states can generate their TEDS data files. States are advised to use the online **DSS** to validate the files for system and relational edits. (See the **DSS State User Manual** for details.)

Once the state has validated its files and applied any necessary corrective actions, the state needs to put the corrected file through the validation process again using the DSS. If the file passes all edits, the state clicks the "Submit for Processing" button. The BHSIS Project Office logs the file and conducts the final review. During this time, the BHSIS Project Office staff may need to consult with the state representative to clarify a data submission question. When there are no further questions, the state data files are accepted, and the records are added to the TEDS database for national reporting and data analysis.

## Federal Data Collection Authority

Section 505 (a) of the Public Health Service Act (42 U.S.C. 290aa-4) directs the SAMHSA Administrator to collect data on the number of public and private behavioral health treatment programs and the number and characteristics of individuals seeking treatment through such programs. **Appendix A** provides additional information on the authority for and history of TEDS.

# Chapter 2: State Participation and Quality Control

Both the state and the BHSIS Project Office need to undertake a series of measures regarding TEDS data submission and processing to ensure that the TEDS database contains accurate and valid data. States should develop procedures to ensure that the data they submit to TEDS are accurate and in the correct format as specified in this manual.

## State Responsibilities

Each state is responsible for:

- Developing and/or modifying the state data crosswalk in accordance with the state's most recent data collection protocol.
- Review the state data crosswalk annually and submit updates to the BHSIS Project Office when applicable.
- Ensuring that each record in the data submission contains the required KEY fields, all fields in the record contain valid codes, and no duplicate records are submitted.
- Cross-checking data items for consistency on related data fields.
- Responding promptly to the DSS Validation Results and Error Report by applying corrective actions.
- Reviewing TEDS Quarterly Feedback Tables for accuracy, comparing TEDS data with comparable state data to ensure the state data have been completely and accurately reported to TEDS, and notifying the BHSIS Project Office of any identified data issues. The Quarterly Feedback Tables show the count and percent distribution as of the reporting quarter (based on calendar year) of all TEDS admission and discharge data items submitted by the state in the past three years.
- Responding to any questions about potential data problems.
- Submitting data to TEDS according to the agreed-upon reporting schedule.
- Notifying the BHSIS Project Office as soon as the state determines it cannot meet a scheduled submission.

## BHSIS Project Office Responsibilities

The BHSIS Project Office is responsible for:

- Reviewing state data crosswalks for completeness and consistency with the reporting standards.
- Processing state data submissions quickly (generally within 2-3 business days).
- Providing states with technical support to ensure their file meets the required format and specifications.
- Ensuring that each record in the TEDS database is unique.
- Assisting states in interpreting the Validation Results and Error Report and providing guidance on the required corrective action.
- Ensuring appropriate security of state submissions with respect to data confidentiality and privacy.
- Providing states with TEDS Quarterly Feedback Reports in a timely manner at the end of each calendar quarter.

# Chapter 3: Reporting Framework

The TEDS framework allows each client's unique treatment experience to be reported, whether the client receives only substance use treatment, only mental health treatment, or both. While the substance use and mental health treatment episodes are tracked separately in TEDS, it provides flexibility in reporting information for clients with co-occurring mental health and substance use disorders.

## Treatment Episodes

The concept of a treatment episode is an analytic construct and may differ across states. This section gives an example of a complete treatment episode for a client receiving substance use treatment and several examples of an operational definition of a treatment episode for a client receiving mental health services.

For each movement into a different service type/setting, TEDS is set up to collect data at the beginning and end (and interim for mental health). For substance use, the different service types refer to items 01-08 listed under the TEDS Type of Treatment Service/Setting data field, e.g., Detoxification, hospital inpatient; Detoxification, free-standing residential; Rehabilitation/Residential – hospital, etc. For mental health, service type refers to the different treatment settings, items 72-76 under the TEDS Type of Treatment Service/Setting data field, e.g., State Psychiatric Hospital, SMHA-Funded/Operated Community-Based Program, etc. For clients with co-occurring mental and substance use disorders, client movement into a different service type/setting also includes the start of a mental health service, which may or may not involve the end of a substance use service, or vice versa.

The TEDS structure was modified in 2014 to allow periodic updates of outcomes for persons receiving mental health services as interim assessment points (updates). Persons with mental illness tend to remain longer in the service system than persons receiving substance use services only; therefore, an interim assessment is a critical component of the treatment process.

An example of a complete treatment episode for a substance use client is illustrated in Figure 2. Sample sequence of a substance use treatment episode:

- The client is admitted to detoxification, generating an admission record.
- The client completes detoxification and is transferred to residential treatment, generating a discharge record from detoxification and a transfer admission record to residential treatment.
- The client completes residential treatment and is transferred to outpatient treatment, generating a discharge record from residential treatment and a transfer admission record to outpatient treatment.
- The client completes outpatient treatment and is discharged, terminating the episode.

FIGURE 2. SAMPLE SEQUENCE OF A SUBSTANCE USE TREATMENT EPISODE

| Client enters detoxification | |
|---|---|
| Admission to detoxification | Discharge from detoxification |

| Client transfers to residential treatment | |
|---|---|
| Transfer to residential treatment | Discharge from residential treatment |

| Client transfers to outpatient treatment | |
|---|---|
| Transfer to outpatient treatment | Discharge from outpatient treatment |
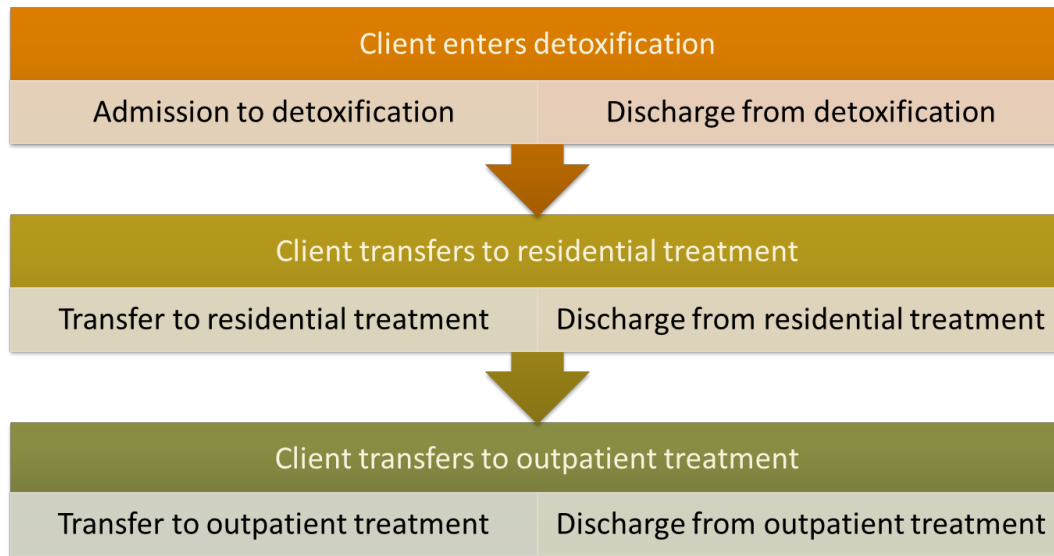
The experience of a person receiving mental health services may differ significantly from the case illustrated above. Depending on the unique needs of a person with mental illness and the state service delivery model, multiple services may be received sequentially or concurrently from different mental health specialty providers such as the state psychiatric hospital, community-based programs, residential treatment centers, and other psychiatric facilities, e.g., psychiatric wards in private or general hospitals. Persons with co-occurring mental health and substance use disorders may experience yet a different model of service delivery since they may either (a) receive treatment from an integrated substance use and mental health program, (b) receive a referral to enter a substance use treatment program after discharge from a mental health program, or (c) receive a referral to enter a mental health program after discharge from a substance use program. Note that the foregoing discussion serves only as a general illustration of a treatment process.

The operational definition of a treatment episode depends largely on how services are provided in the state and how data are collected and stored in the state database(s).

The TEDS reporting structure is based on client-level data reported at the beginning and end (and interim, for mental health) points of treatment in specific service types/settings:

- Each client record has an identifier that is unique (statewide) to that client. The total number of client records reflects the volume of services delivered, while the count of client IDs reflects how many individuals received services.
- Service types/settings vary widely in their rates of utilization and client length of stay. It is critical to have information on each of the service types/settings that make up an episode of treatment to understand the service provided.
- Treatment episodes can be constructed by linking the admission and discharge/update records to create episodic trends and patterns in service usage overall or to examine client treatment patterns in particular.

## Treatment Admissions and Transfers

### Admission Definition

The definition of "admission" is slightly different for reporting substance use versus mental health treatment admissions.

- For substance use clients, an admission in TEDS is defined as the formal acceptance of a client into substance use treatment. *An admission has occurred if, and only if, the client begins SU treatment.* Events such as initial screening, referral, and wait-listing for substance use treatment are considered to take place before the admission to treatment and should not be reported to TEDS as admissions.
- For mental health clients, in order to remain consistent with the Block Grant requirements, which are operationally defined in SAMHSA's Uniform Reporting System (URS), *all clients receiving services from a program operated or funded by the State Mental Health Authority (SMHA) during the reporting period should be reported, including clients who received only mental health evaluation, screening, or assessment.*

Some states do not collect information on clients' treatment admissions and discharges as administrative data. These states need to devise a method for identifying a client's admission to treatment. For example, a state might use the service pre-authorization start date or the service start date on claims as a proxy for admission date. Another method would be to use an algorithm that determines a service gap defined as the length of time between services. For example, a state might define a service gap of 1-3 days to be still within the same treatment episode. Other factors such as the time elapsed between service authorizations, continuity of the types of services covered, client participation in treatment, and the provider type or location may also be taken into consideration when developing an operational definition of "admission."

### Initial Admissions and Transfers

The TEDS Admission System includes information on two events:

- Initial admission to a service type/setting
- Transfer, which may represent different situations, such as: (a) from one service type/setting to another within a single episode of treatment, (b) from one level of care to another within the same provider network, or (c) from one facility to another to receive short-term care (e.g., medical care)

In some state data collection systems, a separate admission record is generated for every billable service (e.g., group therapy, individual therapy, etc.). If these services were delivered within a single service type/setting (e.g., outpatient), report only one of these records to TEDS. TEDS does not collect data on every service delivered, but only admissions to a new service type/setting.

Please report a change in service type/setting (e.g., from inpatient hospitalization to community-based program) or a change from a substance use service to a mental health service, or vice versa, whether or not that change results in a corresponding change in provider. The determination of the appropriate type of admission (i.e., initial or transfer) will depend on the state data system, which in-turn is influenced by the state substance use and mental health service delivery systems.

Ideally, a change in service type/setting or provider that occurs within a single treatment episode should be reported to TEDS as a transfer admission. Some states use date- and time-based algorithms to identify continuous episodes of treatment, even when all records are reported to the state as initial admissions. States that do so are requested to report these data to TEDS as initial admissions and transfer admissions thereafter, if possible. However, this may not be feasible always. Thus, it is also acceptable for states to label their submissions as initial admissions and not use transfer admissions at all.

The TEDS record specifications for initial admissions and transfers are identical except in the **Client Transaction Type** field:

- Initial admission records should be coded as *A Admission (for SU)* or *M Admission (for MH)*
- Transfer admission records should be coded as *T Transfer (for SU)* or *X Transfer (for MH)*

Admissions and transfer records may be included in the same admission data file submissions, and the same edit and validation protocols will apply.

The succeeding figures illustrate four possible TEDS reporting scenarios of a mental health client's initial and transfer admissions from one treatment service type/setting to another (Figures 3–6).

## Scenario 1: Sequential Receipt of Services

**FIGURE 3. GENERAL SCENARIO OF SEQUENTIAL RECEIPT OF SERVICES**
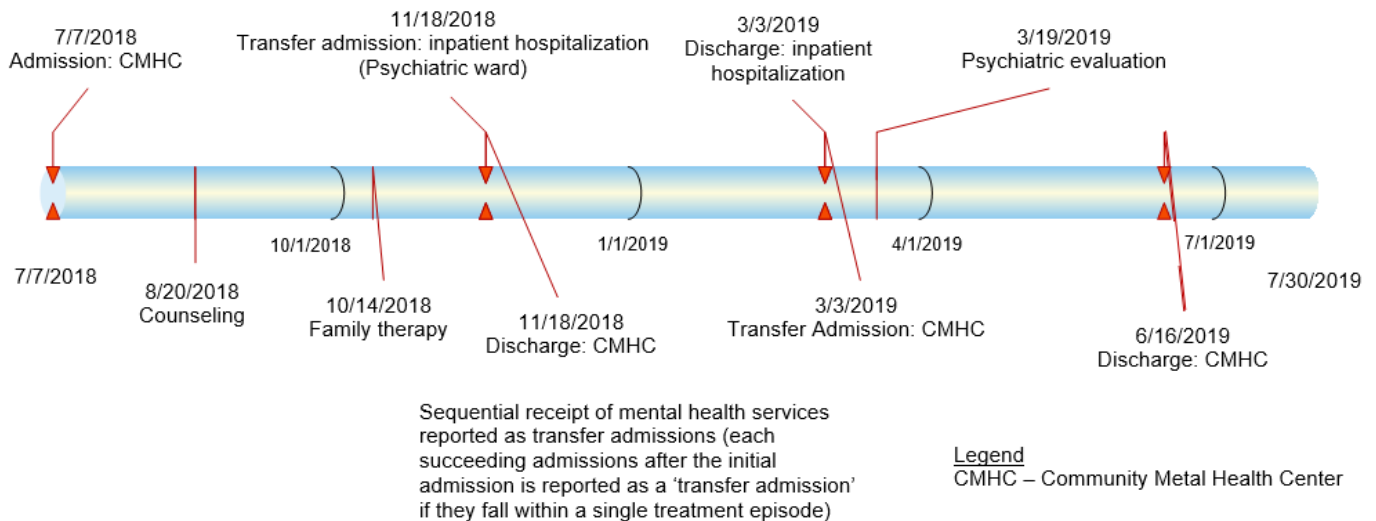


Scenario 1: When services are provided in a sequential manner with no gap in time (representing continuity of services), a complete treatment episode with distinct initial admissions, transfers, and discharges can be identified and reported. States are expected to report the admission/discharge records associated with each change in the person's treatment service type/setting (signified by ⟨ in the diagram), but not with every individual service provided within those service types/settings. All admission events may be reported as initial admissions if the state does not have an operational definition of a treatment episode. In this case, a "transfer admission" is not used.

Figure 3 shows each admission with a corresponding discharge event. In certain cases, discharges are not reported or do not occur when a person changes service type/setting. Under this circumstance, TEDS will store the admission record submitted until the corresponding discharge record is submitted. The BHSIS Project Office will inform states periodically of the number of admission-discharge matches and number of unmatched submitted admission or discharge records. States are responsible of addressing any unmatched admission/discharge record issues.

## Scenario 2: Service Gaps in Treatment

**FIGURE 4. GENERAL SCENARIO OF SERVICE GAPS IN TREATMENT**
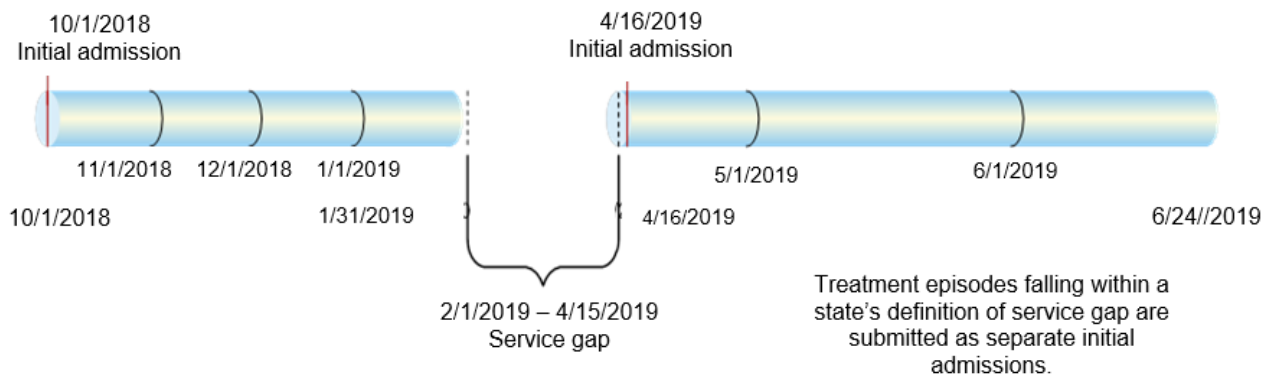


Scenario 2: Individuals receiving mental health and/or substance use treatment services may drop out of services for an extended period and then present themselves again to resume services. In TEDS, this scenario is considered as two separate treatment episodes, that is, an initial admission record is submitted on 10/1/2018 and similarly on 4/16/2019 and a corresponding discharge record is expected for each admission record. The discharge event that will ultimately be recorded for the 10/1/2018 admission in the scenario above may either be a formal discharge (e.g., from an inpatient setting) or an administrative discharge, according to the state's policy for determining when treatment for the client has administratively ended.

## Scenario 3: Overlapping Episodes

FIGURE 5. GENERAL SCENARIO OF OVERLAPPING EPISODE
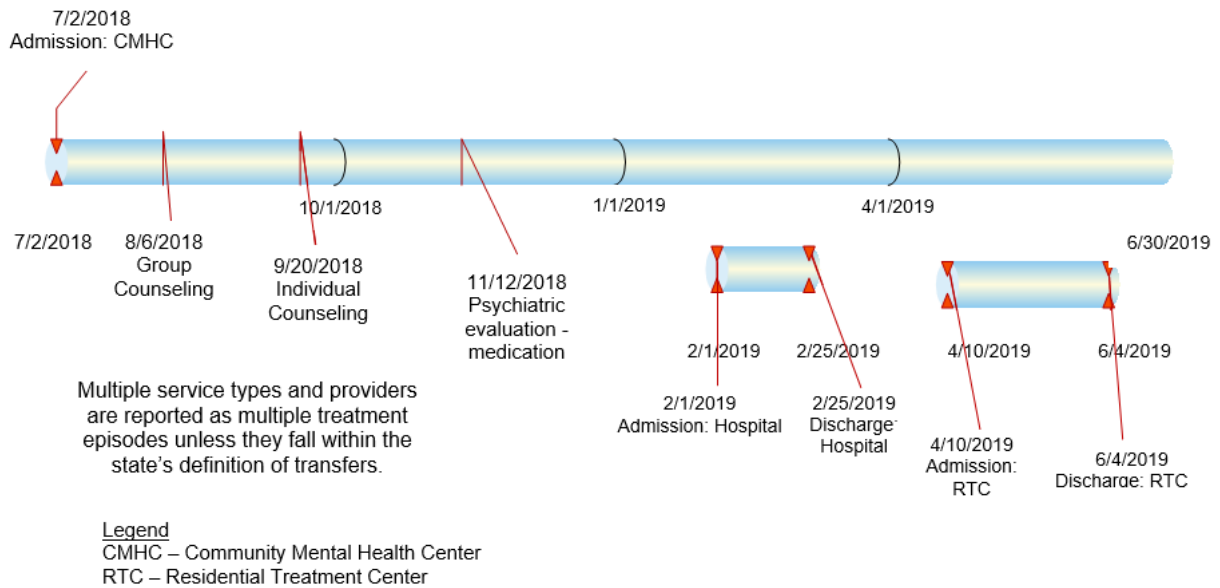


Scenario 3: Depending on the structure of the state's service delivery system and data system infrastructure, treatment episodes for persons receiving mental health services may not be on a single track. The state may record service delivery as concurrent services from different providers (e.g., different Community Mental Health Centers [CMHCs] or Local Governing Entities [LGEs]) or as independent treatment episodes). In the diagram for Scenario 3, three initial admissions should be reported: 7/2/2018, 2/1/2019, and 4/10/2019. Remember that a corresponding discharge record is expected for each reported admission record.

## Scenario 4: Treatment Services for Co-occurring Mental and Substance Use Disorders

**FIGURE 6. GENERAL SCENARIO OF RECEIPT OF SUBSTANCE USE AND MENTAL HEALTH SERVICES**
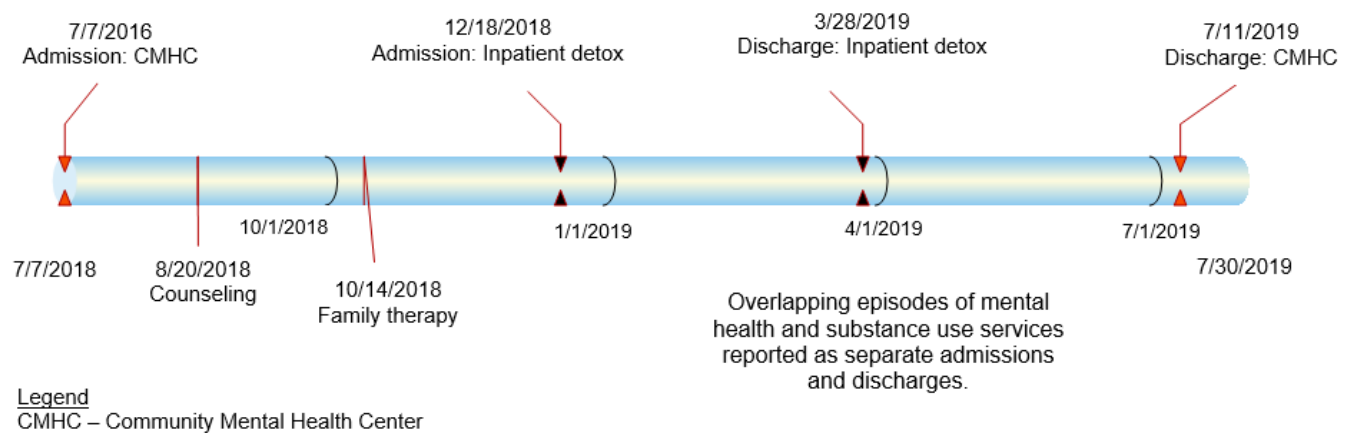


Scenario 4: A person with co-occurring mental and substance use disorders may receive treatment concurrently or sequentially. In either case, the beginning of a mental health treatment service should be reported as a separate initial admission from a substance use treatment admission, regardless of whether the admission is to the same or different service provider. Mental health services should be reported as mental health admissions in the **Client Transaction Type** data field and substance use services should be reported as substance use admissions. The BHSIS Project Office will consult with the state if this reporting method is not feasible (e.g., cases in which a single admission and discharge is reported for a client who received mental health and substance use services delivered by a single service provider).

## Treatment Discharges and Updates

## Discharge Definition

For TEDS, a discharge is defined as the termination of services in a particular service type/setting, or with a particular service provider, whether or not the client's treatment episode will continue in another service type/setting or with a different service provider.

- Services may be terminated for many reasons: treatment program completion, transfer to another service type/setting, client drop-out, facility termination, or the client's inability to continue treatment because of death, incarceration, or other life circumstances.

States that do not collect discharges as administrative data need to devise a method for assigning a client's discharge status from treatment. A state that uses pre-authorization or claims data must define the termination of a service or episode by using the end date of the pre-authorized service or service date on the claims data as a proxy discharge date. States can also use an algorithm for determining service gaps (i.e., the length of time between services), which then defines the end of an episode and the beginning of a new one. When operationalizing these concepts, it is important to also consider other factors that may affect the definition such as the time elapsed between service authorizations, continuity of the types of services covered, client participation in treatment, and the provider type or location. The BHSIS Project Office will assist states in developing the operational definition.

## Update Definition

Currently, client update records are required only for mental health reporting. SMHAs are required to submit updates to allow intermediate assessment of client outcomes while the client is still in treatment. SMHAs should submit updates at least once a year, preferably close to the end of the reporting period observed in the state's URS reporting.

- Updates are required because persons with mental illness or co-occurring mental illness may continue receiving services from the SMHA beyond a 12-month period. It is a common practice among SMHAs to require providers to conduct periodic assessments or reviews or to submit data (status) updates of clients known to be receiving mental health services. The frequency of updates varies across states from monthly, quarterly, semi-annually, or annually. States may submit all available update records or the most recent available update record.

An update record is not a discharge record. A discharge record is submitted upon termination of a particular treatment service type/setting or the client's treatment episode. An update record is submitted while the client is still in treatment. However, both record types provide needed data points for reporting client status or for evaluating outcomes.

Discharge and update records may be included in the same discharge data submissions, and they will receive similar edit validation in relevant data fields.

The scenario depicted in Figure 7 shows that the state updated the client's status on 5/20/2019; this data update should be submitted to MH-TEDS as an update record. If the update record is not submitted, information reported in the 1/21/2019 discharge record will be used as the most recent available information on the client's status.

**FIGURE 7. SUBMISSION OF UPDATE RECORD**
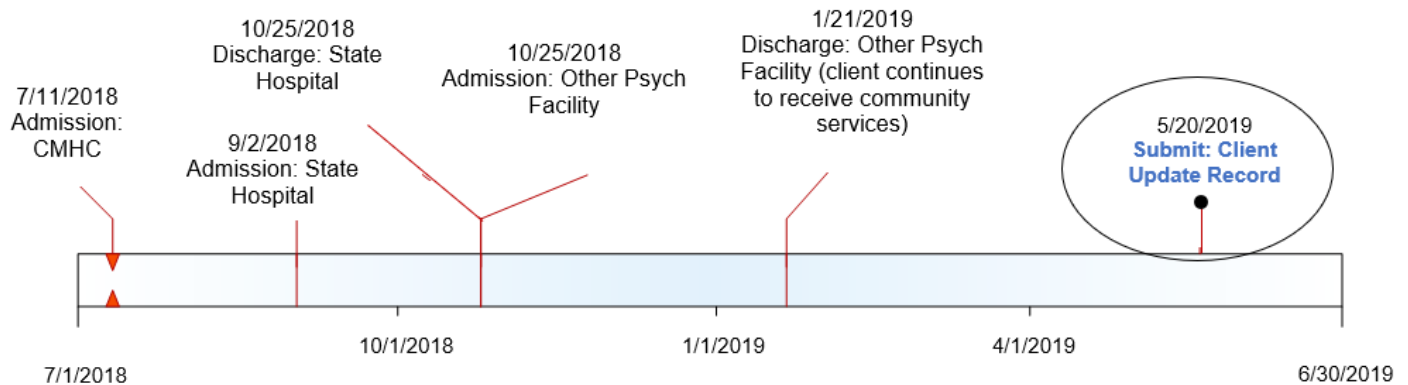


Legend
CMHC – Community Mental Health Center

## Relevant Dates in Discharge and Update Records

The TEDS record specifications for discharges and updates are identical except for some specific discharge data fields (i.e., **Date of Discharge** and **Reason for Discharge, Transfer, or Discontinuance of Treatment**) which are irrelevant for the update records.

**Date of Discharge** is the date on which the client was officially discharged from treatment or dis-enrolled from the public mental health system. The **Date of Discharge** is not relevant when submitting an update record and code *01010006 Not Applicable* should be used (only for MH update records).

**Date of Discharge** frequently represents an administrative discharge in cases where clients have dropped out of treatment. Many state systems have a policy whereby a client who has not participated in treatment for a certain number of days is administratively discharged. When assigning a discharge date, use the state policy for determining administrative discharges. Please briefly describe the state's administrative discharge policy in the state data crosswalk under the "Comments" column.

In the absence of a state policy, SAMHSA recommends the following operational definition of an administrative discharge:

> *A substance use treatment episode should be assumed to have ended if the client has not received a treatment service in 3 days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.*

> *For mental health clients, the threshold for determining that the treatment episode has ended may be longer (i.e., some states use a threshold of 90, 180, 210, or 365 days).*

Note that a client returning for service after the elapsed time defined for an administrative discharge should be reported as an admission to a new treatment episode.

**Date of Last Contact or Data Update** is a data field in which the meaning of the reported date differs depending on whether a discharge or update record is submitted.

- If submitted in a discharge record, this data field is interpreted as the **Date of Last Contact** (i.e., the most recent date on which the client attended treatment, received a service, or had some other face-to-face encounter with treatment staff). This is not a KEY field in a discharge record, but this information is critical in calculating a client's length of stay in treatment.
- If submitted in an update record, this data field is interpreted as the **Date of Data Update** (i.e., the most recent date on which the client's status and outcomes were reviewed or re-evaluated, usually at the provider level, in accordance with the SMHA policy on updates or periodic client assessment). This is a KEY field in an update record.

*All update/discharge records must contain field values that were collected at the time of update/discharge. The update/discharge field values should not be retained or derived from the admission record, unless specified in the discharge file specifications table; for example, demographics (date of birth, gender, race, and ethnicity) are collected only at the time of admission so the same field values are expected in the update/discharge record. Any item that cannot be updated or confirmed as unchanged since admission should be coded as "unknown."*

## General Guidelines

This section contains TEDS reporting guidelines applicable to both admission and discharge data. Unless specified, the guidelines are for both substance use and mental health data submissions.

## Eligible Facilities

Substance Use TEDS:

Report data collected from all substance use treatment facilities and programs operating with public funds. Please submit data from privately funded programs if available to the state. The state data crosswalk should list all applicable facility types included in the state's TEDS reporting; these may include but are not limited to:

- Facilities that receive state/public funding
- Facilities that are licensed/certified by either the Single State Agencies (SSAs), Mental Health Departments, Departments of Public Health, or Health Departments
- Medicare-certified facilities
- Medicaid-certified facilities
- Federally Qualified Health Centers (FQHC)
- Certified opioid treatment programs
- Community-based correctional programs
- Hospitals/VA hospitals/state hospitals
- State-licensed/certified solo practitioners
- State/correctional DUI/DWI providers
- State divisional service centers
- Private facilities

Mental Health TEDS:

All mental health programs and facilities under the auspices of the SMHA are covered in MH-TEDS reporting. These programs and facilities may be either operated or funded by the SMHA.

## Eligible Clients

Substance Use TEDS:

Admission date: Starting October 15, 2018, TEDS will only accept records with an admission date of January 1, 2005, or later with an exception for clients that are in treatment for an opioid use disorder or being treated with methadone, buprenorphine, and/or naltrexone.

Clients: Data should be reported for all clients in the reporting facilities, regardless of individual client funding source – federal block grants, Medicaid, private insurance, self-pay, or free care. Indicate in the state data crosswalk which substance use treatment clients are included or excluded in TEDS reporting, for example:

- All clients in facility
- State/public-funded clients only
- All clients in facility except DUI
- SSA-funded clients with substance use or co-occurring mental and substance use disorders
- State/public-funded clients only are required; data on all clients are requested and received from some facilities

Mental Health TEDS:

Admission date: MH-TEDS accepts admission records with an admission date of January 1, 1920, or later.

Clients: The scope of eligible clients should be consistent with URS reporting. Data should be reported for all child and adult clients who received mental health services from programs operated or funded by the SMHA. The following guidelines should be observed:

- Include all identified persons who received mental health and support services regardless of service setting. The reporting should cover all service types, including screening, assessment, and crisis services from programs operated or funded by the SMHA. This includes identified clients receiving only telemedicine services.
- Include all persons with mental illness (or co-occurring mental illness) who receive mental health and support services that are funded by Medicaid under the auspices of the SMHA.
- Include any other persons who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes persons served under Medicaid waivers if the mental health component of the waiver is considered to be part of the SMHA system.

## Frequency of Data Submission

Frequency of data submission varies by state, from monthly, to quarterly, to semi-annually.

SAMHSA prefers client data to be submitted to TEDS as states receive the data from providers and as

the data become available from the state data system, typically within 2 months of the client admission date. Monthly or quarterly reporting is strongly recommended. Submitting files more often will help ease the burden of reporting very large data files and will allow for more timely detection and resolution of data problems.

## Annual "Freezing" of TEDS Database

Every year, SAMHSA "freezes" the substance use TEDS database on or about October 15. This frozen database file is used to produce annual reports and public use files throughout the following year. For example, the file that will be frozen as of October 15, 2019, will be used to produce the 2018 TEDS annual report which includes both admissions and discharges, public use files, and other ad hoc reports during the year. Data received after the October 15, 2019; cut-off date will not be included in the mentioned products. Data submitted after the October 15, 2019, cut-off will be included in subsequent year's reports and public use files.

## MH-TEDS Data Submission: Special Notes

Submission of Records in the Initial Year of MH-TEDS Reporting:

To ensure the appropriate reporting of all eligible mental health clients, particularly those who have been in treatment for a significant time, a baseline date must be established for the initial year of a state's MH-TEDS submission. This baseline date is the first day of the state's 12-month reporting period. The 12-month reporting period corresponds to either the state fiscal year or calendar year, with or without a lag time, depending on the SMHA's preference. However, it is important that states must observe the same reporting period for both the MH-TEDS files and the URS reporting period (due by December 1 and March 1 of the following year). The baseline date is used to get a snapshot of all clients engaged in treatment who were admitted on or before the baseline date.

Thus, in a state's first year of MH-TEDS data submission, the state should report all of the following:

- admission records for:
    - clients who were receiving services on the baseline date; and
    - clients who received services during the reporting period;

- updates:
    - that occurred within the reporting period; and
    - for clients who were receiving treatment services for at least 12 months prior to the baseline date and continued to receive services during the reporting period, the update record dated closest to the baseline date (this will allow for a more recent change measurement of a client's outcome); and

- discharge:
    - that occurred within the reporting period.

States in their initial year of MH-TEDS reporting must have an approved state data crosswalk in place before submitting test files or MH-TEDS files.

Submission of Records in Succeeding Years of MH-TEDS Reporting:

After the initial year of MH-TEDS data submission, states should submit the succeeding admission, transfer, discharge, and update records on a routine basis, based on the state's preferred frequency of reporting. Routine submission of records is advantageous to the states and facilitates data processing at the BHSIS Project Office. It is not necessary to wait until the statutory due date of December 1 each year to submit MH-TEDS files.

If the state is in possession of additional MH-TEDS records pertaining to previous year's reporting, the records may be submitted at any time. The TEDS database will be updated accordingly.

Additional notes:

- MH-TEDS data collected must conform to the state's URS reporting period. States may use either the calendar year or the state fiscal year, with or without a lag time, as long as it is the same as the state's URS reporting period. For example, if the state URS data due on December 1, 2019, covers the period of July 1, 2018, through June 30, 2019, then the state MH-TEDS should cover the same period for the December 1, 2019, due date.

- In order to generate the URS tables that are populated using the MH-TEDS, the current expectation is that, by December 1, reporting states will submit as many relevant admission, update, and discharge records as possible covering the reporting period. Insufficient submission of data by this date will result in a delay in completing the state's URS tables.

- In order to calculate the State Hospital 30-day and 180-day Readmission Rates NOMs, the state must submit records for all admissions and discharges that occurred during the reporting period plus the records for admissions that occurred in the 6 months following the end of the reporting period. In the example shown in Figure 8, this means that records for all state hospital admissions that occurred between July 1, 2018, and December 31, 2019, must be submitted by March 1 of the following year (March 1, 2020).

- If the admission record for clients receiving services on the baseline date is more than 12 months old, submit an update record. If multiple update records are available, select the update record dated closest to the baseline date.

- Submit an update record for all clients who remained in treatment at the end of the reporting period.

FIGURE 8. DETERMINING BASELINE DATE AND RECORDS FOR MH-TEDS REPORTING
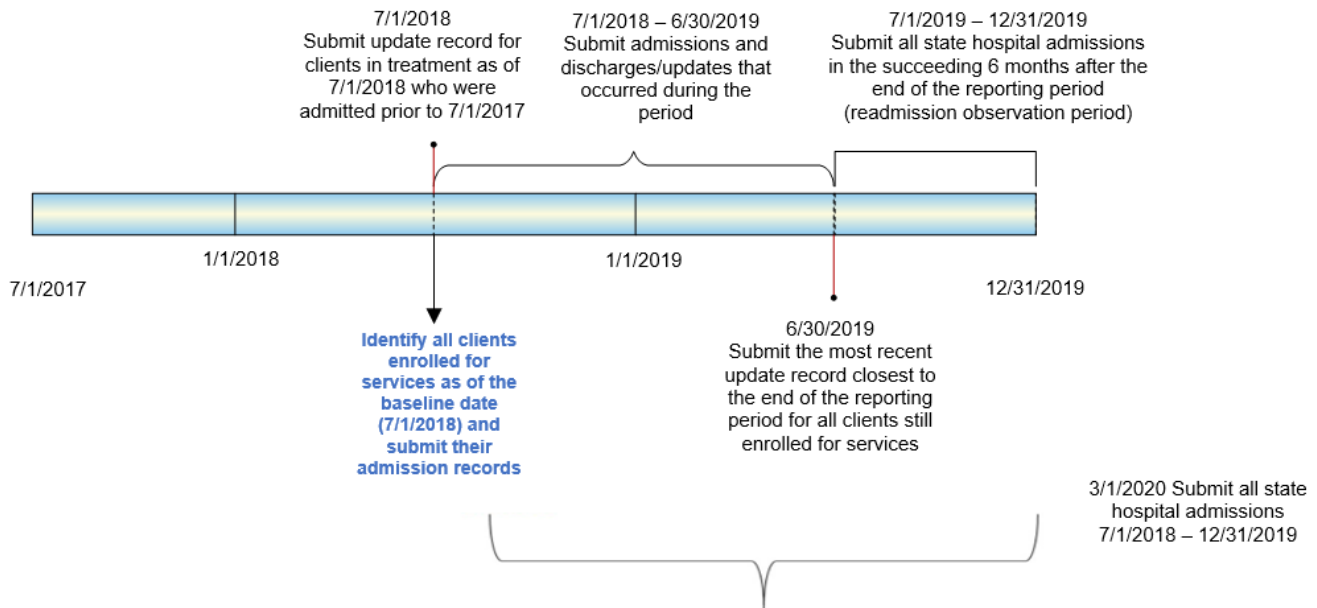


## Clients with Co-occurring Mental and Substance Use Disorders

Clients with mental illness who also have a co-occurring substance use disorder may receive substance use treatment service as part of their treatment continuum.

- When the client is referred for a substance use treatment and enters treatment, submit a TEDS substance use admission record via DSS. The DSS will perform all relevant substance use validation edits on the record.
- When the client is referred for mental health services and is enrolled with an SMHA-operated or funded program, submit a mental health TEDS admission record in DSS. The DSS will perform all relevant mental health validation edits on the record.
- Submitting optional data elements:

  o A substance use admission record may contain optional mental health data fields such as SMI/SED Status, CGAS/GAF Score, etc. for a client with co-occurring mental and substance use disorders. When this happens, the TEDS system will verify that the **Co-occurring Mental and Substance Use Disorders** data field is marked *1 Yes*. This verifies the legitimacy of the submission.

  o States may submit all optional substance use data fields such as Substance Use, Route of Administration, Frequency of Use, etc. in a mental health record; this will trigger a verification of the **Co-occurring Mental and Substance Use Disorders** data field as shown in Figure 9.

  o When admissions to a SU and a MH treatment are not reported as separate events (i.e., there is only one admission record although the client receives both services), please contact the BHSIS Project Office for guidance to avoid potential reporting issues.

FIGURE 9. SUBMISSION OF ADMISSION RECORDS FOR A CLIENT WITH CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS
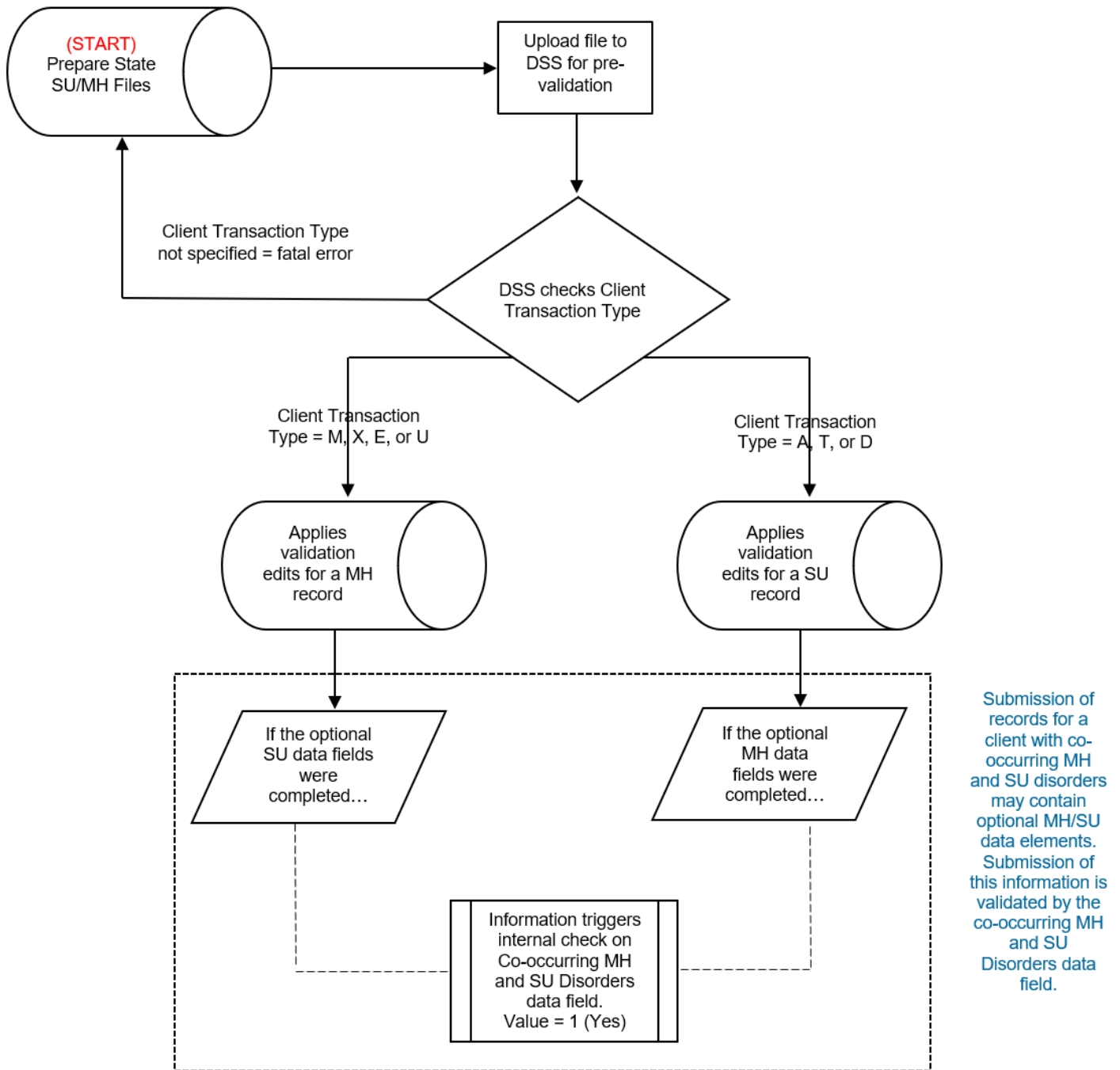


Legend: Client Transaction Types: A = SU Initial Admission, T = SU Transfer Admission, D = SU Discharge, M = MH Initial Admission, X = MH Transfer Admission, E = MH Discharge, U = MH Update

## Integrating Substance Use and Mental Health Data File Submissions

States can combine their substance use and mental health records submission into a single data file. The following file submission options are available:

(1)  Separate file submissions for SU and MH admissions and discharges may be appropriate when
   - SSA and SMHA are separate agencies.

   - SSA and SMHA are newly integrated and opt to continue with separate file submissions because the SU and MH data systems are not yet integrated.
   - SSA and SMHA have integrated SU and MH data systems but opt to keep the reporting for SU and MH-TEDS separate.

(2)  Combined file submission for SU and MH admissions or SU and MH discharges may be appropriate when
   - SSA and SMHA are part of a single agency with an integrated IT system.

Note that a combined file submission for mental health and substance use records will still require separate submissions of admission and discharge/update files. When a TEDS file is processed (combined or not), each record is first identified as MH or SU through a **Client Transaction Type** code. Once identified, the appropriate validation edits are used for each type of record. Certain validation edits apply to both MH and SU records but there are also specific validation edits for each (Figure 10).

**FIGURE 10. VALIDATION EDITS**
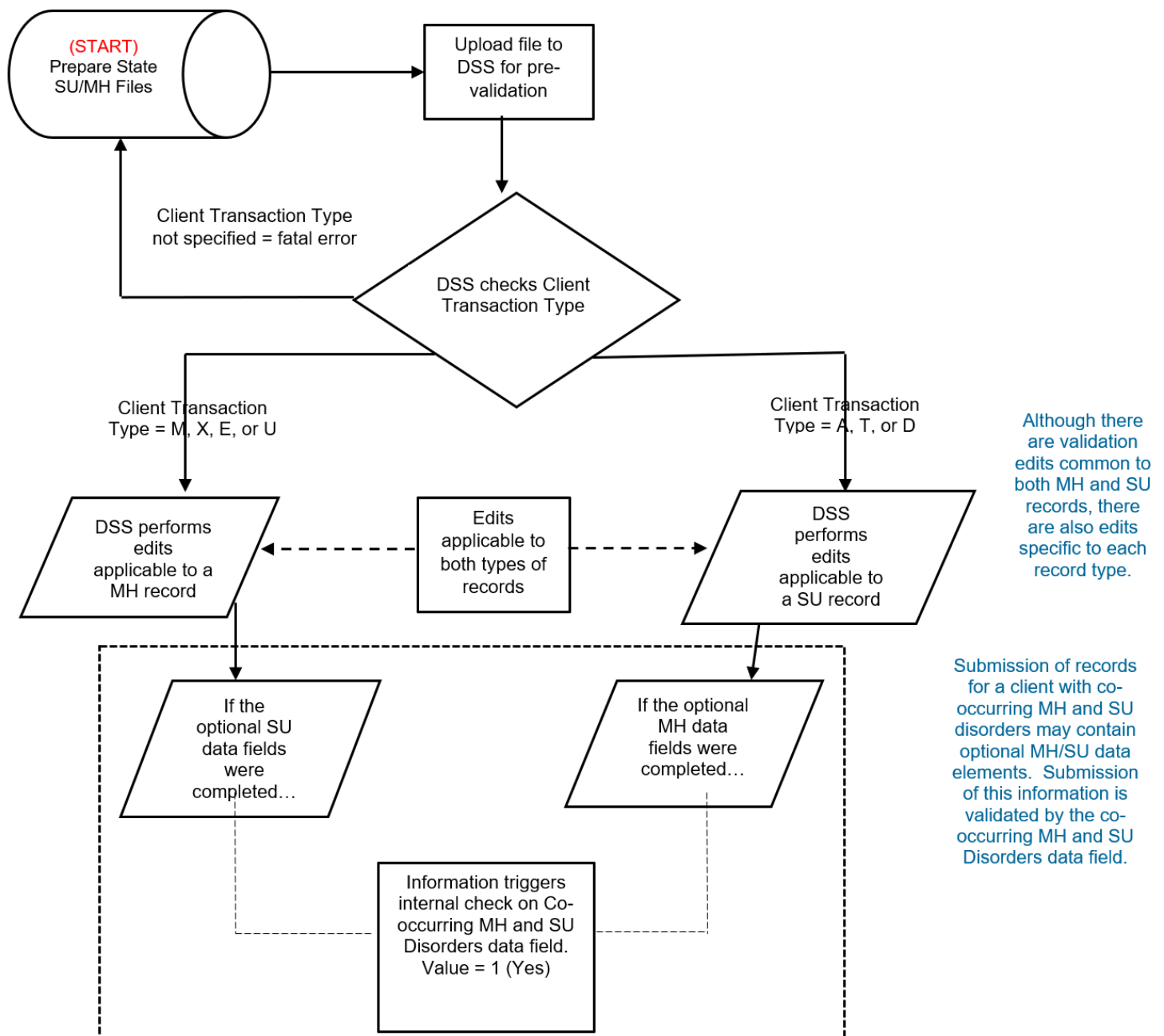


Legend: Client Transaction Types: A = SU Initial Admission, T = SU Transfer Admission, D = SU Discharge,
M = MH Initial Admission, X = MH Transfer Admission, E = MH Discharge, U = MH Update

# Chapter 4: State Data Crosswalk

## Purpose

The state data crosswalk contains specific instructions for mapping or translating the data fields and categories in the state system to the appropriate TEDS data fields and categories. It provides basic information necessary to develop a computer program that will extract and, if needed, convert state data to the TEDS specifications. The use of consistent reporting formats and data definitions is essential to the production of standard national data. The BHSIS Project Office manages all state data crosswalks through the DSS Legacy Crosswalk interface.

Every effort is made to establish a consistent conversion of state data to the TEDS database, thereby maximizing comparability across states. SAMHSA recognizes, however, that some state field definitions and/or categories may not exactly match those in TEDS. When state field definitions and/or categories do not match, differences should be documented in the state data crosswalk. This information will aid SAMHSA and other researchers in the interpretation of individual state TEDS data.

## Preparation

The BHSIS Project Office provides the state with a data crosswalk template on an Excel spreadsheet pre-filled with the TEDS fields, categories, and codes. See **Appendix B** for a sample crosswalk.

The state completes the crosswalk template by assigning the state data fields, categories, and codes to the appropriate TEDS data fields, categories, and codes.

- States are encouraged to discuss any data crosswalk questions or difficult mapping issues with the BHSIS Project Office staff.

- For every data field, states should map their categories to TEDS categories. If a category is not eligible for TEDS but is collected by the state, include the category on the data crosswalk but note that it is excluded from TEDS.

  For example, when reporting SU-TEDS, the state field analogous to the TEDS **Type of Treatment Service/Setting** may include a category called "assessment-only." This category should be included on the data crosswalk as a separate item with a notation in the "Comment" column that the item will be excluded since it is not reportable to SU-TEDS. With this information, the state programmer can ensure that admission records involving assessment-only services are excluded from the state's SU-TEDS submissions.

The BHSIS Project Office reviews the state data crosswalk to ensure compatibility with TEDS data specifications and information requirements. Discrepancies are discussed and resolved with the state.

- After the data crosswalk has received a technical review and approval from the BHSIS Project Office and the state has been advised that it may proceed with file testing, the approved data crosswalk is reported to SAMHSA/CBHSQ. The BHSIS Project Office staff will KEY the field mapping shown on the approved crosswalk into the DSS Legacy Crosswalk interface and send a copy of the data crosswalk to the state for confirmation.

The state uses the final approved data crosswalk to develop a computer program to extract and, if needed, to convert state data to the TEDS format specifications. The state should establish procedures to ensure that the approved data crosswalk is implemented correctly by the state's data extraction/conversion program. An approved crosswalk provides context to the data.

Every year in June the BHSIS Project Office staff will review the crosswalk on file. During the review process, the state is also asked to review its data crosswalk for accuracy and relevance.

## Additional Documentation on the Data Crosswalk

The data crosswalk should also describe the overall state system and reporting capabilities. Incorporate this information under the "Comment" column of the spreadsheet or as an attachment. This information will aid SAMHSA and other researchers in the interpretation of individual state TEDS data. The "Comment" column can address issues such as the following:

- The **Client Identifier** reported to TEDS should be unique within the state behavioral health treatment agency or, at a minimum, unique within separate substance use and mental health treatment agencies. The ID should be assigned once to a single individual and used across all reporting periods on all records involving that individual. It should not contain full or partial personally identifying information or protected health information such as Social Security number, birth date, etc. If a state cannot meet these requirements, please discuss the issue with the BHSIS Project Office and note the state's capability in the data crosswalk.
- **Client Transaction Type** differentiates *Initial admission [(SU) or (MH)]* and *Transfer or change in [(SU) or (MH)] service*. This distinction is critical in the analysis of complete treatment episodes (see the **Treatment Episodes** subsection). Describe in the data crosswalk the state's capability to differentiate these concepts and to report them to TEDS (statewide, within or between providers).
- Address fields not collected in the current state system. For data fields that are not currently collected in the state system but for which the state has concrete plans to collect in the future, indicate on the crosswalk an approximate date that the state plans to begin submission of the field(s).
- Until the state has added the **Diagnostic Code Set Identifier** and the diagnostic code fields for substance use and mental health in the record layout, it is important that the state reports the code set indicated in the data crosswalk.

  - Whenever appropriate, states should provide contextual information in the "Comment" section of the state data crosswalk or as an addendum to the state data crosswalk to serve as data notes on their TEDS files submissions.
  - The state's operational definitions on the following concepts should be included in the data crosswalk. Please provide a copy of the state's data dictionary, if available, citing the relevant pages for reference for the following:
    - Admissions, discharges, and episodes (if different from TEDS definition)
    - Employed and unemployed

- SMI, SED, and at risk for SED (if the latter category is used by the state)
- Administrative discharge policy
- Data update practice and policy (frequency, concerned population, relevant data fields)
- Cite if there are any unreported service types/settings, under-reporting of clients (or excluded providers), and/or over-reporting (duplication issues)

## Changes to the Data Crosswalk

Additions, deletions, or changes to the state data crosswalk must be reported to the BHSIS Project Office and documented in the revised data crosswalk.

- Periodically, a state may upgrade its data system, adding to or changing the data items or categories it collects. Whenever a state adds, deletes, or changes the mapping of a state data field or category to a TEDS data field or category, the BHSIS Project Office must be notified.
- The BHSIS Project Office will assist the state in revising the data crosswalk to reflect these changes.
- When states update an existing data crosswalk, they should provide information only for new or changed data fields. Designate unchanged fields as "current."
- A substantial change in the state data system may necessitate a completely new data crosswalk.

The approved revised data crosswalk must be used for subsequent file submissions. This means the state must update its data extraction/conversion program to ensure that the state data fields, categories, and codes continue to be mapped accurately to the TEDS data fields, categories, and codes.

# Chapter 5: TEDS File Submission

The Data Submission System (DSS) is a web-based data preparation and submission system developed in collaboration with SAMHSA and state representatives. The DSS is designed to provide a more interactive and transparent data submission process by minimizing states' and U.S. territories' burden in reporting substance use and/or mental health data to TEDS. States can develop an online Data Conversion Crosswalk which can be used to convert their states file into the TEDS file format.

With the DSS, U.S. states and territories can create a file extract of their existing database or databases by using any file format, including, but not limited to, American Standard Code for Information Interchange (ASCII), Comma Separated Values (CSV), and Microsoft (MS) Excel. The DSS not only accepts the previous TEDS ASCII fixed-width file format, which was supported by the legacy State TEDS Submission System (STSS), but also accepts non-fixed width file formats, thereby permitting states and territories the ability to tailor their TEDS file submissions to only those variables that they collect.

The DSS uses the complete TEDS validation edit check procedures for both mental health and substance use data files (see **Appendix E**). The DSS also allows states to pre-validate their data for TEDS submission. At the end of the validation test, the state receives reports summarizing the results and outlining the errors. States are advised to select a relatively small number of records (e.g., 500) for an initial test prior to testing the complete file. This will identify errors that may prevent the successful submission of the complete file. States are expected to correct the errors and re-validate the file as many times as necessary to ensure all errors have been corrected prior to submitting the files. States that are unable to correct all errors after several attempts should contact the BHSIS Project Office for assistance. After all errors are corrected, the file can be submitted through the DSS for final processing.

The BHSIS Project Office performs a final review of the submitted file and may contact the state to discuss additional corrections. Once the file is determined final, the file records are added to the TEDS database. The BHSIS Project Office will provide a complete copy of a state's data file to the state upon request.

## Steps in TEDS File Submission

The following sections provide general instructions for successfully submitting a TEDS data file. There are seven steps to a successful submission of a TEDS data file using the DSS. Please refer to the **DSS State User Manual** for detailed instructions.

1) Access and log on to the DSS using the credentials provided by the BHSIS Project Office.
2) Upload a data file to the DSS.
3) Convert the file to TEDS format using a completed Data Conversion Crosswalk (only for non-TEDS formatted files).
4) Validate the data file.
5) Review the Validation Results and Error Report.
6) Correct data errors and re-validate the corrected data file.
7) Submit the file to the BHSIS Project Office for final processing.

## Step 1: Access and Log on to the DSS

- Obtain the DSS secure URL, User ID, and Password from the BHSIS Project Office.

**Note:** State representatives that are responsible for submitting both substance use and mental health TEDS data may use the same login credential to submit data files. Those who are new to the DSS but who already have login credentials for other BHSIS applications (i.e., the BHSIS Resource Center, Inventory of Behavioral Health Services [I-BHS]) need only to request account access to the DSS. To request access to the DSS, send an email to the BHSIS Project Office at: **BHSIS_Helpdesk@eagletechva.com**.

## Step 2: Upload a Data File to the DSS

- Data files to be uploaded to the DSS must be accessible through the user's PC, either on a PC drive or on an accessible network drive. Please refer to the **DSS State User Manual Section 4.2** for step-by-step instructions.
- Use the DSS navigation links. Do not use the browser's "Back" button.

## Step 3: Convert a File to TEDS Format (only for non-TEDS formatted files)

**Note:** States that are submitting TEDS fixed formatted files, go to Step 4.

States MUST have a completed DSS Data Conversion Crosswalk to convert a file into a TEDS formatted file. For instructions on how to create a crosswalk mapping for data conversion purposes, see the **DSS State User Manual Section 6**.

## Step 4: Validate the Data File

**Note:** This function is for TEDS formatted files ONLY.

States can run the DSS validation on any TEDS formatted files. When validation processing is completed, the DSS validation results show all the errors and edits that should be addressed before submitting the file. The status may indicate the presence of errors. See **Appendix E** for a list of validation edits, the corresponding error statement generated when an edit is violated, and the recommended corrective action. Below is a summary of the different types of errors (see Chapter 6, Validation Edits, for further discussion on errors):

1. A *fatal* error causes a record to be rejected. The record will not be added to the database. The state is expected to review the specified edit violations, take necessary corrective action, and resubmit the corrected record(s) or file(s) for reprocessing. Generally, fatal errors are the result of missing or invalid code(s) in KEY data fields as well as the presence of duplicates.
2. A *warning* error is non-fatal and usually results from invalid code(s) in non-KEY data fields. The record will be processed and appended to the database, with the value of the data field replaced by the system-defined *Invalid data code* unless specified otherwise. The state is expected to review the specified edit violations, take necessary corrective action, and resubmit the corrected

record(s) as replacements. Preferably, these warning errors are corrected by the state during the testing period and prior to submitting the file for final processing.

3. An *informational* message, considered a non-fatal error, is generated to inform the state that an edit was not performed due to missing data or that the edit did not produce the expected outcome. A common situation that generates an informational message is when records with **State Provider Identifiers** cannot be found in the SAMHSA I-BHS. The record will be processed and appended to the TEDS database. The state is expected to determine whether the facility is eligible for inclusion in the I-BHS. If the facility is eligible, a corrective action should be undertaken; if the facility is not eligible, the state may ignore the informational message. Please see Chapter 6 for more details.

## Step 5: Review the DSS Validation Results and Error Report

**Note:** These reports are available for TEDS formatted files ONLY.

States need to review the DSS Validation Results and Error Report to address any edit issues before submitting the file for final processing. Reports can be viewed immediately after the completion of the validation process or later. It is critical that the state review the Validation Results to identify both systematic and individual errors found in the uploaded records. Early detection of errors permits corrections to be made prior to submitting the data file for final processing. Please refer to the **DSS State User Manual Section 8** for more details.

States are responsible for reviewing these reports, resolving the errors, re-validating, and finally submitting corrected records. The BHSIS Project Office will assist states in the identification and resolution of both systematic and non-systematic errors.

## Step 6: Correct Data Errors and Re-validate Corrected Data File

States are expected to resolve errors in current file submissions and take the necessary action to avoid the same errors in future submissions. Corrections can be made within the DSS. For step-by-step instructions on how to edit errors, see the **DSS State User Manual Section 9**.

This sequence (upload, validate, review, correct, re-validate) can be repeated as many times as needed to produce a file that the state deems ready for addition to the TEDS database.

## Step 7: Submit TEDS File for Final Processing

**Note:** This function is ONLY for TEDS formatted files that have gone through the DSS validation process.

Once the file has successfully completed the validation process with no further errors, the file is ready to be submitted for final processing. During the final processing, the BHSIS Project Office thoroughly reviews the file. If necessary, the BHSIS Project Office staff contacts the state with questions.

## Changing/Correcting Records in the TEDS Database

There are instances when states need to correct a data field value such as wrong birth date on a record that has already been submitted, processed by the BHSIS Project Office, and added to the TEDS database. There are two methods to correct a record, depending on the type of data field involved:

- To correct an error in a KEY field, use Method 1.
- To correct an error in a non-KEY field, use either Method 1 or 2.

## Method 1: Delete and Add Records

To correct an error in a KEY field, the original record must be deleted and a record containing the correct KEY fields added.

- Submit a record in which the KEY fields match the original record, but with a **System Transaction Type** code of *D Delete*. Non-KEY fields may be left blank or contain the original values. In the data submission, include the corrected record with **System Transaction Type** code *A Add*, showing the values for all data fields.
- The Delete record will be processed first, removing the record from the database. Then the Add record, which contains values for all data fields, will be appended to the database.

## Method 2: Change (Replace) Records

Records with errors in non-KEY fields may also be corrected by changing the existing record.

- Submit a complete record in which the KEY fields match the original record, but with the **System Transaction Type** code *C Change*. The *Change* record will replace the existing record in the TEDS database; it must contain correct values for all fields in the record.

## Special Case: Changes to the Admission Fields on the Discharge Record

If the values of the KEY fields were changed in the admission record, it is essential that these corrected values are appended to the corresponding discharge record. This is especially important because KEY fields are used to link the admission and discharge record.

## System Transaction Type and KEY Fields: Important Notes

Several levels of processing are performed with the KEY fields and **System Transaction Type**.

1) Each record must have valid codes for all KEY fields and for **System Transaction Type**.
2) KEY fields in a new file submission are compared to those of other records in the file, then to records in the TEDS database. Each **System Transaction Type** code is processed separately, in the order below:

    a. Records with a **System Transaction Type** code *D Delete* will delete a record with matching KEY fields.

    b. Records with a **System Transaction Type** code *A Add* will be added to the database unless the KEY fields match a record already in the TEDS database. If the Add record matches the KEY fields of an existing record, the Add record will be rejected as a duplicate.

    c. Records with a **System Transaction Type** code *C Change* will change a record with matching KEY fields by replacing the record.

3) Admission information in a discharge file submission (fields DIS 11- DIS 20) are matched to the admission records in the TEDS database. Any discharge record that matches an admission record on all Admission information (fields DIS 11- DIS 20) is flagged and reported as a match. If no match is found, the discharge record will be accepted into the database, and reported in the Validation Results and Error Report. States are encouraged to identify systematic errors responsible for failed matches and to correct and resubmit the data.

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The **System Transaction Type** and the KEY fields are central to the processing of TEDS records.

**System Transaction Type** identifies whether the record:

- is being *added* to the database;
- *changes* (by replacement) an existing record in the database; or
- *deletes* an existing record from the database.

## KEY Fields

KEY fields are the required fields for each record. If any of these values are missing or invalid, the record will be rejected, and a fatal error generated. These fields are:

- **State Code**
- **State Provider Identifier**
- **Client Identifier**
- **Codependent/Collateral**
- **Client Transaction Type**
- **Date of Admission**, **Date of Discharge**, and **Date of Last Contact or Data Update**
- **Type of Treatment Service/Setting**

## TEDS Data Security

States are strongly encouraged to use the DSS to submit files because it is highly secure and accessible to authorized users only (web-based and available 24/7). The BHSIS Project Office performs the final data processing using an administrative interface of the DSS. This dual-level processing is a security measure that protects the TEDS database from direct access by anyone other than the authorized personnel.

- DSS is accessed through a secure web site. Data submitted through the DSS have a secure connection for transmission.

- When data are submitted by other means, the security of the data during transmission from the state to the BHSIS Project Office is the responsibility of the state, although the BHSIS Project Office will make every reasonable effort to accommodate state security needs. At a minimum, it is recommended that submitted data files be password-protected and encrypted. The state must coordinate with the BHSIS Project Office to ensure that the encryption methodology is available to the BHSIS Project Office.

The TEDS databases are maintained on a secure server with ID and password access limited to SAMHSA and authorized BHSIS Project Office staff. The server and back-up files are located in a secured location.

# Chapter 6: Validation Edits

Each data field in each record submitted by the state is checked to ensure that it contains valid codes before the record is accepted and added to the TEDS database. These checks are called field edits. If an invalid code is found, the field will be filled with a code indicating *Invalid data* and a warning error generated. States must correct these records as specified in the Reviewing Validation Results and Error Reports (see the **DSS State User Manual Section 8** for more details.)

Some fields are interdependent, such as **Employment Status** and **Detailed Not in Labor Force**. In this case, the field **Detailed Not in Labor Force** is intended to provide additional information only where **Employment Status** is *04 Not in the labor force*. Edit checks help ensure that values in interdependent fields are consistent. These edits, commonly referred to as relational edits, are numerous, and are detailed in the individual field descriptions (see **Appendix D**). For example, a relational edit exists between **Pregnant at Admission** and **Gender**. The valid code *Yes* or *No* for **Pregnant at Admission** requires that **Gender** is *Female*. The *Not applicable* code must be used if **Gender** is Male. Warning errors are issued when relational fields are inconsistent. In employing corrective action, states must review all data fields relevant in the established relationship.

Below is a summary of the common types of errors as presented in Chapter 5:

- A *fatal* error causes a record to be rejected. The record will not be added to the database. The state is expected to review the specified edit violations, take necessary corrective action, and resubmit the corrected record(s) or file(s) for reprocessing. Generally, fatal errors are the result of missing or invalid code(s) in a KEY data field as well as the presence of duplicates.
- A *warning* error is non-fatal and usually results from invalid code(s) in a non-KEY data field. The record will be processed and appended to the database, with the value of the data field replaced by the system-defined *Invalid data code* unless specified otherwise. The state is expected to review the specified edit violations, take necessary corrective action, and resubmit the corrected record(s) as replacement. Preferably, these warning errors are corrected by the state during the testing period and prior to submitting the file for final processing.
- An *informational* message, considered a non-fatal error, is generated to inform the state that an edit was not performed due to missing data or that the edit did not produce the expected outcome. A common situation that generates an informational message is when a **State Provider Identifier** in a record cannot be found in the SAMHSA I-BHS. The record will be processed and appended to the TEDS database. The state is expected to determine whether the facility is eligible for inclusion in the I-BHS. If the facility is eligible, the state should correct the error. If the facility is not eligible, the state may ignore the informational message. Please see the Informational Message section of this chapter for additional guidance.
- In addition to the above, errors may also be encountered during the file upload process and/or the final file processing. Please see **Appendix E**.

## Common Errors in TEDS Submission

To help prevent potential errors and to assist in interpreting error reports, states are alerted to the following commonly occurring errors. A complete list of edit checks is provided in **Appendix E**.

## Fatal Errors: Duplicate Record

This indicates that an identical record has already been submitted to TEDS.

States should use quality assurance checks to ensure that the same record is not submitted more than once. Possible methods a state can use to minimize duplicate records include:

- Adding a flag to the state system to indicate records that have been submitted to TEDS.
- Designing the extraction program to include only records added or changed since the date of the previous submission. This option is possible if the state has a field indicating the date a record was added or updated in the state system.

Frequently, however, a duplicate record error arises when the state attempts to change an existing record with the wrong **System Transaction Type** code.

Please see Chapter 5. *Changing/Correcting Records in the TEDS Database* section for detailed instructions on changing records.

## Warning (Non-Fatal) Errors: Fields with Relational Edit Checks

Warning errors frequently occur for a data field that is interdependent with (related to) another data field. Details of field interdependence are discussed in the individual field descriptions in **Appendix D** and presented as edit checks in **Appendix E**. **To submit the highest quality of data to TEDS, states should correct warning errors prior to submitting the file for final processing.**

The most frequent errors include the following:

- The field **Detailed Not in Labor Force** is intended to provide additional information only where **Employment Status** is *04 Not in the labor force*. For all other **Employment Status** codes, **Detailed Not in Labor Force** should be coded as *96 Not applicable* or, if the state does not collect the data, *98 Not collected*.
- The field **Detailed Criminal Justice Referral** is intended to provide additional information only where **Referral Source** is *07 Court or criminal justice referral*. For all other **Referral Source** codes, **Detailed Criminal Justice Referral** should be coded as *96 Not applicable* or, if the state does not collect the data, *98 Not collected*.
- The **Detailed Drug Code** fields are intended to provide more specific information on the drugs reported in the **Substance Use** fields. Do not use the **Detailed Drug Code** fields to report additional drugs.
- A warning error will be generated if the drugs reported in the **Detailed Drug Code** fields are not subcategories of drugs reported in the **Substance Use** fields. The following is an example of the correct use of the **Detailed Drug Code** fields. A client misuses both alprazolam and clorazepate. These are reported in the **Substance Use** (primary) and **Substance Use** (secondary) fields with the same code, *13 Benzodiazepines*. **Detailed Drug Code** (primary) should be coded *1301 Alprazolam* and **Detailed Drug Code** (secondary) should be coded as *1303 Clorazepate*.
- Submission of optional substance use information in a mental health record or optional mental health information in a substance use record will generate a warning error if the **Co-occurring Mental and Substance Use Disorders** is not *1 Yes*. Submission of these data fields in both the mental health

and substance use record is allowed only if the client has co-occurring mental and substance use disorders.

- When submitting update records for mental health client, the **Date of Discharge** must be *01010006 Not Applicable* and the **Reason for Discharge** must be *96 Not Applicable*. If a valid calendar date is reported in the **Date of Discharge**, the record is rejected (fatal error). If the **Reason for Discharge** is not *96 Not Applicable*, *97 Unknown*, or *98 Not Collected*, a warning error will be issued.

## Informational Message: When Relational Edits Are Not Performed or No Facility Match Is Found in the I-BHS

An informational message is generated to inform the state that either a relational edit was not performed because (1) one of the data fields did not have a valid value or (2) an attempted match between the TEDS **State Provider ID** and the I-BHS facility ID produced a null result. These messages directly affect the quality of data submitted; states should review them and take appropriate steps to keep such problems to a minimum. Correcting the problem might require consulting the primary source of data (i.e., providers), improving the state's data collection protocol (including internal data validity checks in the state's file preparation processes), or contacting the BHSIS Project Office.

The following is a discussion of the match performed between the **State Provider ID** and the I-BHS:

Every TEDS record must contain a **State Provider ID**. The TEDS validation edit process attempts to match the **State Provider ID** to the state ID field reported in the I-BHS. When a match is found, the following I-BHS information is appended to the record: I-BHS ID, county, Metropolitan Statistical Area, and, if applicable, the name of the federal agency with which the facility is affiliated (e.g., a VA Medical Center is affiliated with the Department of Veterans Affairs). If a match for the TEDS **State Provider ID** is not found in the I-BHS, an informational message is generated. Under this circumstance, the record will be added to the TEDS database but no additional information from the I-BHS, as stated above, will be appended.

We strongly encourage states to ensure that the **State Provider ID** of all facilities providing treatment services is listed in the I-BHS, to the extent possible. Facilities that provide support services only, and those that perform administrative functions only (e.g., referral, intake, screening, claims, etc.) or solo practitioners are excluded from the I-BHS. Please refer to the State I-BHS User's Manual available in the BHSIS Resource Center and/or contact the BHSIS Project Office at 1-877-250-4665 for more information on the facility inclusion and exclusion criteria of the I-BHS.

- State I-BHS representatives and the BHSIS Project Office are responsible for ensuring that all facilities in a state's behavioral health system that meet the I-BHS eligibility criteria (i.e., facilities providing direct treatment services) are included, and that facility information is correct and up to date.
- The I-BHS Online system permits state representatives to view, change, add, and delete facility listings. The state I-BHS representatives can obtain authorization to use the I-BHS Online system through the BHSIS Project Office.

The following situations may be responsible for the failure to find TEDS **State Provider ID**s in the I-BHS.

- The facilities that states have listed in the I-BHS may not have the same reporting and functional structure as the entities states report to TEDS. For example, for TEDS data reporting, a state might

use the State Provider ID belonging to the Regional Behavioral Health Authority or Local Management Entity ID instead of the ID for facility at the specific location where services are provided.

- The state facility listing in the I-BHS has not been updated. States are encouraged to regularly review and update their facility list.
- The facility may already exist in the I-BHS but does not have the State Provider ID in the required State ID field.
- The state facility reporting TEDS data does not meet the eligibility criteria for inclusion in the I-BHS.

## Undetectable Errors

Undetectable errors refer to field values that remain consistent with the established field and relational edits and cannot be identified through the validation process. These errors, however, can critically impact the integrity of the data. For example:

- A female client's **Gender** is incorrectly reported as *Male*. If a valid code is used, the field value will pass the edit. Hence, the error on the reported field value cannot be detected. The state may identify this issue through data audit of provider records. Once the error is discovered, the state must change the field value.
- The admission/transfer record information becomes outdated during treatment (for example, a client's **Employment Status** is correctly coded as *Unemployed* at the time of admission but the client later becomes employed. In this case, do not change the data in the admission/transfer record. Instead, the update/discharge record should reflect the client's new status. Since improper changes to admissions data usually cannot be detected by the BHSIS Project Office, it is very important that states avoid this type of error.

## Errors in Matching Admission and Discharge Records

Files submitted through the DSS for final processing usually are added to the TEDS database within two business days. Because admission records generally are submitted before the related update/discharge records, linking discharge and admission records is performed during TEDS processing of the discharge/update file submission. The result of this record matching is shown in the DSS Validation Results report for the discharge/update file.

Files submitted through the DSS are matched to the TEDS database but not to other state files pending submission to TEDS. Therefore, a discharge/update file submission may generate "No matching admission" errors if the matching admission record is in a file that has not yet been submitted for final processing and therefore has not yet been added to the database. These non-matching errors can be ignored until the BHSIS Project Office completes final processing of all pending state files. Submitting admission files at least one full day before submitting discharge files can eliminate this problem.

The BHSIS Project Office will advise the state if there are problems with the match rate (i.e., the percentage of discharge records without an associated admission record) and will send the final processing report displaying the actual match rate to the state.

# Chapter 7: Frequently Asked Questions (FAQs)

## Is it important to report the *Codependent/Collateral* field?

Yes. **Codependent/Collateral** identifies whether the record is for a client receiving treatment for substance use, or for someone seeking services because of problems arising from his or her relationship with a substance user. **Codependent/Collateral** is a *KEY field*. Use code *2 Client* for mental health reporting.

## What if a client has multiple admission records on the same day?

A client may receive a separate admission record for every billable service (e.g., group therapy, individual therapy, etc.). If these services were delivered within a single service type/setting (e.g., outpatient), report only one of these records to TEDS. TEDS does not collect data on the individual services delivered, but only on the general service setting.

## On the Substance Abuse Prevention and Treatment Block Grant, what is pre-populated with TEDS data?

TEDS data are used to pre-populate some tables in the federal Substance Abuse Prevention and Treatment Block Grant (SABG) application. These tables comprise SAMHSA's National Outcome Measures (NOMs) and include:

| NOM | TEDS fields used to derive SU NOM |
|---|---|
| Employment/Education Status | **Employment Status** and **Detailed Not in Labor Force** |
| Stable Housing Situation | **Living Arrangements** |
| Criminal Justice Involvement | **Arrests in Past 30 Days** |
| Alcohol Abstinence | **Substance Use** and **Frequency of Use** |
| Drug Abstinence | **Substance Use** and **Frequency of Use** |
| Social Support | **Attendance at Self-Help Groups in Past 30 Days** |
| Retention | **Date of Admission** and **Date of Last Contact** |

The client population subject to SABG reporting is a subset of the TEDS client population. The pre-populated tables in the SABG application exclude:

- Clients receiving medication-assisted opioid therapy, with the exception of the retention table.
- Clients who received treatment in short-term settings where no change would be expected to occur between admission and discharge (i.e., detoxification), with the exception of the retention table.
- Clients whose treatment was terminated by death and/or incarceration.
- Records that do not have valid values at both admission and discharge in the applicable TEDS data fields.

States can exclude facilities that receive no SABG funds from these tabulations. At the end of February of each year, the BHSIS Project Office sends each state a list of the SU treatment facilities that the state reports to TEDS indicating which facilities the state included in the previous year's SABG application. States are asked to reply by mid-April as to which facilities, if any, the state would like to exclude from their SABG application tables. This is an optional service provided to states; it is not mandatory and does not affect TEDS reporting requirements. **States should report to TEDS all facilities' data whether or not the facilities receive SABG funds.**

The BHSIS Project Office has developed a document, "Using TEDS Records for Block Grant Application System (BGAS) Tables" (**Appendix F**), to assist states in understanding SAMHSA's coding requirements. If you have any questions or need additional information on how the TEDS records are used to populate the BGAS Tables, please contact the BHSIS Project Office at **BHSIS_Helpdesk@eagletechva.com**.

## What is the reporting schedule for TEDS data used to pre-populate the SABG tables?

The BHSIS Project Office supplies three iterations of calendar year data to SAMHSA through its WebBGAS contractor: on or about May 15, an update on or about December 15, and another update about February 15 of the following year. Thus, the cut-off dates for TEDS CY 2018 data inclusion in the SABG application tables are April 30, 2019; November 30, 2019; and January 31, 2020. Data not received by the cut-off date will appear in the next iteration of the application tables.

## Which URS tables can be pre-populated with TEDS data?

Mental health data submitted through TEDS will be used to pre-populate selected URS tables as requested by the state. The following URS tables can be pre-populated:

- URS Tables 2A and 2B (MHBG 8A and 8B): Profile of Persons Served – All Programs by Age, Gender, Race, and Ethnicity
- URS Table 3 (MHBG 9): Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings
- URS Tables 4 and 4A (MHBG 15A and 15B): Profile of Adult Clients by Employment Status
- URS Tables 14A and 14B (MHBG 13A and 13B): Profile of Persons with SMI/SED served by Age, Gender, Race, and Ethnicity
- URS Table 15 (MHBG 18): Living Situation Profile
- URS Table 15A (MHBG 14): Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED
- URS Tables 20A and 20B (MHBG 23A and 23B): Profile of Non-Forensic/Forensic Patients Readmission to any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Prior to generating the URS tables, the BHSIS Project Office will consult with each state regarding the summary statistics derived from the compiled MH-TEDS data files that will be used to pre-populate the tables. The pre-populated URS tables will then be combined with the rest of the URS tables to comprise a complete state URS data set for the reporting period.

## What is the reporting schedule for TEDS data used to pre-populate the MH URS tables?

To meet the statutory due date for the Community Mental Health Services Block Grant (MHBG) data requirements, all admissions and discharges/updates for all populations covered under the URS reporting period should be submitted by **December 1** of each year.

State hospital admission records for the six months following the end of the state URS reporting period should be submitted no later than **March 1** the following year.

State data will be processed accordingly to produce the following mental health National Outcome Measures (NOMs):

- Access to Services/Capacity
- Employment (for adults)
- School Attendance (for children)
- Stable Housing Situation
- Involvement in Criminal Justice System
- State Hospital 30-day and 180-day Readmission Rates

| NOM | TEDS fields used to derive MH NOM |
| --- | --- |
| Access to Services/Capacity | Total unduplicated count of clients who received a service during the reporting period by demographic characteristics (age, gender, race, ethnicity). The counts are based on the state file submissions for the reporting period. |
| Employment (for adults) | **Employment Status** and **Detailed Not in Labor Force** |
| School Attendance (for children) | **Education** and **School Attendance Status** |
| Stable Housing Situation | **Living Arrangements** |
| Involvement in Criminal Justice System | **Arrests in Past 30 Days** |
| State Hospital 30-day and 180-day Readmission Rates | **Date of Admission**, **Date of Discharge**, and **Type of Treatment Service/Setting** |

# APPENDICES

# Appendix A. Background

Section 505 (a) of the Public Health Service Act (42 US 290aa-4) directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data on public and private behavioral health treatment programs and individuals seeking treatment through such programs.

Section 505 (a) of the Public Health Service Act (42 US 290aa-4) is available at **http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapIII- A-partA-sec290aa-4.pdf**. An excerpt of the full text also follows below.

### (a) Requirement of annual collection of data on mental illness and substance use

The Secretary, acting through the Administrator, shall collect data each year on—

   (1) the national incidence and prevalence of the various forms of mental illness and substance use; and

   (2) the incidence and prevalence of such various forms in major metropolitan areas selected by the Administrator.

### (b) Requisite areas of data collection on mental health

With respect to the activities of the Administrator under subsection (a) of this section relating to mental health, the Administrator shall ensure that such activities include, at a minimum, the collection of data on:

   (1) the number and variety of public and nonprofit private treatment programs;

   (2) the number and demographic characteristics of individuals receiving treatment through such programs;

   (3) the type of care received by such individuals; and

   (4) such other data as may be appropriate.

### (c) Requisite areas of data collection on substance use

   (1) With respect to the activities of the Administrator under subsection (a) of this section relating to substance use, the Administrator shall ensure that such activities include, at a minimum, the collection of data on:

      (A) the number of individuals admitted to the emergency rooms of hospitals as a result of the use of alcohol or other drugs;

      (B) the number of deaths occurring as a result of substance use, as indicated in reports by coroners;

      (C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;

(D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals receiving such treatment, the percentage of individuals who complete such programs, and, with respect to individuals receiving such treatment, the length of time between an individual's request for treatment and the commencement of treatment;

(E) the number of such individuals who return for treatment after the completion of a prior treatment in such programs and the method of treatment utilized during the prior treatment;

(F) the number of individuals receiving public assistance for such treatment programs;

(G) the costs of the different types of treatment modalities for drug and alcohol use and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;

(H) to the extent of available information, the number of individuals receiving treatment for alcohol or drug use who have private insurance coverage for the costs of such treatment;

(I) the extent of alcohol and drug use among high school students and among the general population; and

(J) the number of alcohol and drug use counselors and other substance use treatment personnel employed in public and private treatment facilities.

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This legislation arose from a need for federal-level information to document accomplishments under federal block grant funding for substance use treatment and prevention. A previous reporting system, the Client-Oriented Data Acquisition Process (CODAP), had been discontinued in 1981 with the establishment of block grants. These grants were awarded to the states beginning in 1982 without any reporting requirements. Some states maintained their own systems independent of CODAP, while others discontinued their client-level data systems.

To address the requirements of the legislation and to provide substance use treatment data for the research community, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) established a new CODAP-like client database, the Client Data System (CDS). CDS was intended to provide a minimum data set on treatment of persons with substance use problems in the United States, including client characteristics, types of drugs used, and services provided to clients. It included data primarily from publicly funded treatment facilities, although some private facilities were included.

The CDS was developed collaboratively by the federal government, states, and national organizations, including the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Important considerations in the development of the CDS were (1) the need to incorporate and build upon existing state reporting systems and (2) the need to ensure that CDS would produce data useful for state administrative purposes. The impetus for CDS was to achieve standardization and comparability of data among state systems in such a way that facilities would not be burdened with additional reporting requirements beyond those already imposed by the states. The resulting data set consisted of a core of

19 demographic and substance use treatment variables and 15 supplemental items, collected at the time of admission for treatment.

NIDA and NIAAA awarded grants to state alcohol and drug use agencies so that states could modify their client systems to accommodate the set of variables. Nationwide implementation of the CDS, including the District of Columbia and Puerto Rico, began in October 1990. With the reorganization of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) in 1992, CDS became the responsibility of SAMHSA.

In late 1994, SAMHSA renamed the Client Data System the Treatment Episode Data Set (TEDS), indicating that the scope of the system would be extended to collect information about episodes of treatment for substance use, rather than just admissions for treatment. To provide more comprehensive data on the treatment of substance use clients, SAMHSA developed the TEDS discharge data system. It was fully implemented in the majority of states by 2000 and provides basic discharge data that can be linked to the corresponding client admission.

In 2006, the TEDS data system was modified to include data fields for National Outcome Measures (NOMs). In the TEDS admission system, 9 of the original 25 data fields were designated as NOMs, and one additional field was added. These variables were added to the discharge system. Another NOMs data field was added in 2010.

In 2014, the TEDS record was modified to accommodate the transition to the use of ICD-10 in all U.S. health care settings. In addition, TEDS was modified to include the collection of mental health data as required by the Community Mental Health Block Grant. Specific mental health data fields not previously collected in TEDS were appended to the TEDS record while modifications in data fields common to both mental health and substance use data collection were modified as necessary while maintaining the compatibility with past substance use data submission.

# Appendix B. TEDS Crosswalk Worksheet

## Instructions for TEDS Crosswalk Worksheet

**The complete data field definitions and coding guidelines are provided in the Data Dictionary (Appendix D) contained in this manual. Please refer to this Appendix when developing the state data crosswalk for appropriate mapping.**

In the columns "State Item" and "Code," insert the state data field name/description that corresponds to the TEDS field and, when available, the state code (usually a number), respectively.

A comment column (not shown) is provided where states can add operational definitions and other contextual information that may help in understanding the mapping of the data.

Note: The Combined Substance Use and Mental Health Crosswalk worksheet is available at https://wwwdasis.samhsa.gov/dasis2/manuals/combined_su_mh_crosswalk_template_10_2018.pdf

Important notes:

- If more than one state code corresponds to a single TEDS code, insert additional lines (rows) for those codes, as needed (see example below).
- If information for an individual client is not available, use the code for "Unknown."
- "Not collected" should be used only when the item is not reported to TEDS for any clients.

*EXAMPLE:*

| TEDS DATA | | | | State Data | | |
|---|---|---|---|---|---|---|
| **TEDS #** | **Code** | **Data item description** | | **State item #** | **Code** | **Corresponding State Data Item Description** |
| 17 | | **Employment Status** | | # | | **Employment** |
| | 01 | Full time | | | 01 | Full time |
| | 02 | Part time | | | 02 | Part time |
| | 03 | Unemployed | | | 03 | Unemployed, looking for work |
| | 04 | Not in labor force | | | 04 | Homemaker |
| | 04 | Not in labor force | | | 05 | Student |
| | 04 | Not in labor force | | | 06 | Retired |
| | 04 | Not in labor force | | | 08 | Incarcerated |

## Sample: Combined SU and MH State Data Crosswalk

*This sample crosswalk is for illustrative purposes only. It shows data fields and item categories for both mental health and substance use file submissions. States may create separate SU and MH crosswalks if preferred. If a state plans to submit optional SU and MH items, it is important to review the sample mapping below.*

| TEDS DATA | | | | State XX Data | | |
|---|---|---|---|---|---|---|
| **TEDS #** | **Code** | **Data item description** | | **State item #** | **Code** | **State Data Item Description** |
| ADMISSION (INITIAL/TRANSFER) | | | | | | |
| **System Data Set** | *All 3 System Data Set fields (System Transaction Type, State Code, and Reporting Date) are required to process the file.* | | | | | |
| SDS 1 | | **System Transaction Type** | | | | **System Transaction Type** |
| | A | Add | | | A | Add |
| | C | Change | | | C | Change |
| | D | Delete | | | D | Delete |
| | | | | | | |
| SDS 2 **(KEY field)** | | **State Code** | | NA | | **FIPS State Code** |
| | | 2 characters | | | | 2 characters |
| | | | | | | |
| SDS 3 | | **Reporting Date** | | NA | | **Month and Year Data File creation** |
| | | MMYYYY | | | | MMYYYY |
| **Minimum Data Set** | *Unless specified as optional, the following MDS fields must be reported.* | | | | | |
| MDS 1 **(KEY field)** | | **State Provider Identifier** | | NA | | **Provider ID** |
| | | 1-15 characters | | | | 7 characters |
| | | | | | | |
| MDS 2 **(KEY field)** | | **Client Identifier** | | NA | | **Client ID** |
| | | 1-15 characters | | | | 7 Numeric characters |
| | | | | | | |
| MDS 3 **(KEY field)** | | **Codependent/Collateral** | | 02 | | **Collateral** |
| | 1 | Codependent/collateral | | | Y | Yes |
| | 2 | Client | | | N | No (for all MH clients) |

| MDS 4 (KEY field) | Client Transaction Type | | | Client Transaction Type | |
|---|---|---|---|---|---|
| | A | Initial Admission (SU) | | A | New Admission (SU) |
| | T | Transfer or change in SU service | | T | Client is transferred from a different service setting or provider (SU) |
| | M | Initial Admission (MH) | | M | New Admission (MH) |
| | X | Transfer or change in MH service | | X | Client is transferred from/change in service setting or provider (MH) |
| | | | | | |

| MDS 5 (KEY field) | Date of Admission | | NA | Date of Admission | |
|---|---|---|---|---|---|
| | | MMDDYYYY | | | MMDDYYYY |
| | | | | | |

| MDS 6 (optional for MH reporting) | Previous SU Treatment Episodes | | | Number of SU Prior Treatment Episodes *Note: if available, data will be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 0 | 0 Previous episodes | | 0 | 0 Previous episodes |
| | 1 | 1 Previous episode | | 1 | 1 Previous episode |
| | 2 | 2 Previous episodes | | 2 | 2 Previous episodes |
| | 3 | 3 Previous episodes | | 3 | 3 Previous episodes |
| | 4 | 4 Previous episodes | | 4 | 4 Previous episodes |
| | 5 | 5 or more Previous episodes | | 5 | 5 or more Previous episodes |
| | 7 | Unknown | | 7 | Unknown |
| | 8 | Not collected | | 98 | Not collected (for MH-only clients) |
| | | | | | |

| MDS 7 (optional for MH reporting) | Referral Source | | 05 | Referral Source | |
|---|---|---|---|---|---|
| | 01 | Individual | | IND | Individual/Self |
| | 02 | Alcohol/Drug use care provider | | ADP | A/D use Program |
| | 03 | Other health care provider | | HCP | Health Care Provider |
| | 04 | School (Educational) | | SED | School/Educational |
| | 05 | Employer/Employee Assistance Program (EAP) | | EAP | Employer/EAP |
| | 06 | Other community referral | | ASR | Adult Self Reliance |
| | 06 | Other community referral | | CPS | Child Protection Service |
| | 06 | Other community referral | | DHC | DHW/FACS-CPS |
| | 06 | Other community referral | | DHO | DHW/FACS - Other |
| | 06 | Other community referral | | DHW | DHW/FACS - Mental health |

| MDS 7 (optional for MH reporting) | **Referral Source** | | | 05 | **Referral Source** | |
|---|---|---|---|---|---|---|
| | 06 | Other community referral | | | MHA | Mental Health Agency not DHW |
| | 06 | Other community referral | | | NAA | Indian Agency |
| | 06 | Other community referral | | | OCR | Other Community Referral |
| | 06 | Other community referral | | | SHG | Self Help Group |
| | 06 | Other community referral | | | SHH | State Hospital (N&S) |
| | 06 | Other community referral | | | SRP | Adult/Youth Self Reliance |
| | 06 | Other community referral | | | YSR | Youth Self Reliance |
| | 07 | Court/criminal justice referral/DUI/DWI | | | BYR | Byrne Grant Non-Drug Court Probation |
| | 07 | Court/criminal justice referral/DUI/DWI | | | DCR | Drug Court Referral |
| | 07 | Court/criminal justice referral/DUI/DWI | | | DUI | Court/Criminal DUI |
| | 07 | Court/criminal justice referral/DUI/DWI | | | NDU | Court/Criminal Justice Non-DUI |
| | 07 | Court/criminal justice referral/DUI/DWI | | | OCJ | Other Criminal Justice |
| | 07 | Court/criminal justice referral/DUI/DWI | | | PAR | IDOC-Re-entry Program Parole |
| | 07 | Court/criminal justice referral/DUI/DWI | | | PPO | Probation/Parole Office |
| | 97 | Unknown | | | UNK | Unknown |
| | 98 | Not collected | | | 998 | Not collected |
| | | | | | | |

| MDS 8 | **Date of Birth** | | | NA | **Date of Birth** | |
|---|---|---|---|---|---|---|
| | | MMDDYYYY | | | | mmddyyyy |
| | 01010007 | Unknown | | | | |
| | 01010008 | Not collected | | | | |

| MDS 9 | **Gender** | | | NA | **Sex** | |
|---|---|---|---|---|---|---|
| | 1 | Male | | | M | Male |
| | 2 | Female | | | F | Female |
| | 7 | Unknown | | | U | Unknown |
| | 8 | Not collected | | | 98 | Not collected |
| | | | | | | |

| MDS 10 | **Race** | | | NA | **Race** | |
|---|---|---|---|---|---|---|
| | 01 | Alaska Native (Aleut, Eskimo) | | | AN | Alaska Native |
| | 02 | American Indian or Alaska Native | | | AI | American Indian |

| MDS 10 | **Race** | | | | NA | **Race** | |
|---|---|---|---|---|---|---|---|
| | 13 | Asian | | | | | |
| | 23 | Native Hawaiian or Other Pacific Islander | | | | | |
| | 03 | Asian or Pacific Islander | | | | AP | Asian/Pacific Islander |
| | 04 | Black or African American | | | | BL | Black |
| | 05 | White | | | | WH | White |
| | 20 | Other single race | | | | OT | Other |
| | 21 | Two or more races | | | | | |
| | 97 | Unknown | | | | UN | Unknown |
| | 98 | Not collected | | | | 98 | Not collected |
| | | | | | | | |

| MDS 11 | **Hispanic or Latino Origin (Ethnicity)** | | | | NA | **Ethnicity** | |
|---|---|---|---|---|---|---|---|
| | 01 | Puerto Rican | | | | PR | Puerto Rican |
| | 02 | Mexican | | | | MX | Mexican |
| | 03 | Cuban | | | | CU | Cuban |
| | 04 | Other Specific Hispanic or Latino | | | | OH | Other Hispanic |
| | 05 | Not of Hispanic or Latino Origin | | | | NH | Non-Hispanic |
| | 06 | Hispanic or Latino - specific origin not specified | | | | | |
| | 97 | Unknown | | | | UN | Unknown |
| | 98 | Not collected | | | | 98 | Not collected |
| | | | | | | | |

| MDS 12 | **Education (MH-NOM)** | | | | 08 | **Education** | |
|---|---|---|---|---|---|---|---|
| | 00 | Less than one grade completed or no schooling | | | | 00 | None, never attended school |
| | 01 | Grade 1 | | | | 01 | First Grade |
| | 02 | Grade 2 | | | | 02 | Second Grade |
| | 03 | Grade 3 | | | | 03 | Third Grade |
| | 04 | Grade 4 | | | | 04 | Fourth Grade |
| | 05 | Grade 5 | | | | 05 | Fifth Grade |
| | 06 | Grade 6 | | | | 06 | Sixth Grade |
| | 07 | Grade 7 | | | | 07 | Seventh Grade |
| | 08 | Grade 8 | | | | 08 | Eighth Grade |
| | 09 | Grade 9 | | | | 09 | Ninth Grade |

| MDS 12 | | Education (MH-NOM) | | 08 | | Education |
|---|---|---|---|---|---|---|
| | 10 | Grade 10 | | | 10 | Tenth Grade |
| | 11 | Grade 11 | | | 11 | Eleventh Grade |
| | 12 | Grade 12 or GED | | | 12 | Twelfth grade/high school graduate |
| | 12 | Grade 12 or GED | | | 20 | GED |
| | 13 | 1st Year of College/University (Freshman) | | | 13 | One year of college |
| | 14 | 2nd Year of College/University (Sophomore) or Associate Degree | | | 14 | Two years of college |
| | 14 | 2nd Year of College/University (Sophomore) or Associate Degree | | | 35 | Associate Degree |
| | 15 | 3rd Year of College/University (Junior) | | | 15 | Three years of college |
| | 16 | 4th Year of College/University (Senior) or Bachelor's Degree | | | 16 | Baccalaureate degree |
| | 17 | Some Post-Graduate Study - Degree not completed | | | | |
| | 18 | Master's Degree completed | | | | |
| | 19-25 | Post-graduate study | | | | |
| | 70 | Graduate or Professional School - Includes Master's and Doctoral study or degrees, Medical School, Law School, etc. [This code may be used instead of detailed codes 17-25.] | | | 40 | Master's degree |
| | 70 | Graduate or Professional School - Includes Master's and Doctoral study or degrees, Medical School, Law School, etc. [This code may be used instead of detailed codes 17-25.] | | | 41 | Doctoral degree |
| | 71 | Vocational school [Includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment.] | | | 80 | Technical trade school |
| | 72 | Nursery school, pre-school | | | 50 | Nursery school |
| | 73 | Kindergarten | | | 30 | Kindergarten |
| | 74 | Self-contained special education class | | | 82 | Special education class |
| | 97 | Unknown | | | 99 | Unknown |

| MDS 12 | **Education (MH-NOM)** | | 08 | **Education** | |
|---|---|---|---|---|---|
| | 98 | Not collected | | 98 | Not collected |
| | | | | | |

| MDS 13 | **Employment Status (SU/MH NOM)** | | 11 | **Employment** | |
|---|---|---|---|---|---|
| | 01 | Full-time | | FT | Full Time |
| | 01 | Full-time | | AF | In Armed Forces |
| | 02 | Part-time | | PT | Part Time |
| | 03 | Unemployed | | UE | Unemployed |
| | 04 | Not in labor force | | NL | Not in Labor Force |
| | 04 | Not in labor force | | IN | Inmate of Institution |
| | 05 | Employed, Full/Part-time not specified | | | |
| | 97 | Unknown | | UN | Unknown |
| | 98 | Not collected | | 98 | Not collected |
| | | | | | |

| MDS 14 (A, B, C) (optional for MH reporting) | **Substance Use (Primary, Secondary, Tertiary) (SU NOM)** | | 21 | **Substance Use (Primary, Secondary and Tertiary)** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 01 | None | | 01 | None |
| | 02 | Alcohol | | 02 | Alcohol |
| | 03 | Cocaine/Crack | | 03 | Cocaine/Crack |
| | 04 | Marijuana/Hashish | | 04 | Marijuana/Hashish |
| | 05 | Heroin | | 05 | Heroin |
| | 06 | Non-Prescription Methadone | | 06 | Non-Prescription Methadone |
| | 07 | Other Opiates and Synthetics | | 07 | Other Opiates and Synthetics |
| | 08 | PCP-phencyclidine | | 08 | PCP-phencyclidine |
| | 09 | Hallucinogens | | 09 | Other Hallucinogens |
| | 10 | Methamphetamine/Speed | | 10 | Methamphetamine |
| | 11 | Other Amphetamines | | 11 | Other Amphetamines |
| | 12 | Other Stimulants | | 12 | Other Stimulants |
| | 13 | Benzodiazepines | | 13 | Benzodiazepines |
| | 14 | Other Tranquilizers | | 14 | Other non-Benzodiazepine Tranquilizers |
| | 15 | Barbiturates | | 15 | Barbiturates |
| | 16 | Other Sedatives or Hypnotics | | 16 | Other Non-Barbiturate Sedatives or Hypnotics |
| | 17 | Inhalants | | 17 | Inhalants |

| MDS 14 (A, B, C) (optional for MH reporting) | **Substance Use (Primary, Secondary, Tertiary) (SU NOM)** | | 21 | **Substance Use (Primary, Secondary and Tertiary)** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 18 | Over-the-Counter Medications | | 18 | Over-the-Counter |
| | 20 | Other Drugs | | 20 | Other |
| | 97 | Unknown | | 97 | Unknown |
| | 98 | Not collected | | 98 | Not collected (for MH-only clients) |
| | | | | | |

| MDS 15 (A, B, C) (optional for MH reporting) | **Route of Administration (of Primary, Secondary, Tertiary Substances)** | | | **Route of administration** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 01 | Oral | | 01 | Oral |
| | 02 | Smoking | | 02 | Smoking |
| | 03 | Inhalation | | 03 | Inhalation |
| | 04 | Injection (intravenous, intramuscular, intradermal, or subcutaneous) | | 04 | Injection (intravenous, intramuscular, intradermal, or subcutaneous) |
| | 20 | Other | | 20 | Other |
| | 96 | Not applicable | | 96 | Not applicable |
| | 97 | Unknown | | 97 | Unknown |
| | 98 | Not collected | | 98 | Not collected (for MH-only clients) |

| MDS 16 (A, B, C) (optional for MH reporting) | **Frequency of Use (of Primary, Secondary, Tertiary Substances) (SU NOM)** | | 21 | **Frequency of Use (Primary, Secondary, and Tertiary)** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 01 | No Use in the Past Month | | 01 | No Use in the Past Month |
| | 02 | 1-3 Days in the Past Month | | 02 | 1-3 Times in the Past Month |
| | 03 | 1-2 Days in the Past Week | | 03 | 1-2 Times in the Past Week |
| | 04 | 3-6 Days in the Past Week | | 04 | 3-6 Times in the Past Week |
| | 05 | Daily | | 05 | Daily |
| | 96 | Not applicable | | 96 | Not applicable |
| | 97 | Unknown | | 97 | Unknown |
| | 98 | Not collected | | 98 | Not collected (for MH-only clients) |
| | | | | | |

| MDS 17 (A, B, C) (optional for MH reporting) | Age at First Use (of Primary, Secondary, Tertiary Substances) | | | | Age at First Use *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|---|
| | 00 | Newborn affected by maternal use of substance | | | 00 | Newborn with Substance Dependency Problem |
| | 01-95 | Age at First Use (in years) | | | 01-95 | Age at First Use (in years) |
| | 96 | Not applicable | | | 96 | Not applicable |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected (for MH-only clients) |
| | | | | | | |

| MDS 18 (KEY field) | Type of Treatment Service/Setting | | | 03 | Type of Treatment Service/ Setting | |
|---|---|---|---|---|---|---|
| | 01 | Detoxification, 24-hour service, Hospital Inpatient | | | DH | Detox - Hosp Inpatient |
| | 02 | Detoxification, 24-hour service, Free-Standing Residential | | | DF | Detox - free-standing residential |
| | 03 | Rehabilitation/Residential - Hospital (other than Detoxification) | | | HP | Hospital Residential |
| | 04 | Rehabilitation/Residential - Short term (30 days or fewer) | | | SR | Short Term Residential |
| | 05 | Rehabilitation/Residential - Long term (more than 30 days) | | | LR | Long Term Residential |
| | 06 | Ambulatory - Intensive outpatient | | | IO | Intensive Outpatient |
| | 07 | Ambulatory - Non-intensive outpatient | | | AS | Ancillary Services |
| | 08 | Ambulatory - Detoxification | | | DO | Detox -Outpatient Ambulatory |
| | 72 | State psychiatric hospital | | | 10 | State psychiatric hospital |
| | 73 | SMHA funded/operated community-based program | | | 30 | All other agencies (i.e., PACT, CMHC, Outpatient Clinics) |
| | 74 | Residential treatment center | | | 11 | Residential Treatment Center for Children |
| | 75 | Other psychiatric inpatient | | | 12 | Inpatient (Level of Care) |
| | 76 | Institutions under the justice system | | | 13 | Jail/Correctional Facility |
| | 96 | Not applicable (use only for codependents or collateral clients (SU) and for MH clients receiving MH assessments, evaluation, or screening only) | | | 96 | Not Applicable (for codependents or collateral clients (SU) and for MH clients receiving MH assessments, evaluation, or screening only) |
| | | | | | | |

| MDS 19 (optional for MH reporting) | **Medication-Assisted Opioid Therapy** | | | 16 | **Methadone** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|---|
| | 1 | Yes | | | Y | Yes |
| | 2 | No | | | N | No |
| | 6 | Not applicable | | | | |
| | 7 | Unknown | | | U | Unknown |
| | 8 | Not collected | | | 8 | Not collected (for MH-only clients) |
| | | | | | | |

| **Supple-mental Data Set** | Unless specified as a NOM, the following SuDS fields are <u>optional</u> for both SU and MH reporting. | | | | | |
|---|---|---|---|---|---|---|

| SuDS (1, 2, 3) | **Detailed Drug Code (Primary, Secondary, and Tertiary)** | | | NA | **Detail Drug** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|---|
| | 0201 | Alcohol | | | 0201 | Alcohol |
| | 0301 | Crack | | | 0301 | Crack |
| | 0302 | Other Cocaine | | | 0302 | Other Cocaine |
| | 0401 | Marijuana/Hashish, THC, and any other cannabis sativa preparations | | | 0401 | Marijuana/Hashish |
| | 0501 | Heroin | | | 0501 | Heroin |
| | 0601 | Non-prescription Methadone | | | 0601 | Non-prescription Methadone |
| | 0701 | Codeine | | | 0701 | Codeine |
| | 0702 | Propoxyphene (Darvon) | | | 0702 | Propoxyphene (Darvon) |
| | 0703 | Oxycodone (Oxycontin) | | | 0703 | Oxycodone (Oxycontin) |
| | 0704 | Meperidine (Demerol) | | | 0704 | Meperidine (Demerol) |
| | 0705 | Hydromorphone (Dilaudid) | | | 0705 | Hydromorphone (Dilaudid) |
| | 0706 | Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics | | | 0706 | Other Opiates or Synthetics |
| | 0707 | Pentazocine (Talwin) | | | 0707 | Pentazocine (Talwin) |
| | 0708 | Hydrocodone (Vicodin) | | | 0708 | Hydrocodone (Vicodin) |
| | 0709 | Tramadol (Ultram) | | | 0709 | Tramadol (Ultram) |
| | 0710 | Buprenorphine (Subutex, Suboxone) | | | | |
| | 0801 | PCP | | | 0801 | PCP or PCP Combination |
| | 0901 | LSD | | | 0901 | LSD |
| | 0902 | DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens | | | 0902 | Other Hallucinogens |

| SuDS (1, 2, 3) | Detailed Drug Code (Primary, Secondary, and Tertiary) | | NA | Detail Drug *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 1001 | Methamphetamine/Speed | | | 1001 | Methamphetamine/Speed |
| | 1101 | Amphetamine | | | 1101 | Amphetamine |
| | 1103 | MDMA, Ecstasy | | | 1103 | MDMA, Ecstasy |
| | 1109 | "Bath salts", phenmetrazine, and other amines and related drugs | | | 1109 | Other Amphetamines |
| | 1201 | Other Stimulants | | | 1201 | Other Stimulants |
| | 1202 | Methylphenidate (Ritalin) | | | 1202 | Methylphenidate (Ritalin) |
| | 1301 | Alprazolam (Xanax) | | | 1301 | Alprazolam (Xanax) |
| | 1302 | Chlordiazepoxide (Librium) | | | 1302 | Chlordiazepoxide (Librium) |
| | 1303 | Clorazepate (Tranxene) | | | 1303 | Clorazepate (Tranzene) |
| | 1304 | Diazepam (Valium) | | | 1304 | Diazepam (Valium) |
| | 1305 | Flurazepam (Dalmane) | | | 1305 | Flurazepam (Dalmane) |
| | 1306 | Lorazepam (Ativan) | | | 1306 | Lorazepam (Ativan) |
| | 1307 | Triazolam (Halcion) | | | 1307 | Triazolam (Halcion) |
| | 1308 | Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines | | | 1308 | Other Benzodiazepine |
| | 1309 | Flunitrazepam (Rohypnol) | | | 1309 | Flunitrazepam (Rohypnol) |
| | 1310 | Clonazepam (Klonopin, Rivotril) | | | 1310 | Clonazepam (Klonopin, Rivotril) |
| | 1401 | Meprobamate (Miltown) | | | 1401 | Meprobamate (Miltown) |
| | 1403 | Other non-benzodiazepine tranquilizers | | | 1403 | Other Tranquilizer |
| | 1501 | Phenobarbital | | | 1501 | Phenobarbital |
| | 1502 | Secobarbital/Amobarbital (Tuinal) | | | 1502 | Secobarbital/Amobarbital (Tuinal) |
| | 1503 | Secobarbital (Seconal) | | | 1503 | Secobarbital (Seconal) |
| | 1509 | Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives | | | 1509 | Other Barbiturate Sedatives |
| | 1601 | Ethchlorvynol (Placidyl) | | | 1601 | Ethchlorvynol (Placidyl) |
| | 1602 | Glutethimide (Doriden) | | | 1602 | Glutethimide (Doriden) |
| | 1603 | Methaqualone (Quaalude) | | | 1603 | Methaqualone |
| | 1604 | Chloral hydrate and other non-barbiturate sedatives/hypnotics | | | 1604 | Other Non-Barbiturate Sedatives |
| | 1701 | Aerosols | | | 1701 | Aerosols |
| | 1702 | Nitrites | | | 1702 | Nitrites |
| | 1703 | Gasoline, glue, and other inappropriately inhaled products | | | 1703 | Other Inhalants |
| | 1704 | Solvents (paint thinner and other solvents) | | | 1704 | Solvents |

| SuDS (1, 2, 3) | Detailed Drug Code (Primary, Secondary, and Tertiary) | | NA | Detail Drug *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|
| | 1705 | Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics) | | | 1705 | Anesthetics |
| | 1801 | Diphenhydramine | | | 1801 | Diphenhydramine |
| | 1809 | Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication | | | 1809 | Other over-the-counter |
| | 2001 | Diphenylhydantoin/Phenytoin (Dilantin) | | | 2001 | Diphenylhydantoin/Phenytoin (Dilantin) |
| | 2002 | Synthetic Cannabinoid "Spice," Carisoprodol (Soma), and other drugs | | | 2002 | Other Drugs |
| | 2003 | GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) | | | 2003 | GHB/GBL |
| | 2004 | Ketamine (Special K) | | | 2004 | Ketamine (Special K) |
| | 9996 | Not applicable - use when the value in "Substance Use" is 01 (None) | | | 9996 | Not applicable |
| | 9997 | Unknown | | | 9997 | Unknown |
| | 9998 | Not collected | | | 9998 | Not collected (for those prior to August 1, 2006 and for MH-only clients) |
| | | | | | | |

| SuDS 4 | Diagnostic Code (DSM or ICD) (If state record layout includes SuDS 18 and SuDS 19, use code 999.98 for this field.) | | | Diagnostic Code *Note: Refer to SuDS 19 and MHA 1a-c for the new codes* | |
|---|---|---|---|---|---|
| | xxx.xx | Specify if code from DSM or ICD | | | |
| | xxx_ _ _ | where "-" represents a blank | | | |
| | xxx. _ _ | where "-" represents a blank | | | |
| | xxx.x _ | where "-" represents a blank | | | |
| | 999.96 | No SU Diagnosis | | | |
| | 999.97 | Unknown | | | |
| | 999.98 | Not collected | | | 999.98 | Not collected |
| | | | | | | |

| SuDS 5 | **Co-occurring Mental and Substance Use Disorders (Old SU name: Psychiatric problem in addition to alcohol or drug problem)** | | | 20 | **Psychiatric Problem in Addition to Alcohol or Drug** | |
|---|---|---|---|---|---|---|
| | 1 | Yes - Client has co-occurring mental and substance use disorders | | | Y | Yes |
| | 2 | No - Client does not have co-occurring mental and substance use disorders | | | N | No |
| | 7 | Unknown | | | U | Unknown |
| | 8 | Not collected | | | 8 | Not collected |
| | | | | | | |

| SuDS 6 | **Pregnant at Admission** | | | | **Pregnancy Status** | |
|---|---|---|---|---|---|---|
| | 1 | Yes - Female client was pregnant at admission | | | 1 | Yes - Female client was pregnant at admission |
| | 2 | No - Female client was not pregnant at admission | | | 2 | No - Female client was not pregnant at admission |
| | 6 | Not applicable - Use this code for male clients | | | 6 | Not applicable - Use this code for male clients |
| | 7 | Unknown | | | 7 | Unknown |
| | 8 | Not collected | | | 8 | Not collected |
| | | | | | | |

| SuDS 7 | **Veteran Status** | | | NA | **Veteran Status** | |
|---|---|---|---|---|---|---|
| | 1 | Veteran | | | Y | Yes |
| | 2 | Not a Veteran | | | N | No |
| | 7 | Unknown | | | U | Unknown |
| | 8 | Not collected | | | 8 | Not collected |

| SuDS 8 | **Living Arrangements (SU/MH NOM)** | | | 09 | **Residential Status** | |
|---|---|---|---|---|---|---|
| | 01 | Homeless - Clients with no fixed address; includes homeless shelters | | | HL | Homeless |
| | 01 | Homeless - Clients with no fixed address; includes homeless shelters | | | 13 | Homeless |
| | 02 | Dependent Living - Clients living in a supervised setting such as a residential institution, halfway house, or group home and children (under age 18) living with parents, relatives, or guardians or in foster care | | | DL | Dependent living |

| SuDS 8 | **Living Arrangements (SU/MH NOM)** | | 09 | **Residential Status** | |
|---|---|---|---|---|---|
| | 03 | Independent Living - Clients living alone or with others without supervision; includes adult children (age 18 and over) living with parents and adolescents living independently | | IL | Independent living |
| | 04 | Private residence, living arrangement not specified, adults (temporary code MH-only) | | 15 | Private Residence (for adults) |
| | 22 | Dependent living: residential care (MH-only) | | 04 | Supported Residential |
| | 32 | Dependent living: foster home/foster care (MH-only) | | 02 | Foster Home or Family Sponsor Home |
| | 42 | Dependent living: crisis residence (MH-only) | | 06 | Crisis Care |
| | 52 | Dependent living: institutional setting (MH-only) | | 08 | Nursing Home/Physical Rehabilitation |
| | 62 | Dependent living: jail and other institutions under the justice system (MH-only) | | 10 | Local Jail or Correctional Facility |
| | 62 | Dependent living: jail and other institutions under the justice system (MH-only) | | 11 | State Correctional Facility |
| | 72 | Dependent living: adults in private residence who need assistance in daily living (MH-only) | | | |
| | 97 | Unknown | | UN | Unknown |
| | 98 | Not collected | | 98 | Not collected |
| | | | | | |

| SuDS 9 | **Source of Income/Support** | | 12 | **Source of Income** | |
|---|---|---|---|---|---|
| | 01 | Wages/Salary | | W | Wages/Salary |
| | 02 | Public Assistance | | P | Public Assistance |
| | 03 | Retirement/Pension | | R | Retirement/Pension |
| | 04 | Disability | | D | Disability |
| | 20 | Other | | O | Other |
| | 21 | None | | N | None |
| | 97 | Unknown | | U | Unknown |
| | 98 | Not collected | | 98 | Not collected |
| | | | | | |

| SuDS 10 | **Health Insurance** | | 13 | **Health insurance** | |
|---|---|---|---|---|---|
| | 01 | Private Insurance | | PI | Private Insurance |
| | 02 | Blue Cross/Blue Shield | | BB | Blue Cross/Blue Shield |

| SuDS 10 | **Health Insurance** | | | | 13 | **Health Insurance** | |
|---|---|---|---|---|---|---|---|
| | 03 | Medicare | | | | ME | Medicare |
| | 04 | Medicaid | | | | MD | Medicaid |
| | 06 | Health Maintenance Organization (HMO) | | | | HM | Health Maintenance Organization (HMO) |
| | 20 | Other (e.g., TRICARE) | | | | OT | Other |
| | 21 | None | | | | NO | None |
| | 97 | Unknown | | | | UN | Unknown |
| | 98 | Not collected | | | | 98 | Not collected |
| | | | | | | | |

| SuDS 11 | **Payment Source, Primary (Expected or Actual)** | | | | | **Primary Source of Payment** | |
|---|---|---|---|---|---|---|---|
| | 01 | Self-Pay | | | | | |
| | 02 | Blue Cross/Blue Shield | | | | | |
| | 03 | Medicare | | | | | |
| | 04 | Medicaid | | | | | |
| | 05 | Other Government Payments | | | | | |
| | 06 | Worker's Compensation | | | | | |
| | 07 | Other Health Insurance Companies | | | | | |
| | 08 | No Charge (Free, Charity, Special Research, or Teaching) | | | | | |
| | 09 | Other | | | | | |
| | 97 | Unknown | | | | | |
| | 98 | Not collected | | | | 98 | Not collected |
| | | | | | | | |

| SuDS 12 | **Detailed Not in Labor Force (SU/MH NOM)** | | | | NA | **Detailed Not in Labor Force** | |
|---|---|---|---|---|---|---|---|
| | 01 | Homemaker | | | | 01 | Homemaker |
| | 02 | Student | | | | 02 | Student |
| | 03 | Retired | | | | 03 | Retired |
| | 04 | Disabled | | | | 04 | Disabled |
| | 05 | Resident of institution or persons receiving services from institutional facilities such as hospitals, jails, prisons, etc. | | | | 05 | Inmate of Institution |
| | 06 | Other - For example, volunteer, seasonal worker | | | | 06 | Other |
| | 07 | Sheltered/non-competitive employment (MH-only) | | | | 13 | Not in Labor Force: Sheltered employment settings |
| | 96 | Not applicable | | | | 96 | Not applicable |

| SuDS 12 | Detailed Not in Labor Force (SU/MH NOM) | | | NA | Detailed Not in Labor Force | |
|---|---|---|---|---|---|---|
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| SuDS 13 | Detailed Criminal Justice Referral | | | NA | Detailed Criminal Justice Referral | |
|---|---|---|---|---|---|---|
| | 01 | State/Federal Court | | | 01 | State/Federal Court |
| | 02 | Other Court - Court other than state or federal court | | | 02 | Other court |
| | 03 | Probation/Parole | | | 03 | Probation/Parole |
| | 04 | Other Recognized Legal Entity - For example, local law enforcement agency, corrections agency, youth services, review board/agency | | | 04 | Other Recognized Legal Entity |
| | 05 | Diversionary Program (e.g., TASC) | | | 05 | Diversionary Program (E.G., TASC) |
| | 06 | Prison | | | 06 | Prison |
| | 07 | DUI/DWI | | | 07 | DUI/DWI |
| | 08 | Other | | | 08 | Other |
| | 96 | Not applicable | | | 96 | Not applicable |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| SuDS 14 | Marital Status | | | NA | Marital Status | |
|---|---|---|---|---|---|---|
| | 01 | Never Married - Includes clients who are single or whose only marriage was annulled | | | S | Never Married (Single) |
| | 02 | Now Married - Includes married couples, those living together as married, living with partners, or cohabiting | | | ML | Now Married |
| | 03 | Separated - Includes those legally separated or otherwise absent from spouse because of marital discord | | | P | Separated |
| | 04 | Divorced | | | D | Divorced |
| | 05 | Widowed | | | W | Widowed |
| | 97 | Unknown | | | U | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| SuDS 15 | **Days Waiting to Enter SU Treatment** | | | NA | **Days Waiting to Enter SU Treatment** | |
|---|---|---|---|---|---|---|
| | 000-996 | Number of days waiting | | | | |
| | 997 | Unknown | | | | |
| | 998 | Not collected | | | 998 | Not Collected |
| | | | | | | |

| SuDS 16 | **Arrests in Past 30 Days (SU/MH NOM)** | | | NA | **Arrests in 30 Days Prior to Admission** | |
|---|---|---|---|---|---|---|
| | 00-96 | Number of arrests | | | 00 | None |
| | 00-96 | Number of arrests | | | 01-96 | 01-96 |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| SuDS 17 | **Attendance at SU Self-Help Groups in Past 30 Days - Admission (SU-NOM)** | | | | **Frequency of Attendance at Self-Help SU Programs (AA, NA, etc.) in 30 Days Prior to Admission** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|---|
| | 01 | No attendance | | | 1 | No attendance in the past month |
| | 02 | Less than once a week - 1 to 3 times in the past 30 days | | | 2 | 1-3 times in past month (less than 1 per week) |
| | 03 | About once a week - 4 to 7 times in the past 30 days | | | 3 | 4-7 times in past month (about 1 per week) |
| | 04 | 2 to 3 times per week - 8-15 times in the past 30 days | | | 4 | 8-15 times in past month (2-3 times per week) |
| | 05 | At least 4 times a week - 16 to 30 times in the past 30 days | | | 5 | 16-30 times in past month (4+ times per week) |
| | 06 | Some attendance - Number of times and frequency is unknown | | | 6 | Some attendance but frequency unknown |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not Collected | | | 98 | Not Collected (for MH-only clients) |
| | | | | | | |

| SuDS 18 | **Diagnostic Code Set Identifier** | | | | **Diagnostic Code Set** | |
|---|---|---|---|---|---|---|
| | 1 | DSM-IV | | | 1 | DSM-IV code |
| | 2 | ICD-9 | | | | |
| | 3 | ICD-10 | | | | |
| | 4 | DSM-5 | | | 4 | DSM-5 |
| | 5 | DSM-IIIR | | | | |
| | 7 | Unknown | | | | |

| SuDS 18 | **Diagnostic Code Set Identifier** | | | | **Diagnostic Code Set** | |
|---|---|---|---|---|---|---|
| | 8 | Not collected | | | | |

| SuDS 19 | **Substance Use Diagnosis - (use this in lieu of SuDS 4)** | | | | **Substance Use Diagnosis**<br>*Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | xxx.xxxx | |
| | xxx- - - - - | where "-" represents a blank | | | xxx- - - - - | |
| | xxx. - - - - | where "-" represents a blank | | | xxx. - - - - | |
| | xxx.x- - - | where "-" represents a blank | | | xxx.x- - - | |
| | xxx.xx- - | where "-" represents a blank | | | xxx.xx- - | |
| | xxx.xxx- | where "-" represents a blank | | | xxx.xxx- | |
| | 999.9996 | No Substance Use Diagnosis | | | 999.9996 | No Substance Use Diagnosis (for MH-<u>only</u> clients) |
| | 999.9997 | Unknown | | | 999.97 | Unknown |
| | 999.9998 | Not collected | | | 999.98 | Not collected |
| | | | | | | |
| **Mental Health Admission Data Set** | The following MHA fields are optional for SU reporting but may be reported for persons with co-occurring mental and substance use disorders if information is available | | | | | |
| MHA 1a | **MH Diagnosis - One** | | | | **MH Diagnostic Code - One**<br>*Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
| | xxx.xxxx | | | | xxx.xxxx | |
| | xxx- - - - - | | | | xxx- - - - - | |
| | xxx. - - - - | | | | xxx. - - - - | |
| | xxx.x- - - | | | | xxx.x- - - | |
| | xxx.xx- - | | | | xxx.xx- - | |
| | xxx.xxx- | | | | xxx.xxx- | |
| | 999.9997 | Unknown | | | 999.9997 | Unknown (for SU-only clients) |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for clients receiving MH evaluation/screening only) |
| | | | | | | |

| MHA 1b | **MH Diagnosis - Two** | | | | **MH Diagnostic Code - Two** | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | xxx.xxxx | |
| | xxx- - - - - | | | | xxx.- - - - | |
| | xxx. - - - - | | | | xxx. - - - - | |
| | xxx.x- - - | | | | xxx.x- - - | |
| | xxx.xx- - | | | | xxx.xx- - | |

| MHA 1b | **MH Diagnosis - Two** | | | | **MH Diagnostic Code - Two** | |
|---|---|---|---|---|---|---|
| | xxx.xxx- | | | | xxx.xxx- | |
| | 999.9996 | No MH Diagnosis – Two | | | 999.9996 | No MH Diagnosis- Two |
| | 999.9997 | Unknown | | | 999.9997 | Unknown (auto-coded for SU-only clients) |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for clients receiving MH evaluation only) |

| MHA 1c | **MH Diagnosis - Three** | | | | **MH Diagnosis - Three** | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | | |
| | xxx- - - - - | | | | | |
| | xxx. - - - - | | | | | |
| | xxx.x- - - | | | | | |
| | xxx.xx- - | | | | | |
| | xxx.xxx- | | | | | |
| | 999.9996 | No MH Diagnosis- Three | | | | |
| | 999.9997 | Unknown | | | | |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for all clients; state collects only 2 MH diagnoses for every client) |

| MHA 2 | **SMI/SED Status** | | | | **SMI/SED Status**<br>*Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | 1 | SMI | | | 1 | Yes, to SMI |
| | 2 | SED | | | 1 | Yes, to SED |
| | 3 | At risk for SED (optional) | | | | |
| | 4 | Not SMI/SED | | | 2 | No to both |
| | 7 | Unknown | | | -- | Blank field for both |
| | 8 | Not collected | | | 8 | Not collected (for SU-only clients) |

| MHA 3 | **School Attendance Status (MH NOM)** | | | | **School Attendance Status** | |
|---|---|---|---|---|---|---|
| | 1 | Yes, client has attended school at any time in the past 3 months | | | 01 | Attending school |
| | 2 | No, client has not attended school at any time in the past 3 months | | | 02 | Not in school |
| | 6 | Not applicable | | | 06 | MH client age less than 3 or greater than 17 (except for young adults 18-21 protected by Individual with Disabilities Education Act (IDEA) |

| MHA 3 | School Attendance Status (MH NOM) | | | | School Attendance Status | |
|---|---|---|---|---|---|---|
| | 7 | Unknown | | | UN | Field is blank |
| | 8 | Not collected | | | 08 | Not collected (for SU-only clients) |
| | | | | | | |

| MHA 4 | Legal Status at Admission to State Hospital | | | | State Hospital - Legal Status at Admission | |
|---|---|---|---|---|---|---|
| | 01 | Voluntary-self | | | | |
| | 02 | Voluntary-others (parents, guardians, etc.) | | | | |
| | 03 | Involuntary-civil | | | 1 | Involuntary - Civil |
| | 04 | Involuntary-criminal | | | 2 | Involuntary - Criminal |
| | 05 | Involuntary-juvenile justice | | | | |
| | 06 | Involuntary-civil, sexual | | | 3 | Sexual Offender |
| | 96 | Not applicable | | | 96 | Not applicable (for other admissions records not to state hospital) |
| | 97 | Unknown | | | 7 | Unknown |
| | 98 | Not collected | | | 8 | Not collected (for SU-only clients) |

| MHA 5 (Optional for MH reporting) | CGAS/GAF Score | | | | GAF/CGAS Score | |
|---|---|---|---|---|---|---|
| | 0-100 | Score | | | | |
| | 997 | Unknown | | | | |
| | 998 | Not Collected | | | 998 | Not Collected (for all clients) |

## UPDATE/DISCHARGE RECORD

| Discharge Data Set | Unless specified as optional, these DIS fields are mandatory. | | | | | |
|---|---|---|---|---|---|---|
| DIS 1 | System Transaction Type | | | | System Transaction Type | |
| | A | Add | | | A | A Add |
| | C | Change | | | C | C Change |
| | D | Delete | | | D | D Delete |
| | | | | | | |

| DIS 2 (KEY field) | State Code | | NA | | FIPS State Code | |
|---|---|---|---|---|---|---|
| | | 2 characters | | | | 2 characters |
| | | | | | | |

| DIS 3 | Reporting Date (MMYYYY) | | NA | Month and Year Data File Created | |
|---|---|---|---|---|---|
| | | MMYYYY | | | MMYYYY |
| | | | | | |

| DIS 4 (KEY field) | State Provider Identifier | | NA | Provider ID | |
|---|---|---|---|---|---|
| | | 1-15 characters | | | 7 characters |
| | | | | | |

| DIS 5 (KEY field) | Client Identifier | | NA | Client ID | |
|---|---|---|---|---|---|
| | | 1-15 characters | | | 7 characters |
| | | | | | |

| DIS 6 (KEY field) | Codependent/collateral | | 30 | Collateral | |
|---|---|---|---|---|---|
| | 1 | Codependent/collateral | | Y | Yes |
| | 2 | Client | | N | No (for all MH clients) |
| | | | | | |

| DIS 7 (KEY field) | Type of Treatment Service/Setting | | 33 | Service at Discharge | |
|---|---|---|---|---|---|
| | 01 | Detoxification, 24-hour service, Hospital Inpatient | | DH | Detox - Hosp Inpatient |
| | 02 | Detoxification, 24-hour service, Free-Standing Residential | | DF | Detox - free-standing residential |
| | 03 | Rehabilitation/Residential - Hospital (other than Detoxification) | | HP | Hospital Residential |
| | 04 | Rehabilitation/Residential - Short term (30 days or fewer) | | SR | Short Term Residential |
| | 05 | Rehabilitation/Residential - Long term (more than 30 days) | | LR | Long Term Residential |
| | 06 | Ambulatory - Intensive outpatient | | IO | Intensive Outpatient |
| | 07 | Ambulatory - Non-intensive outpatient | | NO | Non-Intensive Outpatient |
| | 08 | Ambulatory - Detoxification | | DO | Detox -Outpatient Ambulatory |
| | 72 | State psychiatric hospital | | 10 | State psychiatric hospital |
| | 73 | SMHA funded/operated community-based program | | 30 | All other agencies (i.e., PACT, CMHC, Outpatient Clinics) |
| | 74 | Residential treatment center | | 11 | Residential Treatment Center for Children |
| | 75 | Other psychiatric inpatient | | 12 | Inpatient (Level of Care) |

| DIS 7 (KEY field) | Type of Treatment Service/Setting | | 33 | Service at Discharge | |
|---|---|---|---|---|---|
| | 76 | Institutions under the justice system | | 13 | Jail/Correctional Facility |
| | 96 | Not applicable (use only for codependents or collateral clients) | | 96 | Not Applicable |
| | | | | | |

| DIS 8 (KEY field) | Date of Last Contact or Data Update | | 37 | End Date of Last Service or Last Data Update | |
|---|---|---|---|---|---|
| | | MMDDYYYY | | | MMDDYYYY |
| | 01010007 | Unknown | | | |
| | 01010008 | Not collected | | | |
| | | | | | |

| DIS 9 (KEY field) | Date of Discharge | | 38 | End Date of Last Service | |
|---|---|---|---|---|---|
| | | MMDDYYYY | | | MMDDYYYY |
| | | | | 0101006 | Not applicable (used for MH update records) |

| DIS 10 | Reason for Discharge, Transfer, or Discontinuance of Treatment | | 32 | Reason for Discharge | |
|---|---|---|---|---|---|
| | 01 | Treatment completed | | CTS | Treatment Completed |
| | 02 | Dropped out of treatment (lost contact, administrative discharge, left against medical advice, eloped, failed to return from leave, and client choice) | | APA | Left Against Professional Advice |
| | 03 | Terminated by facility | | TDS | Terminated by Facility |
| | 04 | Transferred to another treatment program or facility | | 04 | Transferred |
| | 14 | Transferred to another treatment program but client is no show | | 14 | Transferred but client did not show up |
| | 05 | Incarcerated or released by or to courts | | INC | Incarcerated |
| | 06 | Death | | D | Death |
| | 07 | Other (includes aging out of the children's MH system, extended placement (conditional release), and all other reasons) | | O | Other |
| | 08 | Unknown - This code will continue to be accepted. However, States are encouraged to use the code 97 Unknown instead. | | U | Unknown |

| DIS 10 | **Reason for Discharge, Transfer, or Discontinuance of Treatment** | | | 32 | **Reason for Discharge** | |
|---|---|---|---|---|---|---|
| | 24 | Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system | | | 30 | Transferred to another treatment program funded by Medicaid (not within the purview of SMHA) |
| | 34 | Discharged temporarily to an acute medical facility for medical services (MH-only) | | | 22 | Discharged for acute medical care |
| | 96 | Not applicable | | | 96 | Not applicable (used for MH update records) |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| **DIS 11 through DIS 20: Values for the following data fields must be taken from the admission record associated with the discharge record** | |
|---|---|
| | |
| DIS 11 | **Provider Identifier at Admission (MDS 1)** | |
| | |
| DIS 12 | **Client Identifier at Admission (MDS 2)** | |
| | |
| DIS 13 | **Codependent/Collateral (from admission record MDS 3)** | |
| | |
| DIS 14 | **Client Transaction Type (from admission record MDS 4)** | |
| | |
| DIS 15 | **Date of Admission (from admission record MDS 5)** | |
| | |
| DIS 16 | **Type of Service/Setting at Admission (from admission record MDS 18)** | |
| | |
| DIS 17 | **Date of Birth (from admission record MDS 8)** | |
| | |
| DIS 18 | **Gender (from admission record MDS 9)** | |
| | |
| DIS 19 | **Race (from admission record MDS 10)** | |
| | |
| DIS 20 | **Hispanic or Latino Origin (Ethnicity) (from admission record MDS 11)** | |
| | |

| DIS 21 (A, B, C) (optional for MH reporting) | Substance Use (Primary, Secondary, and Tertiary) (SU NOM) | | | 31 | Substance Use at Discharge, (Primary, Secondary, and Tertiary) *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | 01 | None | | | 01 | None |
| | 02 | Alcohol | | | 02 | Alcohol |
| | 03 | Cocaine/Crack | | | 03 | Cocaine/Crack |
| | 04 | Marijuana/Hashish | | | 04 | Marijuana/Hashish |
| | 05 | Heroin | | | 05 | Heroin |
| | 06 | Non-Prescription Methadone | | | 06 | Non-Prescription Methadone |
| | 07 | Other Opiates and Synthetics | | | 07 | Other Opiates and Synthetics |
| | 08 | PCP-phencyclidine | | | 08 | PCP-phencyclidine |
| | 09 | Hallucinogens | | | 09 | Other Hallucinogens |
| | 10 | Methamphetamine/Speed | | | 10 | Methamphetamine |
| | 11 | Other Amphetamines | | | 11 | Other Amphetamines |
| | 12 | Other Stimulants | | | 12 | Other Stimulants |
| | 13 | Benzodiazepine | | | 13 | Benzodiazepine |
| | 14 | Other Tranquilizers | | | 14 | Other Tranquilizers |
| | 15 | Barbiturates | | | 15 | Barbiturates |
| | 16 | Other Sedatives or Hypnotics | | | 16 | Other Sedatives or Hypnotics |
| | 17 | Inhalants | | | 17 | Inhalants |
| | 18 | Over-The-Counter Medications | | | 18 | Over-the-counter |
| | 20 | Other Drugs | | | 20 | Other |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected (for MH-only clients) |

| DIS 22 (A, B, C) (optional for MH-only) | Frequency of Use at Discharge (Primary, secondary and tertiary) (SU NOM) | | | 34 | Frequency of Use at Discharge (Primary, Secondary and Tertiary) *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | 01 | No Use in the Past Month | | | 01 | No Use in the Past Month |
| | 02 | 1-3 Days in the Past Month | | | 02 | 1-3 Times in the Past Month |
| | 03 | 1-2 Days in the Past Week | | | 03 | 1-2 Times in the Past Week |
| | 04 | 3-6 Days in the Past Week | | | 04 | 3-5 Times in the Past Week |
| | 05 | Daily | | | 05 | Daily |
| | 96 | Not applicable | | | 96 | Not applicable |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected (for MH-only clients) |

| DIS 23 | | Living Arrangements at Discharge (SU/MH NOM) | | 35 | | Living Arrangement at Discharge |
|---|---|---|---|---|---|---|
| | 01 | Homeless - Clients with no fixed address; includes homeless shelters | | | 01 | Homeless |
| | 02 | Dependent Living - Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care | | | 02 | Dependent living |
| | 03 | Independent Living - Clients living alone or with others without supervision; includes adult children (age 18 and over) living with parents and adolescents living independently | | | 03 | Independent living |
| | 04 | Private residence, living arrangement not specified, adults (temporary code MH-only) | | | 15 | Private Residence (for adults) |
| | 22 | Dependent living: residential care and other residential status (MH-only) | | | 04 | Supported Residential |
| | 32 | Dependent living: foster home/foster care (MH-only) | | | 02 | Foster Home or Family Sponsor Home |
| | 42 | Dependent living: crisis residence (MH-only) | | | 06 | Crisis Care |
| | 52 | Dependent living: institutional setting (MH-only) | | | 08 | Nursing Home/Physical Rehabilitation |
| | 62 | Dependent living: jail and other institutions under the justice system (MH-only) | | | 10 | Local Jail or Correctional Facility |
| | 72 | Dependent living: adults in private residence who need assistance in daily living (MH-only) | | | 11 | State Correctional Facility |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| DIS 24 | **Employment Status at Discharge (SU/MH NOM)** | | | 39 | **Employment Status at Discharge** | |
|---|---|---|---|---|---|---|
| | 01 | Full-time - working 35 hours or more each week, including active duty members of the uniformed services | | | 01 | Full Time |
| | 01 | Full-time - working 35 hours or more each week, including active duty members of the uniformed services | | | 01 | In Armed Force |
| | 02 | Part-time - working fewer than 35 hours each week | | | 02 | Part Time |
| | 03 | Unemployed - looking for work during the past 30 days or on layoff from a job | | | 03 | Unemployed |
| | 04 | Not in labor force - not looking for work during past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution. Clients in this category are further defined in Detailed Not in Labor Force (SuDS 12). | | | 04 | Not in Labor Force |
| | 04 | Not in labor force - not looking for work during past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution. Clients in this category are further defined in Detailed Not in Labor Force (SuDS 12). | | | 04 | Inmate of Institution |
| | 05 | Employed, full/part-time not specified (MH-only) | | | N/A | Not used |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| DIS 25 | **Detailed Not in Labor Force at Discharge (SU/MH NOM)** | | | 36 | **Detailed Not in Labor Force at Discharge** | |
|---|---|---|---|---|---|---|
| | 01 | Homemaker | | | 01 | Homemaker |
| | 02 | Student | | | 02 | Student |
| | 03 | Retired | | | 03 | Retired |
| | 04 | Disabled | | | 04 | Disabled |
| | 05 | Resident of institution or persons receiving services from institutional facilities such as hospitals, jails, | | | 05 | Inmate of Institution |

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| DIS 25 | **Detailed Not in Labor Force at Discharge (SU/MH NOM)** | | | 36 | **Detailed Not in Labor Force at Discharge** | |
|---|---|---|---|---|---|---|
| | | prisons, etc. | | | | |
| | 06 | Other | | | 06 | Other |
| | 07 | Sheltered/non-competitive employment (MH-only) | | | 13 | Not in Labor Force: Sheltered employment settings |
| | 96 | Not applicable | | | 96 | Not applicable (all records with Employment Status not "04") |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| DIS 26 | **Arrests in Past 30 Days - Discharge (SU/MH NOM)** | | | 40 | **Arrests in 30 Days Prior to Discharge** | |
|---|---|---|---|---|---|---|
| | 00-96 | Number of arrests | | | 00 | None |
| | 00-96 | Number of arrests | | | 01-96 | 01-96 |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| DIS 27 (optional for MH-only) | **Attendance at SU Self-Help Groups in Past 30 Days - Discharge (SU NOM)** | | | 50 | **Frequency of Attendance at Self-Help SU Programs (AA, NA, etc.) in 30 Days Prior to Discharge** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders.* | |
|---|---|---|---|---|---|---|
| | 1 | No attendance in the past month | | | 1 | No attendance in the past month |
| | 2 | Less than once a week - 1 to 3 times in the past 30 days | | | 2 | 1-3 times in past month (less than 1 per week) |
| | 3 | About once a week - 4 to 7 times in the past 30 days | | | 3 | 4-7 times in past month (about 1 per week) |
| | 4 | 2 to 3 times per week - 8-15 times in the past 30 days | | | 4 | 8-15 times in past month (2-3 times per week) |
| | 5 | At least 4 times a week - 16 to 30 times in the past 30 days | | | 5 | 16-30 times in past month (4+ times per week) |
| | 6 | Some attendance - Number of times and frequency is unknown | | | 6 | Some attendance but frequency unknown |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not Collected | | | 98 | Not Collected (for MH-only clients) |
| | | | | | | |

| DIS 28 (KEY field) | **Client Transaction Type** | | | | **Client Transaction Status** | |
|---|---|---|---|---|---|---|
| | D | Discharge (SU) | | | D | Discharge - Program Type: SU |

| DIS 28 (KEY field) | Client Transaction Type | | | | Client Transaction Status | |
|---|---|---|---|---|---|---|
| | E | Discharge (MH) | | | E | Discharge - Program Type: MH |
| | U | Data Update (MH) | | | U | MH Update |
| | | | | | | |

| Mental Health Discharge Data Set | The following MHD fields are optional for SU reporting but may be reported for persons with co-occurring mental and substance use disorders if information is available | | | | | |
|---|---|---|---|---|---|---|
| MHD 1 | Diagnostic Code Set Identifier | | | | Diagnostic Code Set | |
| | 1 | DSM-IV | | | 1 | DSM-IV code |
| | 2 | ICD-9 | | | | |
| | 3 | ICD-10 | | | 3 | ICD-10 |
| | 4 | DSM-V | | | 4 | DSM-V |
| | 5 | DSM-IIIR | | | | |
| | 7 | Unknown | | | | |
| | 8 | Not Collected | | | | |
| | | | | | | |

| MHD 2a | MH Diagnosis - One | | | | MH Diagnostic Code  *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | xxx.xxxx | |
| | xxx- - - - - | | | | xxx- - - - - | |
| | xxx. - - - - | | | | xxx. - - - - | |
| | xxx.x- - - | | | | xxx.x- - - | |
| | xxx.xx- - | | | | xxx.xx- - | |
| | xxx.xxx- | | | | xxx.xxx- | |
| | 999.9996 | No MH Diagnosis – One | | | 999.9996 | No MH Diagnosis – One |
| | 999.9997 | Unknown | | | 999.9997 | Unknown (for SU-only clients) |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for MH clients receiving MH evaluation only) |
| | | | | | | |

| MHD 2b | MH Diagnosis - Two | | | | MH Diagnostic Code | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | xxx.xxxx | |
| | xxx- - - - - | | | | xxx- - - - - | |
| | xxx. - - - - | | | | xxx. - - - - | |
| | xxx.x- - - | | | | xxx.x- - - | |
| | xxx.xx- - | | | | xxx.xx- - | |
| | xxx.xxx- | | | | xxx.xxx- | |
| | 999.9996 | No MH Diagnosis- Two | | | 999.9996 | No MH Diagnosis- Two |

| MHD 2b | **MH Diagnosis - Two** | | | | **MH Diagnostic Code** | |
|---|---|---|---|---|---|---|
| | 999.9997 | Unknown | | | 999.9997 | blank field or for SU-only clients |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for MH clients receiving MH evaluation only) |
| | | | | | | |

| MHD 2c | **MH Diagnosis - Three** | | | | **MH Diagnostic Code** | |
|---|---|---|---|---|---|---|
| | xxx.xxxx | | | | | |
| | xxx- - - - - | | | | | |
| | xxx. - - - - | | | | | |
| | xxx.x- - - | | | | | |
| | xxx.xx- - | | | | | |
| | xxx.xxx- | | | | | |
| | 999.9996 | No MH Diagnosis- Three | | | | |
| | 999.9997 | Unknown | | | | |
| | 999.9998 | Not collected | | | 999.9998 | Not collected (for all clients; state collects only 2 MH diagnoses for every client) |
| | | | | | | |

| MHD 3 | **SMI/SED Status** | | | | **SMI/SED Status** *Note: If available, data should be reported for clients with co-occurring mental and substance use disorders* | |
|---|---|---|---|---|---|---|
| | 1 | SMI | | | 1 | Yes, to SMI |
| | 2 | SED | | | 1 | Yes, to SED |
| | 3 | At risk for SED (optional) | | | | |
| | 4 | Not SMI/SED | | | 2 | No to both |
| | 7 | Unknown | | | -- | Blank field for both |
| | 8 | Not collected | | | 8 | Not collected for SU-only clients |
| | | | | | | |

| MHD 4 | **School Attendance Status (MH NOM)** | | | | **School Attendance Status** | |
|---|---|---|---|---|---|---|
| | 1 | Yes, client has attended school at any time in the past 3 months | | | 01 | Attending school |
| | 2 | No, client has not attended school at any time in the past 3 months | | | 02 | Not in school |
| | 6 | Not applicable | | | 06 | MH client age less than 3 or greater than 17 |
| | 7 | Unknown | | | UN | Field is blank |
| | 8 | Not collected | | | 08 | Not collected (for SU-only clients) |
| | | | | | | |

| MHD 5 | **Education (MH NOM)** | | | | **Education/Grade Level** | |
|---|---|---|---|---|---|---|
| | 00 | Less than one school grade or no schooling | | | 00 | None, never attended school |
| | 01 | Grade 1 | | | 01 | First grade |
| | 02 | Grade 2 | | | 02 | Second grade |
| | 03 | Grade 3 | | | 03 | Third grade |
| | 04 | Grade 4 | | | 04 | Fourth grade |
| | 05 | Grade 5 | | | 05 | Fifth grade |
| | 06 | Grade 6 | | | 06 | Sixth grade |
| | 07 | Grade 7 | | | 07 | Seventh grade |
| | 08 | Grade 8 | | | 08 | Eighth grade |
| | 09 | Grade 9 | | | 09 | Ninth grade |
| | 10 | Grade 10 | | | 10 | Tenth grade |
| | 11 | Grade 11 | | | 11 | Eleventh grade |
| | 12 | 12th grade or GED | | | 12 | Twelfth grade/high school graduate |
| | 12 | 12th grade or GED | | | 20 | GED |
| | 13 | 1st year of college/university (Freshman) | | | 13 | One year of college |
| | 14 | 2nd year of college/university (Sophomore) or Associate's Degree | | | 14 | Two years of college |
| | 15 | 3rd year of college/university (Junior) | | | 15 | Three years of college |
| | 16 | 4th year of college/university (Senior) or Bachelor's Degree | | | 16 | Baccalaureate degree |
| | 70 | Graduate or professional school | | | 17 | Post graduate school |
| | 71 | Vocational school | | | 80 | Technical trade school |
| | 72 | Nursery school, pre-school | | | 50 | Nursery school |
| | 73 | Kindergarten | | | 30 | Kindergarten |
| | 74 | Self-contained special education class | | | 82 | Special education |
| | 97 | Unknown | | | 97 | Unknown |
| | 98 | Not collected | | | 98 | Not collected |
| | | | | | | |

| MHD 6 (Optional for MH reporting) | **CGAS/GAF Score** | | | | **CGAS/GAF Score** | |
|---|---|---|---|---|---|---|
| | 0-100 | Score | | | | |
| | 997 | Unknown | | | | |
| | 998 | Not Collected | | | 998 | Not Collected (for all clients) |

# Appendix C. File Specifications

## Data File Specifications

Data files can be submitted as TEDS fixed-length ASCII flat format or as non-fixed-length file format. For non-fixed-length file formats please refer to the **DSS State User Manual**.

For Fixed-length ASCII flat files:

(1) Three fixed record length sizes are currently accepted by the TEDS system.

- o Short fixed-length (Admissions-138, Discharges-137): For substance use reporting only. This is a backward compatible fixed length (i.e., the old file format continues to be accepted).
- o Medium fixed-length (Admissions-147, Discharges-137): For substance use reporting only. This becomes the applicable fixed-length for substance use admission records when the following data fields have been included: (1) **SuDS 18 Diagnostic Code Set Identifier** and (2) **SuDS 19 Substance Use Diagnosis**. A discharge record with record length of 137 is deemed to have a field value of *D Discharge - Substance use treatment* for **DIS 28 Client Transaction Type**.
- o Long fixed-length files (Admissions-178, Discharges-170): For mental health reporting as well as for substance use reporting when any of the optional mental health data fields are reported.

(2) Fields must occupy the column(s) specified in the file structure tables.
(3) All fields must have valid values (see **Appendix D)**.
(4) Only printable alphanumeric ASCII characters are valid.
(5) Numeric fields must be right-justified and filled with zeros.
(6) All alphanumeric fields must use valid entries with no blank spaces, except **State Provider Identifier** and **Client Identifier**, which must be left-justified and filled with blank spaces.
(7) A field populated with 9s, indicating *Invalid data,* is reserved for use by the BHSIS Project Office.
(8) The end of a record may be indicated with either LF (line feed) or CR-LF (carriage return-line feed).
(9) End-of-file markers are optional, as is line feed (LF) for the last record in the file.

## Admission Record Structure

The data fields of the admission record are:

### System Data Set (SDS)

Fields 1–3 are processing control fields. They identify the type of submission, the state, and the reporting date. Each state is required to submit data for all SDS fields.

### Minimum Data Set (MDS)

Fields 4–30 include demographic, substance use, and treatment characteristics. Each state is required to submit data for all MDS fields. Substance use data in the MDS fields are optional for

mental health. However, states are encouraged to submit this information when collected for mental health clients with a co-occurring substance use disorder.

**Supplemental Data Set (SuDS)**

Fields 31–47 include psycho-socioeconomic characteristics or additional detail for MDS data fields.

Except for those fields designated as National Outcome Measures (NOMs) (see **Appendix D. Data Dictionary**), reporting of SuDS data fields is optional for both mental health and substance use. However, states are encouraged to report all SuDS fields available in the state data system.

Fields 48–49 have been appended to the admission record. Field 48 identifies the diagnostic code set used to report the substance use and mental health diagnostic codes. SuDS 19 (field 49) will replace SuDS 4 and has been formatted to also accommodate the longer ICD-10 codes.

The introduction of these two new fields allows for flexibility in reporting diagnostic codes. States may use different code sets to report diagnostic codes across different records but should use a consistent code set for reporting the substance use and mental health diagnostic codes within the same record.

The substance use field allows for separate reporting of the substance use diagnosis and mental health diagnosis.

**Mental Health Admission Data Set (MHA)**

Fields 50–56 are mental health fields that have been appended to the admission record. These are optional reporting for substance use, but states are encouraged to submit the information, if available, for substance use clients with a co-occurring mental disorder.

## Admission File Specifications

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| System Data Set | | | | | | |
| 1 | SDS 1 | **System Transaction Type** | Alphanumeric | 1 | 1 | 1 |
| 2 KEY | SDS 2 | **State Code** | Alphanumeric | 2 | 2 | 3 |
| 3 | SDS 3 | **Reporting Date** | Numeric | 6 | 4 | 9 |
| Minimum Data Set | | | | | | |
| 4 KEY | MDS 1 | **State Provider Identifier** | Alphanumeric | 15 | 10 | 24 |
| 5 KEY | MDS 2 | **Client Identifier** | Alphanumeric | 15 | 25 | 39 |
| 6 KEY | MDS 3 | **Codependent/Collateral** | Numeric | 1 | 40 | 40 |

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| 7 KEY | MDS 4 | **Client Transaction Type** | Alphanumeric | 1 | 41 | 41 |
| 8 KEY | MDS 5 | **Date of Admission** | Numeric | 8 | 42 | 49 |
| 9 KEY | MDS 18 | **Type of Treatment Service/Setting** | Numeric | 2 | 50 | 51 |
| 10 | MDS 6 | **Previous SU Treatment Episodes** | Numeric | 1 | 52 | 52 |
| 11 | MDS 7 | **Referral Source** | Numeric | 2 | 53 | 54 |
| 12 | MDS 8 | **Date of Birth** | Numeric | 8 | 55 | 62 |
| 13 | MDS 9 | **Gender** | Numeric | 1 | 63 | 63 |
| 14 | MDS 10 | **Race** | Numeric | 2 | 64 | 65 |
| 15 | MDS 11 | **Hispanic or Latino Origin (Ethnicity)** | Numeric | 2 | 66 | 67 |
| 16 NOM | MDS 12 | **Education** | Numeric | 2 | 68 | 69 |
| 17 NOM | MDS 13 | **Employment Status** | Numeric | 2 | 70 | 71 |
| 18 NOM | MDS 14a | **Substance Use**, Primary | Numeric | 2 | 72 | 73 |
| 19 | MDS 15a | **Route of Administration**, Primary | Numeric | 2 | 74 | 75 |
| 20 NOM | MDS 16a | **Frequency of Use**, Primary | Numeric | 2 | 76 | 77 |
| 21 | MDS 17a | **Age at First Use**, Primary | Numeric | 2 | 78 | 79 |
| 22 NOM | MDS 14b | **Substance Use**, Secondary | Numeric | 2 | 80 | 81 |
| 23 | MDS 15b | **Route of Administration**, Secondary | Numeric | 2 | 82 | 83 |
| 24 NOM | MDS 16b | **Frequency of Use**, Secondary | Numeric | 2 | 84 | 85 |
| 25 | MDS 17b | **Age at First Use**, Secondary | Numeric | 2 | 86 | 87 |
| 26 NOM | MDS 14c | **Substance Use**, Tertiary | Numeric | 2 | 88 | 89 |
| 27 | MDS 15c | **Route of Administration**, Tertiary | Numeric | 2 | 90 | 91 |
| 28 NOM | MDS 16c | **Frequency of Use**, Tertiary | Numeric | 2 | 92 | 93 |
| 29 | MDS 17c | **Age at First Use**, Tertiary | Numeric | 2 | 94 | 95 |
| 30 | MDS 19 | **Medication-Assisted Opioid Therapy** | Numeric | 1 | 96 | 96 |
| **Supplemental Data Set** | | | | | | |
| 31 | SuDS 1 | **Detailed Drug Code**, Primary | Numeric | 4 | 97 | 100 |
| 32 | SuDS 2 | **Detailed Drug Code**, Secondary | Numeric | 4 | 101 | 104 |
| 33 | SuDS 3 | **Detailed Drug Code**, Tertiary | Numeric | 4 | 105 | 108 |
| 34 | SuDS 4 | **Diagnostic Code (DSM or ICD)** | Alphanumeric | 6 | 109 | 114 |
| 35 | SuDS 5 | **Co-occurring Mental and Substance Use Disorders** | Numeric | 1 | 115 | 115 |
| 36 | SuDS 6 | **Pregnant at Admission** | Numeric | 1 | 116 | 116 |

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| 37 | SuDS 7 | **Veteran Status** | Numeric | 1 | 117 | 117 |
| 38 NOM | SuDS 8 | **Living Arrangements** | Numeric | 2 | 118 | 119 |
| 39 | SuDS 9 | **Source of Income/Support** | Numeric | 2 | 120 | 121 |
| 40 | SuDS 10 | **Health Insurance** | Numeric | 2 | 122 | 123 |
| 41 | SuDS 11 | **Payment Source, Primary (Expected or Actual)** | Numeric | 2 | 124 | 125 |
| 42 NOM | SuDS 12 | **Detailed Not in Labor Force** | Numeric | 2 | 126 | 127 |
| 43 | SuDS 13 | **Detailed Criminal Justice Referral** | Numeric | 2 | 128 | 129 |
| 44 | SuDS 14 | **Marital Status** | Numeric | 2 | 130 | 131 |
| 45 | SuDS 15 | **Days Waiting to Enter SU Treatment** | Numeric | 3 | 132 | 134 |
| 46 NOM | SuDS 16 | **Arrests in Past 30 Days – Admission** | Numeric | 2 | 135 | 136 |
| 47 NOM | SuDS 17 | **Attendance at Substance Use Self-Help Groups in Past 30 Days – Admission** | Numeric | 2 | 137 | 138 |
| 48 | SuDS 18 | **Diagnostic Code Set Identifier** | Numeric | 1 | 139 | 139 |
| 49 | SuDS 19 | **Substance Use Diagnosis** (use in lieu of SuDS 4) | Alphanumeric | 8 | 140 | 147 |
| **Mental Health Admission Data Set** | | | | | | |
| 50 | MHA 1a | **Mental Health Diagnosis – One** | Alphanumeric | 8 | 148 | 155 |
| 51 | MHA 1b | **Mental Health Diagnosis – Two** | Alphanumeric | 8 | 156 | 163 |
| 52 | MHA 1c | **Mental Health Diagnosis – Three** | Alphanumeric | 8 | 164 | 171 |
| 53 | MHA 2 | **SMI/SED Status** | Numeric | 1 | 172 | 172 |
| 54 NOM | MHA 3 | **School Attendance Status** | Numeric | 1 | 173 | 173 |
| 55 | MHA 4 | **Legal Status at Admission to State Hospitals** | Numeric | 2 | 174 | 175 |
| 56 | MHA 5 | **CGAS/GAF Score** (optional for MH) | Numeric | 3 | 176 | 178 |

## Discharge/Update Record Structure

The data fields of the discharge or update record are described below. Each state is required to submit data for all fields except for CGAS/GAF score which remains optional.

### System Data Set (SDS)

Fields 1–3 and 32 are processing control fields. They identify the type of submission, the state, and the reporting date.

### KEY Discharge Fields

Fields 4–10 are used to uniquely identify each record. Fields 4–9 are KEY fields.

### Fields from Admission Record

Fields 11–20 contain data from the admission record that is associated with the discharge record. The fields identified as "link" are those that are used to link the admission and discharge/update records, and the remaining fields are used for verification. Link records represent a complete treatment episode or a treatment event.

### National Outcome Measures (NOMs)

Fields 21–31 contain the NOMs data fields and are collected at time of discharge from treatment or at time of data update.

### Mental Health Discharge/Update Data Set (MHD)

Fields 33–40 are specific to mental health and are collected at time of discharge from treatment or at time of data update.

## Discharge/Update File Specifications

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| System Data Set | | | | | | |
| 1 | DIS 1 | **System Transaction Type** | Alphanumeric | 1 | 1 | 1 |
| 2 KEY | DIS 2 | **State Code** | Alphanumeric | 2 | 2 | 3 |
| 3 | DIS 3 | **Reporting Date** | Numeric | 6 | 4 | 9 |
| Discharge Fields | | | | | | |
| 4 KEY | DIS 4 | **State Provider Identifier** (at discharge) | Alphanumeric | 15 | 10 | 24 |
| 5 KEY | DIS 5 | **Client Identifier** | Alphanumeric | 15 | 25 | 39 |
| 6 KEY | DIS 6 | **Codependent/Collateral** (at discharge) | Numeric | 1 | 40 | 40 |
| 7 KEY | DIS 7 | **Type of Treatment Service/Setting** (at discharge) | Numeric | 2 | 41 | 42 |
| 8 KEY | DIS 8 | **Date of Last Contact or Data Update** | Numeric | 8 | 43 | 50 |
| 9 KEY | DIS 9 | **Date of Discharge** | Numeric | 8 | 51 | 58 |
| 10 | DIS 10 | **Reason for Discharge, Transfer, or Discontinuance of Treatment** | Numeric | 2 | 59 | 60 |

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| **Data from Admission Record** | | | | | | |
| 11 LINK | DIS 11 | State Provider Identifier | Alphanumeric | 15 | 61 | 75 |
| 12 LINK | DIS 12 | Client Identifier | Alphanumeric | 15 | 76 | 90 |
| 13 LINK | DIS 13 | Codependent/Collateral | Numeric | 1 | 91 | 91 |
| 14 LINK | DIS 14 | Client Transaction Type | Alphanumeric | 1 | 92 | 92 |
| 15 LINK | DIS 15 | Date of Admission | Numeric | 8 | 93 | 100 |
| 16 LINK | DIS 16 | Type of Treatment Service/Setting | Numeric | 2 | 101 | 102 |
| 17 | DIS 17 | Date of Birth | Numeric | 8 | 103 | 110 |
| 18 | DIS 18 | Gender | Numeric | 1 | 111 | 111 |
| 19 | DIS 19 | Race | Numeric | 2 | 112 | 113 |
| 20 | DIS 20 | Hispanic or Latino Origin (Ethnicity) | Numeric | 2 | 114 | 115 |
| **National Outcome Measures (NOMs)** | | | | | | |
| 21 NOM | DIS 21a | Substance Use at Discharge – Primary | Numeric | 2 | 116 | 117 |
| 22 NOM | DIS 21b | Substance Use at Discharge – Secondary | Numeric | 2 | 118 | 119 |
| 23 NOM | DIS 21c | Substance Use at Discharge – Tertiary | Numeric | 2 | 120 | 121 |
| 24 NOM | DIS 22a | Frequency of Use at Discharge – Primary | Numeric | 2 | 122 | 123 |
| 25 NOM | DIS 22b | Frequency of Use at Discharge – Secondary | Numeric | 2 | 124 | 125 |
| 26 NOM | DIS 22c | Frequency of Use at Discharge – Tertiary | Numeric | 2 | 126 | 127 |
| 27 NOM | DIS 23 | Living Arrangements at Discharge | Numeric | 2 | 128 | 129 |
| 28 NOM | DIS 24 | Employment Status at Discharge | Numeric | 2 | 130 | 131 |
| 29 NOM | DIS 25 | Detailed Not in Labor Force at Discharge | Numeric | 2 | 132 | 133 |
| 30 NOM | DIS 26 | Arrests in Past 30 Days – Discharge | Numeric | 2 | 134 | 135 |
| 31 NOM | DIS 27 | Attendance at Substance Use Self-Help Groups in Past 30 Days – Discharge | Numeric | 2 | 136 | 137 |
| **Mental Health Discharge/Update Data Set** | | | | | | |
| 32 KEY | DIS 28 | Client Transaction Type at Discharge | Alphanumeric | 1 | 138 | 138 |
| 33 | MHD 1 | Diagnostic Code Set Identifier | Numeric | 1 | 139 | 139 |
| 34 | MHD 2a | Mental Health Diagnosis – One | Alphanumeric | 8 | 140 | 147 |
| 35 | MHD 2b | Mental Health Diagnosis – Two | Alphanumeric | 8 | 148 | 155 |

| Field Position | Field | Field Name | Data Type | Field Length | Begin Column | End Column |
|---|---|---|---|---|---|---|
| | | | | | For fixed-length ASCII flat files | |
| 36 | MHD 2c | **Mental Health Diagnosis – Three** | Alphanumeric | 8 | 156 | 163 |
| 37 | MHD 3 | **SMI/SED Status** | Numeric | 1 | 164 | 164 |
| 38 NOM | MHD 4 | **School Attendance Status** | Numeric | 1 | 165 | 165 |
| 39 NOM | MHD 5 | **Education** | Numeric | 2 | 166 | 167 |
| 40 | MHD 6 | **CGAS/GAF Score** (optional for MH reporting) | Numeric | 3 | 168 | 170 |

# Appendix D. Data Dictionary

## SU/MH TEDS Data Dictionary

The Data Dictionary provides critical information about the substance use (SU) and mental health (MH) data fields in the Treatment Episode Data Set (TEDS). This document may be used as a reference for reporting treatment data either by the Single State Agencies (SSAs) or the State Mental Health Authorities (SMHAs). Details provided include the field and item (category) definitions, valid entries and coding structure, validation edits performed, and guidelines for collecting and reporting data to TEDS.

Each field has been assigned a reference number that incorporates the data set name and the position of the element in the record layout. Data set names include System Data Set (SDS), Minimum Data Set (MDS), Supplemental Data Set (SuDS), Discharge Data Set (DIS), and Mental Health Data Sets (i.e., Mental Health Admissions [MHA] and Mental Health Updates/Discharges [MHD]). Data fields identified as "KEY" are those elements which, taken together, uniquely identify each record.

## Coding Missing Data

Because individual state data collection systems have diverse requirements, there are some data fields that may not be available at the state level. These are labeled as optional for mental health and/or substance use reporting. SAMHSA encourages states to report as many of these fields as possible.

However, sometimes missing data cannot be avoided. TEDS missing data codes include:

- *Not applicable:* Valid for interdependent data fields only, where the value of one field is dependent on the value of another. For example, *6 Not applicable* is the correct value for *Pregnant at Admission* when the value of *Gender* is *1 Male*.
- *Unknown:* Should be used to indicate that, although the state collects and reports data for a field, the value for an individual client is not known.
- *Not collected:* Should be used when a state's data system does not collect a particular field. This code is typically used for an optional data field not reported by the state (rather than *Unknown*).

In some data fields, states may collect a subset of the valid values and these fields may have specific instructions on the use of *Unknown* and *Not collected*. Please review the detailed instructions for each field in the following pages.

## Data Dictionary Definitions

The following information is provided (as appropriate) for each variable:

| | |
|---|---|
| Description | Valid entries |
| Validation edits | Guidelines |
| Related fields | Field length |
| Data type | Reference number and column(s) |

## VARIABLE NAME: AGE AT FIRST USE (PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION

For substances other than alcohol, this field identifies the age at which the client first used the corresponding substance identified in **Substance Use (Primary, Secondary, Tertiary)**.

For alcohol, this field records the age at the first intoxication.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 00 | NEWBORN- Affected by maternal use of substance |
| 01-95 | AGE AT FIRST USE (in years) |
| 96 | NOT APPLICABLE – Use when the value in **Substance Use** is *01 None*. |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

For SU admission records, the **Age at First Use** field is compared to the *Age at Admission,* which is a calculated value (**Date of Admission** minus **Date of Birth**). If *Age at Admission* is less than **Age at First Use**, a warning error will be generated requiring the state to investigate the validity of both the client's **Date of Birth** and **Age at First Use**. The state is expected to apply a corrective action and submit a corrected record. Meanwhile, the record will be processed, and *99 Invalid data* will replace the reported value in the **Age at First Use** until a corrected record is submitted.

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

If the value in **Substance Use** is *01 None*, this field should be coded *96 Not applicable*.

Mental health reporting: This field is optional**.** Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

| | |
|---|---|
| RELATED FIELDS: | **Substance Use**, **Route of Administration**, **Frequency of Use**, **Detailed Drug Code**, *Age at Admission* (Calculated) |
| | Mental health reporting: **Co-occurring Mental and Substance Use Disorders** |
| FIELD LENGTH | 2 |
| DATA TYPE: | Numeric |

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
|---|---|
| Admission record: | MDS17a: 78-79 |
| | MDS 17b: 86-87 |
| | MDS 17c: 94-95 |

## VARIABLE NAME: ARRESTS IN PAST 30 DAYS (SU/MH NOM)

DESCRIPTION

Indicates the number of arrests in the 30 days prior to the reference date (i.e., date of admission or date of discharge). This field is intended to capture the number of times the client was arrested (not the number of charges) for any cause during the reference period. Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.

VALID ENTRIES

| Code | Description |
|---|---|
| 00-96 | NUMBER OF ARRESTS |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

**Arrests in Past 30 Days** is defined by SAMHSA as an outcome measure, and it is collected at admission and at discharge to assess change.

- For admission records, the reference period is the 30 days prior to admission.

- For discharge/update records, the reference period is the 30 days prior to discharge/update.

If the dates of admission and discharge/update are close together, so that the reference periods overlap, arrests falling in the overlap should be counted as occurring in the 30 days prior to admission. They should not be counted again in the 30 days prior to update/discharge. For example: if the date of admission is February 1 and the date of discharge is February 9, arrests that happened on January 13 and 25 should be reported at time of admission. They should not be reported again at the time of discharge because the 30-day timeframe overlapped between the two data reporting periods. Any arrest incidents that happened during the time gap between admission and discharge should be reported as arrest 30 days prior to discharge. The succeeding figure (Figure 11) illustrates this example.

**VARIABLE NAME: ARRESTS IN PAST 30 DAYS—continued**

**FIGURE 11. Example of Arrests in Past 30 Days**
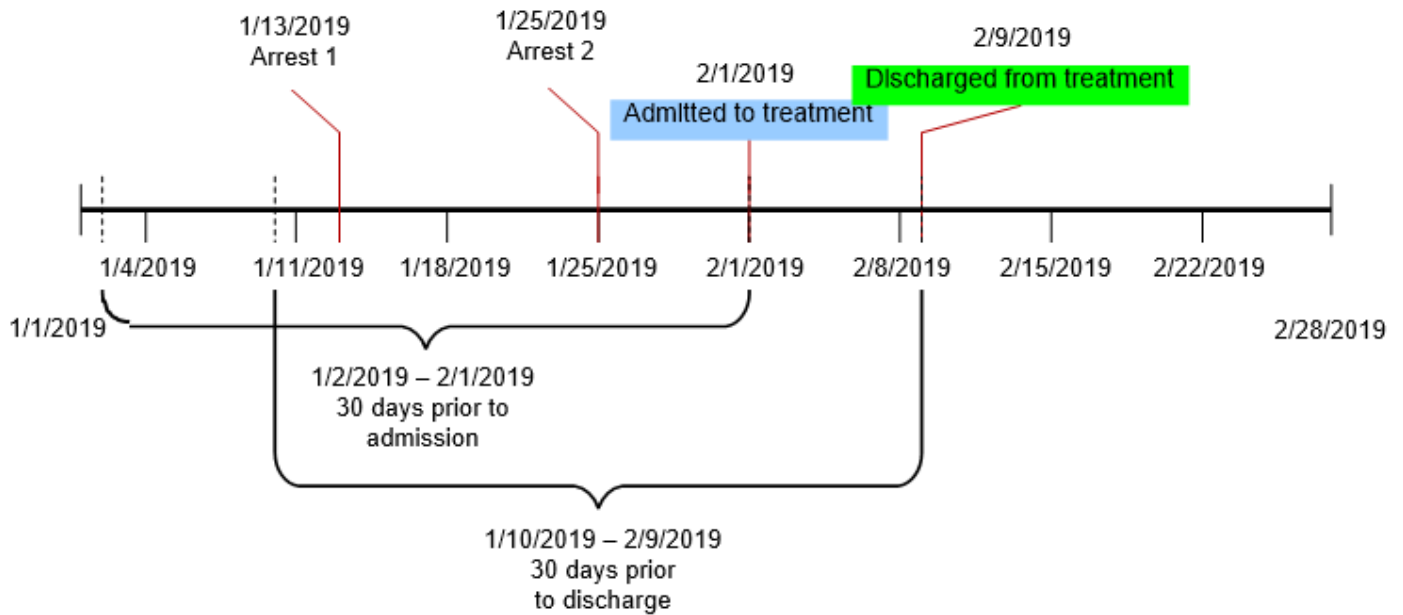


RELATED FIELDS:             None
FIELD LENGTH:               2
DATA TYPE:                  Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:      SuDS 16: 135-136
    Discharge record:      DIS 26: 134-135

## VARIABLE NAME: ATTENDANCE AT SU SELF-HELP GROUPS IN PAST 30 DAYS

DESCRIPTION

This field indicates the frequency of attendance at a substance use self-help group in the 30 days prior to the reference date (the date of admission or date of discharge). It includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use and dependence.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | NO ATTENDANCE |
| 02 | LESS THAN ONCE A WEEK – 1 to 3 times in the past 30 days |
| 03 | ABOUT ONCE A WEEK – 4 to 7 times in the past 30 days |
| 04 | 2 TO 3 TIMES PER WEEK – 8 to 15 times in the past 30 days |
| 05 | AT LEAST 4 TIMES A WEEK – 16 to 30 times or more in the past 30 days |
| 06 | SOME ATTENDANCE – Number of times and frequency is unknown |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

For admission records, the reference period is the 30 days prior to admission, and for discharge records, the reference period is the 30 days prior to discharge.

Use *06 Some attendance* only if it is known that the client attended a self-help program during the reference period, but there is insufficient information to assign a specific frequency.

Use *97 Unknown* when it is not known whether the client attended a self-help program during the reference period.

**Substance use reporting:** This variable is defined by SAMHSA as an outcome measure and is collected at admission and at discharge to assess change.

**Mental health reporting:** This field is optional and currently measures only the client's attendance at a substance use self-help group. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

RELATED FIELDS:          Mental health reporting: **Co-occurring Mental and Substance Use Disorders**

FIELD LENGTH:          2

DATA TYPE:          Numeric

**VARIABLE NAME: ATTENDANCE AT SU SELF-HELP GROUPS IN PAST 30 DAYS—continued**

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

|  |  |
|---|---|
| Admission record: | SuDS 17: 137-138 |
| Discharge record: | DIS 27: 136-137 |

# VARIABLE NAME: CGAS/GAF SCORE

DESCRIPTION

This field specifies the Children Global Assessment Scale (CGAS) score for children and adolescents or the Global Assessment of Functioning (GAF) score for adult clients.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 0-100 | CGAS/GAF Score |
| 997 | UNKNOWN – Individual client value is unknown. |
| 998 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999 Invalid data* and a warning error will be generated.

When this information is reported on a substance use record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

Report only if the state is using the **CGAS/GAF**. Report client's score at time of admission, update, and/or discharge.

Use *998 Not collected* if the state does not collect these data for all or a subset of the population. Cite in the crosswalk the functioning instrument/tool that the state uses instead of or in addition to CGAS/GAF.

Reporting of this field is optional for mental health clients, and substance use clients with co-occurring mental and substance use disorders.

**Substance use reporting:** This field is optional. Reporting of this information on a substance use record is allowed only for clients with co-occurring mental and substance use disorders.

RELATED FIELDS:        None
FIELD LENGTH:        3
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission:        MHA 5: 176-178
    Discharge:        MHD 6: 168-170

# VARIABLE NAME: CLIENT IDENTIFIER—KEY FIELD

DESCRIPTION

This field is used to identify the person receiving treatment.

VALID ENTRIES

1 to 15 alphanumeric characters

VALIDATION EDITS

If this field is blank, contains an invalid value, or is all zeros, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

GUIDELINES

The **Client Identifier** must be unique within the state. The **Client Identifier** should be assigned once to a single individual and used for all subsequent transactions involving that individual. It should not contain HIPAA-protected health information (PHI) or personal identifying information, in full or in part, such as Social Security number, birth date, etc.

If the existing client ID is not consistent with the guideline above, please discuss with the BHSIS Project Office and/or note on your crosswalk the state's plan to convert the ID into a non-PHI ID.

A *substance use treatment client* is a person who meets the following criteria:

- Is seeking treatment for substance use or is being treated as a codependent of a person with a substance use disorder (see instructions for **Codependent/Collateral**).

- Has completed the screening and intake process **and** has been formally admitted for treatment or recovery service to a substance use treatment program. A person who has completed only a screening or intake process or has been placed on a waiting list is **not** a client.

- Has a client record.

A *mental health treatment client* is a person who meets the following criteria:

- Has received mental health services, including support services, screening, assessment or crisis services through SMHA-funded or -operated facilities or programs. Telemedicine services are included if they are provided to registered or identified clients. A person who has completed only a screening or intake process **is** considered a client and should be reported.

- Has a client record or can be identified in the state database.

| | |
|---|---|
| RELATED FIELDS: | None |
| FIELD LENGTH: | 15 |
| DATA TYPE: | Alphanumeric (left-justified and filled with blank spaces) |

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
|---|---|
| Admission record: | MDS 2: 25-39 |
| Discharge record: | DIS 5: 25-39 |
| | DIS 12: 76-90 |

## VARIABLE NAME: CLIENT TRANSACTION TYPE—KEY FIELD

DESCRIPTION

This field identifies whether a record represents (a) MH/SU initial or transfer admission, (b) MH/SU discharge, or (c) mental health update.

VALID ENTRIES

| Code | Description |
| --- | --- |
| A | INITIAL ADMISSION – Substance use treatment |
| T | TRANSFER/CHANGE IN SU SERVICE |
| D | DISCHARGE – Substance use treatment |
| M | INITIAL ADMISSION – Mental health treatment |
| X | TRANSFER/CHANGE IN MH SERVICE |
| E | DISCHARGE – Mental health treatment |
| U | DATA UPDATE – Mental health treatment client |

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

For backward compatibility in substance use reporting, if the record has a length of 137, it will be deemed a value of *D Discharge - Substance use treatment.*

GUIDELINES

Each *Initial admission* and *Transfer* record should have an associated discharge record.

If *Initial admissions* and *Transfers* within one treatment episode cannot be identified in a state data system, such changes in service or facility should be reported as *Initial admissions*. This reporting procedure (i.e., the state is submitting all admissions as initial and the concept of transfer is not used) must be noted in the state data crosswalk.

The assignment of the appropriate **Client Transaction Type** is informed by the type of treatment service/setting that is being reported. For example, the record of a person with co-occurring mental illness admitted to a substance use treatment must contain any of the codes 01-08 for **Type of Treatment Service/Setting** to assign a value of *A Initial Admission – Substance use treatment*.

*Data Update* applies only to mental health reporting.

RELATED FIELDS:        None
FIELD LENGTH:        1
DATA TYPE:        Alphanumeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
| --- | --- |
| Admission record: | MDS 4: 41 |
| Discharge record: | DIS 14: 92 |
| | DIS 28: 138 |

## VARIABLE NAME: CODEPENDENT/COLLATERAL—KEY FIELD

DESCRIPTION

Indicates whether treatment is for a primary substance use or arises from the client's relationship with someone with a substance use disorder. For mental health reporting, use only *Client for field value.*

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | CODEPENDENT/COLLATERAL |
| 2 | CLIENT |

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

GUIDELINES

A **Codependent/Collateral** is a person who has no substance use disorder but because of his relationship with someone with a substance use disorder, suffers from emotional and/or behavioral condition that affects his/her ability to maintain a healthy and mutually satisfying relationship. The following conditions apply to an individual reported as codependent/collateral:

- Is seeking a treatment service for problems arising from his or her relationship with someone with a substance use disorder.

- Has been formally admitted for service to a treatment unit.

- Has his/her own treatment record.

If the state submits records for codependents/collaterals, the fields **State Code**, **State Provider Identifier**, **Client Identifier**, **Client Transaction Type**, and **Date of Admission** must be reported. Reporting of the remaining fields is optional. For all items not reported, the data field should be coded with the appropriate *Not collected* or *Not applicable* code.

If this field is not collected, use *2 Client* as the default value.

If a *Client* with an existing record becomes a *Codependent*, a new admission record for a *Codependent* should be submitted. Conversely, a *Codependent* who becomes a *Client* requires a new admission record as a *Client*.

RELATED FIELDS:        None
FIELD LENGTH:        1
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
     Admission record:      MDS 3: 40
     Discharge record:      DIS 6: 40
                               DIS 13: 91

## VARIABLE NAME: CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS

DESCRIPTION

This field indicates whether the client has co-occurring mental and substance use disorders.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | YES – Client has co-occurring mental and substance use disorders. |
| 2 | NO – Client does not have co-occurring mental and substance use disorders. |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value or both SU and MH diagnoses are valid (not *Unknown* or *Not Collected*), the value will be changed to *9 Invalid data* and a warning error will be generated.

**Substance use reporting:** If the record includes a valid value for any mental health-related fields identified as optional for substance use reporting, then **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* or a warning error will be generated. The reporting of the optional mental health fields in a substance use record is allowed only for persons with co-occurring mental and substance use disorders.

**Mental health reporting:** If the record includes a value other than *Unknown* or *Not Collected* for **Substance Use Diagnosis**, a valid value other than *1 None* for **Substance Use (Primary, Secondary, Tertiary)**, or a valid value for any other substance use-related fields identified as optional for mental health reporting, then **Co-occurring Mental and Substance Use Disorders** must be *1 Yes,* else a warning error will be generated. The reporting of the optional substance use fields in a mental health record is allowed only for persons with co-occurring mental and substance use disorders.

GUIDELINES

Reporting of this field is optional for both substance use and mental health clients.

The assessment of co-occurring mental and substance use disorders may be based on clinical diagnoses, screening results, claims information, or self-report. The crosswalk should note whether the same determination method is used across the state or is determined by individual providers. If the method is statewide, the crosswalk should specify and describe the method.

RELATED FIELDS:     Mental health reporting: **Substance Use**, **Route of Administration**, **Frequency of Use**, **Age at First Use**, **Detailed Drug Code**, **Substance Use Diagnosis**, **Attendance at SU Self-Help Groups in Past 30 Days**

Substance use reporting: **CGAS/GAF Score**, **SMI/SED Status**, **Mental Health Diagnosis**

FIELD LENGTH:     1
DATA TYPE:     Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record:     SuDS 5: 115

## VARIABLE NAME: DATE OF ADMISSION—KEY FIELD

DESCRIPTION

If the **Client Transaction Type at Admission** is an *Initial Admission*, this field indicates the date when the client receives his or her first direct treatment or service.

If the **Client Transaction Type at Admission** is a *Transfer*, this is the date when the client receives his or her first direct treatment in the new treatment setting/service program or new provider he or she transferred to.

VALID ENTRIES

| Code | Description |
|---|---|
| MMDDYYYY | where |
| | MM must be 01 through 12 |
| | DD must be 01 through 31 |
| | YYYY must be 2005 or later for SU admissions/transfers |
| | YYYY must be 1920 or later for MH admissions/transfers |

VALIDATION EDITS

If this field is blank, uses the wrong date format, or contains an invalid value, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

Substance use records with a **Date of Admission** before January 1, 2005, will be rejected with an exception for clients that are in treatment for an opioid use disorder or being treated with methadone, buprenorphine, and/or naltrexone.

Mental health records with a **Date of Admission** before January 1, 1920, will be rejected.

**Date of Admission** may be the same as **Date of Last Contact/Data Update**, but cannot be later.

**Date of Admission** may be the same as **Date of Discharge**, but cannot be later.

**Date of Admission** cannot be later than the current date or the **Reporting Date**.

See **Appendix E** for additional edits.

GUIDELINES

Use valid calendar dates. The system will perform an internal check for valid calendar dates. For example, February 30 is an invalid value.

RELATED FIELDS:          **Date of Last Contact/Data Update**, **Date of Discharge**
FIELD LENGTH:            8
DATA TYPE:               Numeric (MMDDYYYY)
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record:       MDS 5: 42-49
Discharge record:       DIS 15: 93-100

## VARIABLE NAME: DATE OF BIRTH

DESCRIPTION

This field identifies the client's date of birth.

VALID ENTRIES

| Code | Description |
|------|-------------|
| MMDDYYYY | where<br><br>MM must be 01 through 12<br>DD must be 01 through 31 |
| 01010007 | UNKNOWN – Individual client value is unknown. |
| 01010008 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank, uses the wrong date format, or contains an invalid value, the value record will not be processed. A fatal error will be displayed in the processing report.

If the **Date of Birth** is later than the current date or date of admission, the record will be processed but the field value will be replaced with the system code *01010009* for invalid date.

If the **Date of Birth** is a valid value but gives a calculated age of > 95 years at time of admission, **Date of Birth** will generate a warning error. The state should verify if the client's age is in fact > 95 years.

**Date of Birth** is used to calculate *Age at Admission*, which must be equal to or greater than **Age at First Use (Primary, Secondary, and Tertiary)**. If not, a warning error will be generated. The **Date of Birth** will be stored as reported but the state is expected to verify this value together with the **Age at First Use** since it cannot be determined which one is incorrect.

See **Appendix E** for additional edits.

GUIDELINES

Use valid calendar dates. The system will perform an internal check for valid calendar dates. For example, February 30 is an invalid value.

**Date of Birth** cannot be later than the current date, the **Date of Admission**, or result in a calculated age of greater than 95 years old.

RELATED FIELDS:      *Age at Admission (calculated)*, **Age at First Use (Primary, Secondary, and Tertiary)**

FIELD LENGTH:      8

DATA TYPE:      Numeric (MMDDYYY)

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

Admission record:      MDS 8: 55-62

Discharge record:      DIS 17: 103-110

## VARIABLE NAME: DATE OF DISCHARGE—KEY FIELD

DESCRIPTION

Indicates the date when the client was formally discharged from the treatment facility, service, or program.

VALID ENTRIES

| Code | Description |
|------|-------------|
| MMDDYYYY | where<br>MM must be 01 through 12<br>DD must be 01 through 31<br>YYYY must be 2000 or later for SU discharges<br>YYYY must be 1920 or later for MH discharges |

VALIDATION EDITS

If this field is blank, uses the wrong date format, or contains an invalid value, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

**Date of Discharge** may be the same as **Date of Admission**, but cannot be earlier.

**Date of Discharge** may be the same as **Reporting Date**, but cannot be later.

**Date of Discharge** may be the same as **Date of Last Contact/Data Update**, but cannot be earlier.

**Substance use reporting**: Records with a **Date of Discharge** before January 1, 2000, will be rejected.

**Mental health reporting**: Records with a **Date of Discharge** before January 1, 1920, will be rejected.

This field should be coded *01010006 Not Applicable* if the **Client Transaction Type** is *U Mental health update*. If a valid value is reported, the record will be rejected and not processed.

GUIDELINES

Use valid calendar dates. The system will perform an internal check for valid calendar dates. For example, February 30 is an invalid value.

For clients who discontinued treatment but have no formal discharge date, use the state's administrative policy to determine the **Date of Discharge**.

If the state does not have an administrative discharge policy, the state is encouraged to develop an operational definition for MH-TEDS reporting. This may be accomplished in consultation with the state's program administrators or subject area experts, by consideration of the state's policy on periodic clinical review or assessment of clients (e.g., length of stay on medication management without an office visit or receipt of other service), or a distribution analysis of the average time interval between service dates. Alternatively, the BHSIS Project Office recommends the following definition:

*A treatment episode may be assumed to have ended if the client has not received a treatment service in 3 days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.*

**VARIABLE NAME: DATE OF DISCHARGE—continued**

*For mental health clients, the threshold for determining that treatment episode has ended may be longer (i.e., some states use a threshold ranging from 90, 180, 210, or 365 days).*

RELATED FIELDS:        **Date of Admission**, **Date of Last Contact/Data Update**
FIELD LENGTH:        8
DATA TYPE:        Numeric (MMDDYYYY)
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Discharge record:      DIS 9: 51-58

## VARIABLE NAME: DATE OF LAST CONTACT OR DATA UPDATE—KEY FIELD

DESCRIPTION

Indicates a) the date of a client's last treatment service or b) the most recent date when a client's record was updated, depending on the type of record submitted. If a discharge record, this field is interpreted as Date of Last Contact. If a Mental Health update record, this field is interpreted as Date of Data Update. This is a KEY field for a Mental Health update record.

VALID ENTRIES

| Code | Description |
|------|-------------|
| MMDDYYYY | where<br>MM must be 01 through 12<br>DD must be 01 through 31 |
| 01010007 | UNKNOWN – Individual client value is unknown. |

VALIDATION EDITS

The **Date of Last Contact or Data Update** is a KEY field for mental health update records. It must contain a valid value. If this field is blank, uses the wrong format, or contains invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

The **Date of Last Contact or Data Update** is <u>not</u> a KEY field for either substance use or mental health discharge records. If it is blank, uses the wrong date format, or contains invalid value, the value for the **Date of Last Contact** will be changed to *01010009 Invalid Data* and a warning error will be generated.

**Date of Last Contact** or **Date of Data Update** may be the same as **Date of Admission**, but cannot be earlier.

**Date of Last Contact** or **Date of Data Update** may be the same as **Reporting Date**, but cannot be later.

See **Appendix E** for additional edits.

GUIDELINES

Use valid calendar dates. The system will perform an internal check for valid calendar dates. For example, February 30 is an invalid value.

**Date of Last Contact** is reported for either a mental health or substance use discharge record and **Date of Data Update** is reported for a mental health update record.

See Relevant Dates in Discharge and Update Records section of this Manual for guidance in completing this field.

**Date of Last Contact** or **Date of Data Update** is used by SAMHSA in computing the outcome measure *Retention (length of stay)*. **States are encouraged to submit Date of Last Contact in addition to Date of Discharge** because **Date of Discharge** often reflects an administrative discharge. **Date of Last Contact more accurately reflects the length of time the client is engaged in treatment.**

**VARIABLE NAME: DATE OF LAST CONTACT OR DATA UPDATE—continued**

RELATED FIELDS:         **Date of Admission**, **Date of Discharge**
FIELD LENGTH:         8
DATA TYPE:         Numeric (MMDDYYYY)
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
      Discharge record:     DIS 8: 43-50

## VARIABLE NAME: DAYS WAITING TO ENTER SU TREATMENT

DESCRIPTION:

Indicates the number of days from the first contact or request for a substance use treatment service until the client was admitted and the first clinical substance use treatment service was provided.

VALID ENTRIES

| Code | Description |
| --- | --- |
| 000-996 | NUMBER OF DAYS WAITING |
| 997 | UNKNOWN – Individual client value is unknown. |
| 998 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999 Invalid data* and a warning error will be generated.

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

Reporting of this field is optional for substance use clients, and substance use clients with co-occurring mental and substance use disorders.

This item is intended to capture the number of days the client must wait to begin substance use treatment because of program capacity, treatment availability, admissions requirements, or other program requirements.

It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

Data should be entered as, for example, 1 day = 001, 10 days = 010, etc.

**Mental health reporting:** This field is optional. It measures the number of days a client must wait to enter a substance use treatment (not a mental health treatment). Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

| | |
| --- | --- |
| RELATED FIELDS: | None |
| FIELD LENGTH: | 3 |
| DATA TYPE: | Numeric (right-aligned and filled with zeros) |

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

Admission record:      SuDS 15: 132-134

## VARIABLE NAME: DETAILED CRIMINAL JUSTICE REFERRAL

DESCRIPTION

This field provides more detailed information about those clients who are coded as *07 Criminal justice referral* in **Referral Source**.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | STATE/FEDERAL COURT |
| 02 | OTHER COURT – Court other than state or federal court |
| 03 | PROBATION/PAROLE |
| 04 | OTHER RECOGNIZED LEGAL ENTITY – For example, local law enforcement agency, corrections agency, youth services, review board/agency |
| 05 | DIVERSIONARY PROGRAM – For example, TASC |
| 06 | PRISON |
| 07 | DUI/DWI |
| 08 | OTHER |
| 96 | NOT APPLICABLE – Use this code if **Referral Source** is not *07 Criminal justice referral* |
| 97 | UNKNOWN – Individual client value is unknown. This code should also be used when the state collects only a subset of the categories. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

If **Referral Source** is not *07 Criminal justice referral* this field should be *96 Not applicable*, or a warning error will be generated.

GUIDELINES

Reporting of this field is optional for both substance use and mental health.

This field should have a valid value (not *96*) when **Referral Source** is *07 Criminal justice referral*. Code *96 Not applicable* must be used if **Referral Source** is other than *07 Criminal justice referral*.

If the state collects a subset of the categories, clients not fitting the subset should be coded as *97 Unknown*. For example, if the state collects only *07 DUI/DWI*, all other records where **Referral Source** is coded *07 Criminal justice referral* should code this field as *97 Unknown*.

RELATED FIELDS:          **Referral Source**
FIELD LENGTH:            2
DATA TYPE:               Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
        Admission record:     SuDS 13: 128-129

## VARIABLE NAME: DETAILED DRUG CODE (PRIMARY, SECONDARY, TERTIARY)

### DESCRIPTION

Identifies in greater detail the substance recorded in **Substance Use (Primary, Secondary, Tertiary)**. Detailed drug codes enable distinction between substances in cases where a client uses two or more drugs that are assigned the same **Substance Use** code.

| Substance Use | | Detailed Substance Use Code | |
|---|---|---|---|
| Code | Substance | Code | Generic substance (brand name example) |
| 01 | None | 9996 | Not applicable |
| 02 | Alcohol | 0201 | Alcohol |
| 03 | Cocaine/crack | 0301<br>0302 | Crack<br>Other cocaine |
| 04 | Marijuana/hashish | 0401 | Marijuana/hashish, THC, and any other cannabis sativa preparations |
| 05 | Heroin | 0501 | Heroin |
| 06 | Non-prescription Methadone | 0601 | Non-prescription Methadone |
| 07 | Other opiates and synthetics | 0701<br>0702<br>0703<br>0704<br>0705<br>0706<br><br>0707<br>0708<br>0709<br>0710 | Codeine<br>Propoxyphene (Darvon)<br>Oxycodone (Oxycontin)<br>Meperidine (Demerol)<br>Hydromorphone (Dilaudid)<br>Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics<br>Pentazocine (Talwin)<br>Hydrocodone (Vicodin)<br>Tramadol (Ultram)<br>Buprenorphine (Subutex, Suboxone) |
| 08 | PCP – Phencyclidine | 0801 | PCP |
| 09 | Hallucinogens | 0901<br>0902 | LSD<br>DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens |
| 10 | Methamphetamine/Speed | 1001 | Methamphetamine/Speed |
| 11 | Other amphetamines | 1101<br>1103<br>1109 | Amphetamine<br>Methylenedioxymethamphetamine (MDMA, Ecstasy)<br>"Bath salts," phenmetrazine, and other amines and related drugs |
| 12 | Other stimulants | 1201<br>1202 | Other stimulants<br>Methylphenidate (Ritalin) |

**VARIABLE NAME: DETAILED DRUG CODE (PRIMARY, SECONDARY, TERTIARY)—continued**

| Substance Use | | Detailed Substance Use Code | |
|---|---|---|---|
| <u>Code</u> | <u>Substance</u> | <u>Code</u> | <u>Generic substance (brand name example)</u> |
| 13 | Benzodiazepines | 1301 | Alprazolam (Xanax) |
| | | 1302 | Chlordiazepoxide (Librium) |
| | | 1303 | Clorazepate (Tranxene) |
| | | 1304 | Diazepam (Valium) |
| | | 1305 | Flurazepam (Dalmane) |
| | | 1306 | Lorazepam (Ativan) |
| | | 1307 | Triazolam (Halcion) |
| | | 1308 | Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines |
| | | 1309 | Flunitrazepam (Rohypnol) |
| | | 1310 | Clonazepam (Klonopin, Rivotril) |
| 14 | Other tranquilizers | 1401 | Meprobamate (Miltown) |
| | | 1403 | Other non-benzodiazepine tranquilizers |
| 15 | Barbiturates | 1501 | Phenobarbital |
| | | 1502 | Secobarbital/Amobarbital (Tuinal) |
| | | 1503 | Secobarbital (Seconal) |
| | | 1509 | Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives |
| 16 | Other sedatives or hypnotics | 1601 | Ethchlorvynol (Placidyl) |
| | | 1602 | Glutethimide (Doriden) |
| | | 1603 | Methaqualone (Quaalude) |
| | | 1604 | Chloral hydrate and other non-barbiturate sedatives/hypnotics |
| 17 | Inhalants | 1701 | Aerosols |
| | | 1702 | Nitrites |
| | | 1703 | Gasoline, glue, and other inappropriately inhaled products |
| | | 1704 | Solvents (paint thinner and other solvents) |
| | | 1705 | Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics) |
| 18 | Over-the-counter medications | 1801 | Diphenhydramine |
| | | 1809 | Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication |
| 20 | Other drugs | 2001 | Diphenylhydantoin/Phenytoin (Dilantin) |
| | | 2002 | Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs |
| | | 2003 | GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) |
| | | 2004 | Ketamine (Special K) |
| 96 | Not applicable | 9996 | Not applicable – Use when the value in **Substance Use** is *01 None*. |
| 97 | Unknown | 9997 | Unknown – Individual client value is unknown. |
| 98 | Not collected | 9998 | Not collected – State does not collect this field. |

**VARIABLE NAME: DETAILED DRUG CODE (PRIMARY, SECONDARY, TERTIARY)—continued**

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9999 Invalid data* and a warning error will be generated.

The two-digit **Substance Use** codes form the first two digits of the associated **Detailed Drug** code. The table above indicates the **Substance Use** and associated **Detailed Drug** codes.

For a substance use admission record, if a **Detailed Drug** code is not a valid subset of the corresponding **Substance Use**, the **Detailed Drug** code field value will be replaced by *9999 Invalid data*. For example, if **Substance Use** contains the value *03 Cocaine, crack*, then the **Detailed Drug** code must contain the value *0301 Crack* or *0302 Other cocaine*.

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

This field is optional for both substance use and mental health.

A record may not have duplicate **Substance Use** codes with identical **Routes of Administration** unless the **Detailed Drug** codes are different.

The following example uses **Substance Use** code *13 Benzodiazepines* and **Detailed Drug** codes *1301 Alprazolam* and *1304 Diazepam*.

For example:

- o The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*.
- o The primary and secondary **Routes of Administration** are both *01 Oral*.

If the **Detailed Drug** code is not collected, the primary and secondary substances are considered duplicates, and the secondary **Substance Use** and **Route of Administration** codes will be set to *99 Invalid data*.

However, if the primary **Detailed Drug** code is *1301 Alprazolam* and the secondary code is *1304 Diazepam*, the primary and secondary substances would be considered as different substances.

**Drug code description modifications**: Please note that the descriptions for the following drug codes were modified in 2014 to provide clarity by naming specific drugs that may be reported within the category:

| Old description (before 2014) | New description |
|---|---|
| 0706 – Other Opiates or Synthetics | 0706 – Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics |
| 1109 – Other Amphetamines | 1109 – "Bath Salts," phenmetrazine, and other amines and related drugs |
| 1809 – Other Over-the-counter | 1809 –  Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non- prescription medication |
| 2002 – Other Drugs | 2002 – Synethic Cannabinoid "Spice," Carisoprodol (Soma), and other drugs |

**VARIABLE NAME: DETAILED DRUG CODE (PRIMARY, SECONDARY, TERTIARY)—continued**

**Drug code corrections:** The following corrections were made in 2014.

| Old code (before 2014) | Correct code |
|---|---|
| 1010 – Methamphetamine/Speed (The old code was printed in past versions of the TEDS manual) | 1001 – Methamphetamine/Speed |
| 1203 – Other Stimulants | 1201– Other Stimulants |
| 1605 – Other Sedatives | Dropped because redundant |
| For barbiturate sedatives, use: | 1509 – Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives |
| For non-barbiturate sedatives, use: | 1604 – Chloral hydrate and other non- barbiturate sedatives/hypnotics |
| Not new (contained in the August 2008 TEDS manual) but recently added to crosswalk: | 0710 – Buprenorphine (Subutex, Suboxone) |

**Mental health reporting:** This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

RELATED FIELDS:          **Substance Use**, **Route of Administration**

Mental health reporting: **Co-occurring Mental and Substance Use Disorders**

FIELD LENGTH:          4
DATA TYPE:          Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
          Admission record:          SuDS 1: 97-100
                    SuDS 2: 101-104
                    SuDS 3: 105-108

## VARIABLE NAME: DETAILED NOT IN LABOR FORCE

DESCRIPTION

Provides more detailed information about those clients who are coded as *04 Not in labor force* in **Employment Status**.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | HOMEMAKER |
| 02 | STUDENT |
| 03 | RETIRED |
| 04 | DISABLED |
| 05 | RESIDENT OF INSTITUTION – Persons receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc. |
| 06 | OTHER - For example, volunteer, seasonal worker, other categories used by the state not specified |
| 07 | SHELTERED/NON-COMPETITIVE EMPLOYMENT (Mental health only) |
| 96 | NOT APPLICABLE – Use this code if **Employment Status** is not *04 Not in labor force*. |
| 97 | UNKNOWN – Individual client value is unknown. This code should also be used when the state collects only a subset of the categories. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

This field should be used only when **Employment Status** is *04 Not in labor force*. For all other **Employment Status** codes, this field should be coded *96 Not applicable*.

If this field has a valid value other than *96 Not applicable* when Employment Status is not *04 Not in labor force*, the value will be changed to *99 Invalid data* and a warning will be generated.

GUIDELINES

**Detailed Not in Labor Force** is defined by SAMHSA as an outcome measure and is collected at admission and at discharge/update to assess change.

- If the state collects a subset of the categories, clients not fitting the subset should be coded as *97 Unknown*. For example, if the state collects only *04 Disabled*, all other records where **Employment Status** is coded *04 Not in labor force* should use *97 Unknown* for this field.

- If the state does not collect **Detailed Not in Labor Force**, all records should be coded *98 Not collected*.

**Mental health reporting:** Report this field for clients aged 16 and older whose **Employment Status** is coded *04 Not in labor force*. If the state does not collect **Employment Status** for clients 16 and 17 years old or if the client is under age 16, this field should be coded as *98 Not collected*.

**VARIABLE NAME: DETAILED NOT IN LABOR FORCE—continued**

RELATED FIELDS:      **Employment Status**

FIELD LENGTH:             2
DATA TYPE:                Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
      Admission record:      SuDS 12: 126-127
      Discharge record:      DIS 25: 132-133

## VARIABLE NAME: DIAGNOSTIC CODE (DSM OR ICD)

DESCRIPTION

States are expected to report the new fields for substance use and mental health diagnoses. (SuDS 19 Substance Use Diagnosis and MHA 1a-c Mental Health Diagnosis.)

Client diagnosis can be reported in this field by using either the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* from the American Psychiatric Association or the *International Classification of Diseases - 9 (ICD)* from the World Health Organization. To report an ICD-10 diagnostic code, state should use SuDS 19, MHA 1a-c, and MHD 2a-c.

VALID ENTRIES

| Code | Description (acceptable diagnostic code formats) |
|---|---|
| XXX.XX | |
| XXX_ _ _ | where "_" represents a blank |
| XXX._ _ | where "_" represents a blank |
| XXX.X_ | where "_" represents a blank |
| 999.96 | No Substance Use Diagnosis – Individual client does not have a substance use diagnosis (Use this code only for mental health records) |
| 999.97 | UNKNOWN – Individual client value is unknown. |
| 999.98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999.99 Invalid data* and a warning error will be generated.

GUIDELINES

If a valid value for Substance Use Diagnosis is reported on a mental health record, Co-occurring Mental and Substance Use Disorders must be *1 Yes.* For Mental health reporting, if the client does not have co-occurring mental and substance use diagnosis, use *999.96 No Substance Use Diagnosis* for this field.

**Substance use reporting:** States should endeavor to transition to using **SuDS 19 Substance Use Diagnosis** and **MHA 1a-c Mental Health Diagnosis**. These diagnostic code fields can accept any version of the DSM and ICD.

While a three-character code with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. States should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.

RELATED FIELDS:     None
FIELD LENGTH:     6
DATA TYPE:     Alphanumeric (left-justified and filled with blank spaces)
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:     SuDS 4: 109-114

## VARIABLE NAME: DIAGNOSTIC CODE SET IDENTIFIER

DESCRIPTION

This field indicates the diagnostic code set(s) used to report the **Substance Use Diagnosis** and/or **Mental Health Diagnoses (One, Two, Three)** for a client.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | DSM-IV |
| 2 | ICD-9 |
| 3 | ICD-10 |
| 4 | DSM-5 |
| 5 | DSM-IIIR |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

If **Substance Use Diagnosis** and/or **Mental Health Diagnosis - [One, Two, Three]** contains a valid diagnostic code (i.e., other than *999.9997 Unknown* or *999.9998 Not Collected*) then this field should have a valid value (codes 1 through 5 only) or a warning error will be generated.

GUIDELINES

Consistent use of one type of diagnostic code set should be observed when reporting the SU and MH diagnostic codes for each record. TEDS will accept different code sets used across the submitted records, although this practice is not encouraged.

**Substance use reporting:**

- States that are not yet using this data field should continue to report the diagnostic code set information in the state data crosswalk. Under this circumstance, the state <u>cannot</u> report diagnostic codes using different code sets for each record, that is, the state should choose only one diagnostic code set (e.g., ICD-9) to report the client diagnosis across all records.

- The **Diagnostic Code Set Identifier** must be used if the fields **Substance Use Diagnosis** and/or **Mental Health Diagnoses - [One, Two, Three]** are used.

**Mental health reporting:**

- The **Diagnostic Code Set Identifier** and **Mental Health Diagnosis - [One, Two, Three]** are collected at admission and at time of update/discharge to assess change.

RELATED FIELDS:          **Substance Use Diagnosis**, **Mental Health Diagnosis – [One, Two, Three]**

FIELD LENGTH:          1
DATA TYPE:          Numeric

**VARIABLE NAME: DIAGNOSTIC CODE SET IDENTIFIER—continued**

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

      Admission record:        SuDS 18: 139

      Update/Discharge record:        MHD 1: 139

## VARIABLE NAME: EDUCATION

DESCRIPTION

This field specifies a) the highest school grade completed for adults or children not attending school or b) current school grade for school-age children (3-17 years old) attending school.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 00 | LESS THAN ONE SCHOOL GRADE OR NO SCHOOLING |
| 01-11 | GRADES 1-11 (specify current or highest attained grade level per guideline) |
| 12 | GRADE 12 OR GED |
| 13 | 1st YEAR OF COLLEGE/UNIVERSITY (Freshman) |
| 14 | 2nd YEAR OF COLLEGE/UNIVERSITY (Sophomore) or ASSOCIATE DEGREE |
| 15 | 3rd YEAR OF COLLEGE/UNIVERSITY (Junior) |
| 16 | 4th YEAR OF COLLEGE/UNIVERSITY (Senior) or BACHELOR'S DEGREE |
| 17 | SOME POST-GRADUATE STUDY – Degree not completed |
| 18 | MASTER'S DEGREE COMPLETED |
| 19-25 | POST-GRADUATE STUDY |
| 70 | GRADUATE OR PROFESSIONAL SCHOOL – Includes Master's and doctoral study or degrees, medical school, law school, etc. ***This code may be used instead of detailed codes 17-25.*** |
| 71 | VOCATIONAL SCHOOL – Includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment |
| 72 | NURSERY SCHOOL, PRE-SCHOOL – Includes Head Start |
| 73 | KINDERGARTEN |
| 74 | SELF-CONTAINED SPECIAL EDUCATION CLASS – No grade level equivalent |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

**Substance use reporting:** Field edit is performed for substance use records.

**Mental health reporting:** Field and relational edit is performed for mental health records. If the client is school age (age 3 through 17, or 18 through 21 for young adults under IDEA), then this field must have a valid value when **School Attendance** is either *1 Yes* or *2 no*, otherwise the field value will be replaced with the system code *99 Invalid data*. If the reported value is *98 Not collected*, the state is requested to briefly describe its data collection plan for this mental health NOM. Note: Age will be calculated at midpoint of the state's elected reporting period. Age is not rounded-up.

**VARIABLE NAME: EDUCATION—continued**

GUIDELINES

**Substance use reporting:** This data element is collected as the highest school grade completed for substance use clients. It is reported only at time of admission.

**Please use the code corresponding to the appropriate grade level. Instead of reporting 17-25 years in school, you may also use code 70.**

**Mental health reporting:** This data field is related to the field value reported in **School Attendance**. Additional guidelines below should be observed to remain consistent with mental health NOMS reporting.

- Report *current grade level* for school-age children (3-17 years old and 18-21 years of age if the client is in special education) who attended school at any time in the past three months.

- Report *highest grade level* completed for school-age children who have not attended school at any time within the past three months.

- Report *highest grade level* completed for all adults, whether currently in school or not.

- For non-school-age children (age less than 3 years), use code *00 Less than one school grade*.

School includes, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

If the information is collected at the time when the school year just ended, report the recent school grade level completed (not the grade level the child is advancing to in the next school year).

For children who are home-schooled or children in special education but have been mainstreamed in regular school grades, please report the equivalent grade level.

Use code *74 Self-contained special education* for children in a special education class that does not have an equivalent school grade level.

Code *72 Nursery school/pre-school, including Head Start* is used typically for children ages 3-4 years old (but may also apply to older children) who meet the following definition of nursery school/pre-school. Use code *00 Less than one school grade* for children 3-4 years old who do not meet this definition.

A nursery school is defined as a group or class that is organized to provide educational experiences for children during the year or years preceding kindergarten. It includes instruction as an important and integral phase of its program of childcare. Private homes in which essentially custodial care is provided are not considered nursery schools. Children attending nursery school are classified as attending during either part of the day or the full day. Part-day attendance refers to those who attend either in the morning or in the afternoon, but not both. Full-day attendance refers to those who attend in both the morning and the afternoon. Children enrolled in Head Start programs or similar programs sponsored by local agencies to provide pre-school education to young children are counted under nursery school. (Source: The American Community Survey).

**VARIABLE NAME: EDUCATION—continued**

RELATED FIELDS: **School Attendance**
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record: MDS 12: 68-69
    Discharge record: MHD 5: 166-167

## VARIABLE NAME: EMPLOYMENT STATUS

DESCRIPTION

This field identifies the client's employment status.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | FULL TIME – Working 35 hours or more each week, including active duty members of the uniformed services |
| 02 | PART TIME – Working fewer than 35 hours each week |
| 03 | UNEMPLOYED – Looking for work during the past 30 days or on layoff from a job |
| 04 | NOT IN LABOR FORCE – Not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution. ***Clients in this category are further defined in*** **Detailed Not in Labor Force**. |
| 05 | EMPLOYED, FULL/PART-TIME NOT SPECIFIED (TEMPORARY CODE, should be used in mental health reporting only) |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

**Detailed Not in Labor Force** provides a detailed breakdown of the category *04 Not in labor force*. All records with this category should have an entry in **Detailed Not in Labor Force**.

**Employment Status** is defined by SAMHSA as an outcome measure and is collected at admission and at discharge/update to assess change.

Seasonal workers are coded based on employment status at the time of measurement. For a seasonal worker employed full time at the time of measurement, **Employment Status** should be coded *01 Full time*. A seasonal worker who is not in the labor force at the time of measurement should be coded *04 Not in labor force.*

**Substance use reporting:** Use codes 01 through 04, 97, and 98 only.

**Mental health reporting:** Report **Employment Status** only for clients aged 16 and older. If the state does not collect employment status for clients 16 and 17 years old or the client is under age 16, the field should be coded as *98 Not collected*.

If a state does not collect full-time and part-time employment separately, the code *05 Employed, Full/Part-time not specified* should be used. States are encouraged to develop the capacity to collect and report both full-time and part-time employment.

Additional guidelines for mental health reporting are provided below to remain consistent with the mental health NOMs reporting:

**VARIABLE NAME: EMPLOYMENT STATUS—continued**

**Coding of clients with overlapping employment statuses:**
When clients are engaged in two or more activities (have overlapping statuses) during the period when their status is collected by the SMHA, use the Department of Labor's system of priorities to determine the appropriate employment status. The prioritization rule is that labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker), and working or having a job takes precedence over looking for work.

Use code *01 Full time, 02 Part time*, or *05 Employed Full/Part-time not specified* if the client is employed and a student or is employed and retired.

Use code *03 Unemployed* if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.)

Refer to **http://www.bls.gov/cps/cps_htgm.htm** for more information on the government measurement of unemployment from the Bureau of Labor Statistics.

**Reporting of a person in an internship program:**
The Individuals with Disabilities Education Act (IDEA) ceases to apply for young adults (18-21 years old) once they receive their high school diploma. The following rules should be observed in determining whether the adult client in an internship program should be reported as *04 Not in labor force*, *01 Full time*, *02 Part time*, or *05 Employed Full/Part-time not specified*.

1.  If the internship is a school requirement, whether paid or not, the person should be considered a "student" (**Employment Status** code *04 Not in labor force* and **Detailed Not in Labor Force** code *02 Student*).
2.  If the internship is not a school requirement and (a) is an unpaid position, or (b) does not displace regular employees, or (c) does not entitle the person to a job at the end of the internship period, then report the person's status as **Employment Status** code *04 Not in labor force* and **Detailed Not in Labor Force** code *06 Other*.
3.  If any of the criteria in 2 are not met and if the internship (a) pays minimum wage with an overtime provision, or (b) the employer benefits from the internship through the client's engagement in actual operations of the business and performing productive work, then the person is employed (*01 Full time*, *02 Part time*, or *05 Employed Full/Part-time not specified*).

RELATED FIELDS:        **Detailed Not in Labor Force**
FIELD LENGTH:        2
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:    MDS 13: 70-71
    Discharge record:    DIS 24: 130-131

## VARIABLE NAME: FREQUENCY OF USE (OF PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION

Specifies the frequency of use of the corresponding substance identified in **Substance Use (Primary, Secondary, Tertiary)**.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | NO USE IN THE PAST MONTH |
| 02 | 1-3 DAYS IN THE PAST MONTH |
| 03 | 1-2 DAYS IN THE PAST WEEK |
| 04 | 3-6 DAYS IN THE PAST WEEK |
| 05 | DAILY |
| 96 | NOT APPLICABLE |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

If the value in **Substance Use** is *01 None*, this field should be coded *96 Not applicable*.

**Substance use reporting: Frequency of Use** is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable **Substance Use**, to assess change.

**Mental health reporting:** This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

RELATED FIELDS:      **Substance Use**, **Route of Administration**, **Age at First Use**, **Detailed Drug Code**
Mental health reporting: **Co-occurring Mental and Substance Use Disorders**

FIELD LENGTH:      2

DATA TYPE:      Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

Admission record:      MDS 16a: 76-77

MDS 16b: 84-85

MDS 16c: 92-93

Discharge record:      DIS 22a: 122-123

DIS 22b: 124-125

DIS 22c: 126-127

## VARIABLE NAME: GENDER

DESCRIPTION

This field identifies the client's biologic sex.

VALID ENTRIES

| Code | Description |
| --- | --- |
| 1 | MALE |
| 2 | FEMALE |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

If **Gender** is *1 Male*, then **Pregnant at Admission** must be *6 Not applicable*.

GUIDELINES

If collecting data on transgender clients, they should be coded based on their biologic sex:

- Transgender male (designated female at birth but identifies as male)  code as *2 Female*
- Transgender female (designated male at birth but identifies as female)  code as *1 Male*

RELATED FIELDS:     **Pregnant at Admission**
FIELD LENGTH:     1
DATA TYPE:     Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

Admission record:     MDS 9: 63
Discharge record:     DIS 18: 111

## VARIABLE NAME: HEALTH INSURANCE

DESCRIPTION

This field specifies the client's health insurance at admission. The insurance may or may not cover behavioral health treatment.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | PRIVATE INSURANCE (other than Blue Cross/Blue Shield or an HMO) |
| 02 | BLUE CROSS/BLUE SHIELD |
| 03 | MEDICARE |
| 04 | MEDICAID |
| 06 | HEALTH MAINTENANCE ORGANIZATION (HMO) |
| 20 | OTHER (e.g., TRICARE) |
| 21 | NONE |
| 97 | UNKNOWN – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category. |
| 98 | NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories. |

VALIDATION EDITS

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

GUIDELINES

Reporting of this field is optional for both substance use and mental health clients. States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable. **Health Insurance** should be reported, if collected, whether or not it covers behavioral health treatment.

- If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *03 Medicare* and *04 Medicaid*, all other categories of **Health Insurance** should be coded as *98 Not collected*.

- If a state collects Medicare and Medicaid as a single category, **Health Insurance** should be coded as *97 Unknown*.

- If the state does not collect **Health Insurance**, all records should be coded *98 Not Collected*

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record: SuDS 10: 122-123

## VARIABLE NAME: HISPANIC OR LATINO ORIGIN (ETHNICITY)

DESCRIPTION

This field identifies client's specific Hispanic or Latino origin, if applicable.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | PUERTO RICAN – Of Puerto Rican origin regardless of race |
| 02 | MEXICAN – Of Mexican origin regardless of race |
| 03 | CUBAN – Of Cuban origin regardless of race |
| 04 | OTHER SPECIFIC HISPANIC OR LATINO – Of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race |
| 05 | NOT OF HISPANIC OR LATINO ORIGIN |
| 06 | HISPANIC OR LATINO—SPECIFIC ORIGIN NOT SPECIFIED – Of Hispanic or Latino origin, but origin not known or not specified |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

If a state simply collects Hispanic or Latino origin as "Yes/No," use code *06 Hispanic or Latino, origin not specified* for a "Yes" response.

If a state collects Hispanic or Latino origin as a "Race" category, then **Hispanic or Latino Origin (Ethnicity)** should be coded as *06 Hispanic or Latino, origin not specified* and **Race** should be coded as *97 Unknown*.

RELATED FIELDS:        **Race**
FIELD LENGTH:        2
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:    MDS 11: 66-67
    Discharge record:    DIS 20: 114-115

## VARIABLE NAME: LEGAL STATUS AT ADMISSION TO STATE HOSPITAL

DESCRIPTION

This field identifies the client's legal status at the time of admission to a state psychiatric hospital.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | VOLUNTARY – Self |
| 02 | VOLUNTARY – Others (by guardian, parents, etc.) |
| 03 | INVOLUNTARY – Civil |
| 04 | INVOLUNTARY – Criminal |
| 05 | INVOLUNTARY – Juvenile Justice |
| 06 | INVOLUNTARY – Civil - Sexual |
| 96 | NOT APPLICABLE – Use this code if **Type of Treatment Service/Setting** is not *72 State psychiatric hospital* |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

This field should be used only when **Type of Treatment Service/Setting** is *72 State psychiatric hospital*. For all other **Type of Treatment Service/Setting** codes, this field should be coded *96 Not applicable*.

GUIDELINES

This information is used to report the State Hospital 30-day and 180-day Readmission Rates NOM by forensic and non-forensic status based on the client's legal status at time of admission at the state psychiatric hospital.

Codes *01 Voluntary-Self*, *02 Voluntary - Others*, and *03 Involuntary - Civil* are classified as non-forensic while codes *04 Involuntary - Criminal*, *05 Involuntary - Juvenile Justice*, and *06 Involuntary - Civil-Sexual* are classified as forensic.

Use code *03 Involuntary - Civil* for individuals who are committed for dangerousness due to mental illness.

Use code *04 Involuntary - Criminal* for juvenile clients who are adjudicated as adults.

Use code *06 Involuntary - Civil-Sexual* for clients civilly committed under laws that are referred to as 'sexual predator' laws in some states. This differs from code *03 Involuntary - Civil*.

Use code *97 Unknown* if the state collects these data but for some reason a particular record does not reflect an acceptable value.

Use code *98 Not collected* if the state does not collect these data either for all clients or a particular subset of the population.

**VARIABLE NAME: LEGAL STATUS AT ADMISSION TO STATE HOSPITAL—continued**

RELATED FIELDS:                  **Type of Treatment Service/Setting**

FIELD LENGTH:                    2

DATA TYPE:                         Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

        Admission record:       MHA 4: 174-175

## VARIABLE NAME: LIVING ARRANGEMENTS

### DESCRIPTION

Identifies whether the client is homeless, a dependent (living with parents or in a supervised setting) or living independently on his or her own.

### VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | HOMELESS– Clients with no fixed address; includes homeless shelters |
| 02 | DEPENDENT LIVING – Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or (substance use clients only) in foster care |
| 22 | DEPENDENT LIVING: RESIDENTIAL CARE – Individual resides in a residential care facility. This level of care may include a group home therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities. |
| 32 | DEPENDENT LIVING: FOSTER HOME/FOSTER CARE – Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families. |
| 42 | DEPENDENT LIVING: CRISIS RESIDENCE – A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning |
| 52 | DEPENDENT LIVING: INSTITUTIONAL SETTING – Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR. |
| 62 | DEPENDENT LIVING: JAIL/CORRECTIONAL FACILITY/OTHER INSTITUTIONS UNDER THE JUSTICE SYSTEM – Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on 24 hours/day, 7 days/week. |
| 72 | DEPENDENT LIVING: PRIVATE RESIDENCE – Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on others for daily living assistance |
| 03 | INDEPENDENT LIVING – Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also, includes clients who live independently with case management or supported housing support. |
| 04 | PRIVATE RESIDENCE, LIVING ARRANGMENT NOT SPECIFIED – Living arrangements of adult clients not known (temporary code) |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories. |

### VALIDATION EDITS

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

**VARIABLE NAME: LIVING ARRANGEMENTS—continued**

GUIDELINES

**Living Arrangements** is defined by SAMHSA as an outcome measure and is collected at admission and at discharge/update to assess change.

States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.

- If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *01 Homeless*, all other categories of **Living Arrangements** should be coded as *98 Not collected*.

<u>**Substance use reporting**</u>: Use codes 1 through 3, 97, and 98 only.

<u>**Mental health reporting**</u>: Use all codes, particularly the finer breakdown of the Dependent Living category (codes 02 through 72) in reporting living arrangements.

- **Use *02 Dependent Living* for children under age 18 living with parents, relatives, or guardians but use code *32 Foster Care/Foster Home* if living under a foster care arrangement.**

- **Use *22 Dependent Living Residential Care* if living arrangement is with a residential care facility, including Residential Treatment Centers (RTCs).**

- **Use *72 Dependent Living in Private Residence* only for adults: use *02 Dependent Living* for children.**

RELATED FIELDS:             None
FIELD LENGTH:               2
DATA TYPE:                  Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:      SuDS 8: 118-119
    Discharge record:      DIS 23: 128-129

## VARIABLE NAME: MARITAL STATUS

DESCRIPTION

This field describes the client's marital status. The following categories are compatible with categories used in the U.S. Census.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | NEVER MARRIED – Includes clients who are single or whose only marriage was annulled |
| 02 | NOW MARRIED – Includes married couples, those living together as married, living with partners, or cohabiting |
| 03 | SEPARATED – Includes those legally separated or otherwise absent from spouse because of marital discord |
| 04 | DIVORCED |
| 05 | WIDOWED |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

Reporting of this field is optional for both substance use and mental health clients.

RELATED FIELDS:          None
FIELD LENGTH:            2
DATA TYPE:               Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record:       SuDS 14: 130-131

## VARIABLE NAME: MEDICATION-ASSISTED OPIOID THERAPY

DESCRIPTION

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

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | YES |
| 2 | NO |
| 6 | NOT APPLICABLE |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

**Substance use reporting:** If the client is not in treatment for an opioid misuse (codes *05 Heroin*, *06 Non-prescription methadone*, or *07 Other opiates and synthetics*) in one of the **Substance Use** fields, this field may be coded *6 Not applicable*. This is not mandatory because it is possible that the client is being treated with opioid therapy for a substance use/misuse not among the maximum of three that can be listed.

**Mental health reporting:** This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance use disorders.

RELATED FIELDS:         None
FIELD LENGTH:           1
DATA TYPE:              Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
        Admission record:      MDS 19: 96

## VARIABLE NAME: MENTAL HEALTH DIAGNOSIS - [ONE, TWO, THREE]

DESCRIPTION

Client's diagnosis is used to identify the mental health problem that provides the reason for client encounter or treatment. This can be reported by using either the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* from the American Psychiatric Association or the *International Classification of Diseases (ICD)* from the World Health Organization.

VALID ENTRIES

| Code | Description (acceptable diagnostic code formats) |
|---|---|
| XXX.XXXX | |
| XXX_ _ _ _ _ | where "_" represents a trailing blank space |
| XXX._ _ _ _ | where "_" represents a trailing blank space |
| XXX.X_ _ _ | where "_" represents a trailing blank space |
| XXX.XX _ _ | where "_" represents a trailing blank space |
| XXX.XXX _ | where "_" represents a trailing blank space |
| 999.9996 | No Mental Health Diagnosis – [Two/Three] – Individual client does not have a secondary or tertiary mental health diagnosis. |
| 999.9997 | UNKNOWN – Individual client value is unknown. |
| 999.9998 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999.9999 Invalid data* and a warning error will be generated.

Duplicate diagnostic codes across the three **Mental Health Diagnosis** fields are not permitted. If duplicate codes are found, the first occurrence will be processed but succeeding occurrences will be replaced with *999.9999 Invalid data*, and a warning error will be issued.

When this information is reported on a substance use record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes,* or a warning error will be generated.

GUIDELINES

**Substance use reporting:** This field is optional. Reporting of this information on a substance use record is allowed only for clients with co-occurring mental and substance use disorders.

**Mental Health reporting:** This field is collected for mental health clients at admission and at discharge/update to assess change.

States can report up to three mental health diagnoses by completing the **Mental Health Diagnosis - [One, Two, Three]** data elements in sequential order (i.e., you are not allowed to report a valid code in the **Mental Health Diagnosis - Three** field if **Mental Health Diagnosis - One** and **Two** fields are coded *999.9996 No Mental Health Diagnosis, 999.9997 Unknown* or *999.9998 Not Collected*. Substance use diagnosis should be reported in the **SuDS 19 Substance Use Diagnosis** field.

While a three-character code with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. States should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.

**VARIABLE NAME: MENTAL HEALTH DIAGNOSIS - [ONE, TWO, THREE] —continued**

- If the client has more than three mental health diagnoses, use the algorithm below.

    If the diagnoses are collected through administrative method (i.e., based on the clinician's evaluation of the person and reported in the client's case record):

    1. Report the primary and secondary diagnoses, if available
    2. If primary/secondary diagnoses are not identified, **and**
        a. if the state is using DSM-IV or earlier editions, or the state has retained the DSM axial structure, then

- Conduct your search for diagnostic codes using both Axis I and II. Report all diagnoses in Axis I (clinical disorders) first followed by diagnosis in Axis II (personality disorders and mental retardation) unless a personality disorder in Axis II was labeled as primary diagnosis, then it should be reported first;

        b. if axis classifications are no longer used (such as in DSM-5), then

- Report in chronological order starting from the diagnosis that appears on top of the list or first cited in the clinician's report.

    If the state is using claims/encounter data to collect a client's diagnosis and multiple diagnostic codes are reported, use the following rule:

- Use the three most cited mental health diagnoses in client service claims/encounters data available within the timeframe of the reported treatment event. The state should describe in the data crosswalk the method used.

- Mental health and personality disorder codes should be given priority in reporting over no diagnosis (V71.09), deferred diagnosis (799.9), and other V/Z codes unless these are the only diagnoses on record.

    If the client has only one reported mental health diagnosis, use code *999.9996 No Mental Health Diagnosis* for **Mental Health Diagnosis - Two** and **Mental Health Diagnosis - Three**. However, if it is state policy to collect no more than one mental health diagnosis, use code *999.9998 Not collected* for **Mental Health Diagnosis - Two** and **Mental Health Diagnosis - Three**.

FIELD LENGTH:                    8
DATA TYPE:                         Alphanumeric (left-aligned and filled with blank spaces)
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:          MHA 1a: 148-155
                                 MHA 1b: 156-163
                                 MHA 1c: 164-171
    Discharge record:          MHD 2a: 140-147
                                 MHD 2b: 148-155
                                 MHD 2c: 156-163

## VARIABLE NAME: PAYMENT SOURCE, PRIMARY (EXPECTED OR ACTUAL)

DESCRIPTION

This field identifies the primary source of payment for this treatment episode anticipated at the time of admission.

VALID ENTRIES

| Code | Description |
|---|---|
| 01 | SELF-PAY |
| 02 | BLUE CROSS/BLUE SHIELD |
| 03 | MEDICARE |
| 04 | MEDICAID |
| 05 | OTHER GOVERNMENT PAYMENTS |
| 06 | WORKER'S COMPENSATION |
| 07 | OTHER HEALTH INSURANCE COMPANIES |
| 08 | NO CHARGE – For example, free, charity, special research, or teaching |
| 09 | OTHER |
| 97 | UNKNOWN – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category. |
| 98 | NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories. |

VALIDATION EDITS

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

GUIDELINES

Reporting of this field is optional for both substance use and mental health treatment clients. States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.

- If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *03 Medicare* and *04 Medicaid*, all other categories of **Payment Source** should be coded as *98 Not collected*.

- If a state collects Medicare and Medicaid as a single category, **Payment Source** should be coded as *97 Unknown*.

States operating under a split payment fee arrangement with multiple payment sources should default to the payment source with the largest percentage. When the payment percentages are equal, the state can select any source.

RELATED FIELDS:         None
FIELD LENGTH:           2
DATA TYPE:              Numeric

**VARIABLE NAME: PAYMENT SOURCE, PRIMARY (EXPECTED OR ACTUAL)—continued**

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
      Admission record:      SuDS 11: 124-125

## VARIABLE NAME: PREGNANT AT ADMISSION

DESCRIPTION

This field indicates whether a female client was pregnant at the time of admission.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | YES – Female client was pregnant at admission. |
| 2 | NO – Female client was not pregnant at admission. |
| 6 | NOT APPLICABLE – Use this code for male clients or pre-pubescent females. |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

If **Pregnant at Admission** is *1 Yes* and the value of **Gender** is *1 Male*, this field is changed to *6 Not Applicable*.

GUIDELINES

Reporting of this field is optional for both substance use and mental health treatment clients.

RELATED FIELDS:       **Gender**
FIELD LENGTH:         1
DATA TYPE:            Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record:     SuDS 6: 116

## VARIABLE NAME: PREVIOUS SU TREATMENT EPISODES

DESCRIPTION

This field indicates the number of previous treatment episodes the client has received in any substance use treatment program.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 0 | 0 PREVIOUS EPISODES |
| 1 | 1 PREVIOUS EPISODE |
| 2 | 2 PREVIOUS EPISODES |
| 3 | 3 PREVIOUS EPISODES |
| 4 | 4 PREVIOUS EPISODES |
| 5 | 5 OR MORE PREVIOUS EPISODES |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

**Substance use reporting:** This field may be self-reported by the client at the time of intake, or it may be derived from the state data system.

**Mental health reporting:** This field measures the substance use treatment history of the client only. This does not include or pertain to the client's mental health treatment history. This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

Changes in service for the same episode (transfers) should not be counted as separate previous episodes.

The number of prior treatments for a codependent/collateral record should include only treatments as a codependent.

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record: MDS 6: 52

## VARIABLE NAME: RACE

DESCRIPTION

This field identifies the client's race.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | ALASKA NATIVE (Aleut, Eskimo) – A person having origins in any of the original peoples of Alaska. **This category may be reported if available.** |
| 02 | AMERICAN INDIAN or ALASKA NATIVE – A person having origins in any of the original peoples of North America and South America (including Central America and the original peoples of Alaska) and who maintains tribal affiliation or community attachment. **States collecting *Alaska Native* should use this category for all other American Indians.** |
| 03 | ASIAN OR PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands. **This category may be used only if a state does not collect *Asian* and *Native Hawaiian or Other Pacific Islander* separately.** |
| 04 | BLACK OR AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa. |
| 05 | WHITE – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| 13 | ASIAN – 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 Philippine Islands, Thailand, and Vietnam. |
| 20 | OTHER SINGLE RACE – Use this category for instances in which the client is not identified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. |
| 21 | TWO OR MORE RACES – Use this code when the state data system allows multiple race selection and more than one race is indicated. |
| 23 | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

The Office of Management and Budget (OMB) does not include *Alaska Native* as one of its required categories. However, states that collect only this category may report it as *01 Alaska Native* and use code *02 American Indian or Alaska Native* for American Indians.

OMB requires that *Asian* and *Native Hawaiian or Pacific Islander* be collected as separate categories. However, if a state does not collect those categories, the older category *Asian or Pacific Islander* may be used.

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**VARIABLE NAME: RACE—continued**

If a state collects a single **Race** value (i.e., report only one race), and the choice selection includes *Hispanic or Latino* as a category, **Race** should be coded as *97 Unknown* for all reported *Hispanic or Latino* and the **Hispanic or Latino Origin (Ethnicity)** should correspondingly be coded as *06 Hispanic or Latino, origin not specified*.

RELATED FIELDS:         **Hispanic or Latino Origin (Ethnicity)**

FIELD LENGTH:           2

DATA TYPE:              Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

    Admission record:        MDS 10: 64-65

    Discharge record         DIS 19: 112-113

## VARIABLE NAME: REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT

### DESCRIPTION

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

### VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | TREATMENT COMPLETED – All parts of the treatment plan or program were completed. |
| 02 | DROPPED OUT OF TREATMENT – Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for administrative purposes. |
| 03 | TERMINATED BY FACILITY – Treatment terminated by action of facility, generally because of client non-compliance with treatment or violation of rules, laws, policy, or procedures. |
| 04 | TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY – Client was transferred to another treatment program, provider, or facility for continuation of treatment. |
| 05 | INCARCERATED, OR RELEASED BY OR TO COURTS – Clients whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement, or has been released by or to the courts. |
| 06 | DEATH |
| 07 | OTHER – Client transferred or discontinued treatment because of change in life circumstances. Examples: change of residence, illness or hospitalization, "aging out" of children's services, completion of MH assessment or evaluation that did not result to referral for treatment service. |
| 14 | TRANSFERRED TO ANOTHER TREATMNT PROGRAM OR FACILITY, BUT CLIENT IS NO SHOW – Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for treatment. |
| 24 | TRANSFERRED TO ANOTHER TREATMNT PROGRAM OR FACILITY THAT IS NOT IN THE SSA OR SMHA REPORTING SYSTEM – For example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance use/behavioral health agency. The receiving facility is outside the purview of the SSA or SMHA. |
| 34 | DISCHARGED FROM THE STATE HOSPITAL TO AN ACUTE MEDICAL FACILITY FOR MEDICAL SERVICES |
| 96 | NOT APPLICABLE – Should be used only when submitting a Mental Health update record (i.e., **Client Transaction Type** = *U Update).* |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

### VALIDATION EDITS

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

**VARIABLE NAME: REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT—continued**

The code *08 Unknown* has been discontinued. If this code is used, the value will be replaced by the preferred code *97 Unknown* and an informational message will be generated.

If code *96 Not Applicable* is not used for a Mental Health update record, the value will be changed to *99 Invalid data*.

RELATED FIELDS:        None

FIELD LENGTH:        2

DATA TYPE:        Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

Discharge record:        DIS 10: 59-60

## VARIABLE NAME: REFERRAL SOURCE

DESCRIPTION

This field describes the person or agency referring the client to treatment.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | INDIVIDUAL (includes self-referral) – Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending DWI/DUI. |
| 02 | ALCOHOL/DRUG USE CARE PROVIDER – Any program, clinic, or other health care provider whose principal objective is treating clients with substance use diagnosis, or a program whose activities are related to alcohol or other drug use prevention, education, or treatment. |
| 03 | OTHER HEALTH CARE PROVIDER – A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home. |
| 04 | SCHOOL (Educational) – A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. |
| 05 | EMPLOYER/EMPLOYEE ASSISTANCE PROGRAM (EAP) – A supervisor or an employee counselor. |
| 06 | OTHER COMMUNITY REFERRAL – Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). |
| 07 | COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI – Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pre-trial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be officially designated as "on parole." Includes clients referred through civil commitment. ***Clients in this category are further defined in*** **Detailed Criminal Justice Referral**. |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

GUIDELINES

All records with code *07 Court/criminal justice referral/DUI/DWI* should provide details in **Detailed Criminal Justice Referral**.

**Mental health reporting:** This field is optional.

RELATED FIELDS:          **Detailed Criminal Justice Referral**
FIELD LENGTH:             2
DATA TYPE:               Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:    MDS 7: 53-54

## VARIABLE NAME: REPORTING DATE

DESCRIPTION

This field identifies the month and year of the record as created by the state.

VALID ENTRIES

| Code | Description |
|------|-------------|
| MMYYYY | MM must be 01 through 12 |

VALIDATION EDITS

If the **Reporting Date** on the first record of the file does not match the **Reporting Date** entered in DSS, the file will be rejected; therefore, it cannot be uploaded for processing. An error message will be displayed on DSS. Note that the **Reporting Date** must be a valid calendar date. It cannot be blank or contain an invalid value.

If the file is uploaded for processing but the second and succeeding records do not match the **Reporting Date** entered in DSS, these records will be rejected and not processed. A fatal error for the unprocessed records will be displayed in the processing report.

GUIDELINES

Every record in a single submission file must contain the same **Reporting Date**.

RELATED FIELDS:          None
FIELD LENGTH:            6
DATA TYPE:               Numeric (MMYYYY)
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:    SDS 3: 4-9
    Discharge record:    DIS 3: 4-9

## VARIABLE NAME: ROUTE OF ADMINISTRATION (OF PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION

This field identifies the usual route of administration of the corresponding substance identified in **Substance Use (Primary, Secondary, Tertiary)**.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | ORAL |
| 02 | SMOKING |
| 03 | INHALATION |
| 04 | INJECTION (intravenous, intramuscular, intradermal, or subcutaneous) |
| 20 | OTHER |
| 96 | NOT APPLICABLE |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

When this information is reported on a mental health record, **Co-occurring Mental and Substance use Disorders** must be *1 Yes*, or a warning error will be generated.

GUIDELINES

If the value in **Substance Use** is *01 None*, this field should be coded *96 Not applicable*.

**Mental health reporting:** This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders.

RELATED FIELDS: **Substance Use**, **Frequency of Use**, **Age at First Use**, **Detailed Drug Code**

Mental health reporting: **Co-occurring Mental and Substance Use Disorders**

FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
Admission record: MDS 15a: 74-75
MDS 15b: 82-83
MDS 15c: 90-91

## VARIABLE NAME: SCHOOL ATTENDANCE STATUS

DESCRIPTION

This field specifies the school attendance status of school-age children and adolescents (3-17 years old), including young adults (18-21 years old) who are protected under the Individuals with Disabilities Education Act (IDEA), receiving mental health services.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | YES – Client has attended school at any time in the past three months. |
| 2 | NO – Client has not attended school at any time in the past three months. |
| 6 | NOT APPLICABLE – For non-school-age clients (i.e., less than 3 years old and adults, 18 years and older except if protected under the IDEA). |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

**Substance use reporting:** Field edit is performed for substance use records.

**Mental health reporting:** Field and relational edit is performed for mental health records. Age check will be performed. If the **Date of Birth** is either *01010007 Unknown*, *01010008 Not collected*, or *01010009 Invalid date*, an age check will not be performed and an informational message will be generated. Age is calculated at midpoint, as specified below, to remain consistent with the URS. Age is not rounded-up.

The midpoints for the ages are:

December 31—if the URS reporting period starts July 1

February 28—if the URS reporting period starts September 1

March 31—if the URS reporting period starts October 1

June 30—if the URS reporting period starts January 1

September 30—if the URS reporting period starts April 1

Code *6 Not Applicable* should be used for children younger than 3 years old, young adults not covered under the IDEA, and all other adults. If none of these apply, the value will be replaced with the system code *9* for *Invalid data*.

GUIDELINES

**Substance use reporting:** This field is optional.

**Mental health reporting:** **School Attendance** is defined by SAMHSA as a mental health outcome measure for children, and it is collected at admission and at update/discharge to assess change.

This data field applies to all school-age children, 3-17 years old, including young adults 18-21 years old who are protected under the Individuals with Disabilities Education Act (IDEA). These young adults are in Special Education Program and continue to receive mental health services through the state's Children Mental Health system.

**VARIABLE NAME: SCHOOL ATTENDANCE STATUS—continued**

It is not the intent of this data element to identify children who are in Special Education. The intent is to ensure reporting of persons who are 18-21 years old who meet the IDEA eligibility criteria.

"At any time in the past three months" means at least one day of school attendance in the past three months, counting from the day the information is collected.

"School" includes, but is not limited to, any one or a combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

Use code *6 Not Applicable* for clients who are not of school age: children younger than 3 years old (i.e., birth to two years old) and all persons who have reached the age of 18, except the 18-21 year old clients who are in Special Education per the IDEA and continue to receive services from the Children's Mental Health System.

Use code *7 Unknown* if the state collects this information for the applicable population but for some reason a particular record does not reflect an acceptable value.

Use code *8 Not collected* if the state does not collect these data either for all clients or a particular subset of the population.

RELATED FIELDS:          None

FIELD LENGTH:           1

DATA TYPE:              Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

      Admission record:      MHA 3: 173

      Discharge record:      MHD 4: 165

## VARIABLE NAME: SMI/SED STATUS

DESCRIPTION

This field indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the state's definition.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 1 | SMI |
| 2 | SED |
| 3 | AT RISK FOR SED (OPTIONAL) |
| 4 | NOT SMI/SED |
| 7 | UNKNOWN – Individual client value is unknown. Includes clients undergoing evaluation for SMI or SED eligibility pending any decision. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

When this information is reported on a substance use record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

An age check will be performed. *01 SMI* should be used for adults 18 years and older. *02 SED or 03 At Risk for SED* should be used for children and adolescents 17 years old and younger. An exception is given to young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's Children Mental Health system. Age is calculated at midpoint, as specified below, to remain consistent with the URS. Age is not rounded-up. The midpoints for the ages are:

December 31—if the URS reporting period starts July 1

February 28—if the URS reporting period starts September 1

March 31—if the URS reporting period starts October 1

June 30—if the URS reporting period starts January 1

September 30—if the URS reporting period starts April 1

See **Appendix E** for additional edits.

GUIDELINES

**Substance use reporting:** This field is optional. Reporting of this information on a substance use record is allowed only for clients with co-occurring mental and substance use disorders.

**SMI/SED Status** is collected at admission and at the time of discharge/update to assess change.

State definitions of SMI and SED should be reported in the crosswalk. Specify also if the state provides mental health services to only persons with seriously persistent mental illness (SPMI); serious mental illness (SMI); any mental illness; or any combination of these. Similarly, specify if the state provides mental health services to children with serious emotional disturbance (SED) only, children with emotional disturbance, or both.

**VARIABLE NAME: SMI/SED STATUS—continued**

Code *3 At risk for SED* is an optional reporting code. If used, cite the state operational definition of "At risk for SED" in the crosswalk.

Use code *4 Not SMI or SED* if the client has not been found eligible for SMI or SED services.

Use code *7 Unknown* for a client undergoing evaluation for SMI or SED eligibility pending any decision.

Use code *7 Unknown* if the state collects these data but for some reason a particular record does not reflect an acceptable value.

Use code *8 Not collected* if the state does not collect these data either for all clients or a particular subset of the population.

RELATED FIELDS:             None

FIELD LENGTH:               1

DATA TYPE:                  Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

    Admission record:        MHA 2: 172

    Discharge record:        MHD 3: 164

## VARIABLE NAME: SOURCE OF INCOME/SUPPORT

DESCRIPTION

This field identifies the client's principal source of financial support.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | WAGES/SALARY |
| 02 | PUBLIC ASSISTANCE |
| 03 | RETIREMENT/PENSION |
| 04 | DISABILITY |
| 20 | OTHER |
| 21 | NONE |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories. |

VALIDATION EDITS

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

GUIDELINES

Reporting of this field is optional for both substance use and mental health clients. States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.

- If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *02 Public assistance*, all other categories of **Source of Income/Support** should be coded as *98 Not collected*.

- If the state does not collect **Source of Income/Support**, all records should be coded *98 Not collected*.

For children younger than 18 years old, report the primary parental source of income/support.

RELATED FIELDS:        None
FIELD LENGTH:        2
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:      SuDS 9: 120-121

## VARIABLE NAME: STATE CODE—KEY FIELD

DESCRIPTION

This field identifies the state submitting the record.

VALID ENTRIES

Two-character state abbreviation

VALIDATION EDITS

If the **State Code** on the first record of the submitted file does not match the **State Code** shown in DSS, the file will be rejected and not uploaded for processing. An error message will be displayed on DSS.

If the file is uploaded for processing but the **State Code** on the second and succeeding records does not match the **State Code** shown in DSS, these records will be rejected and not processed. A fatal error for the unprocessed records will be displayed in the processing report.

RELATED FIELDS:        None
FIELD LENGTH:        2
DATA TYPE:        Alphanumeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:        SDS 2: 2-3
    Discharge record:        DIS 2: 2-3

## VARIABLE NAME: STATE PROVIDER IDENTIFIER—KEY FIELD

DESCRIPTION

This field identifies the provider of the mental health or substance use treatment service.

VALID ENTRIES

1 to 15 alphanumeric characters

VALIDATION EDITS

If this field is blank, contains an invalid value, or is all zeros, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

The **State Provider ID** is compared to the *ID* fields contained in the Inventory of Behavioral Health Services (I-BHS). If a match is found, the **I-BHS ID**, **County**, **MSA**, and **Agency** from the I-BHS are appended to the TEDS record. If no match is found, the record will be processed, but an informational message that no match was found in the I-BHS will appear on the processing report. The state must add the facility's **State Provider ID** in the I-BHS if it meets the I-BHS inclusion criteria.

GUIDELINES

We strongly encourage states to ensure that the **State Provider IDs** of all facilities that meet the I-BHS inclusion criteria are entered in the I-BHS.

**Mental health reporting:** **State Provider ID** may be any existing ID assigned to the provider. In the absence of an ID, a constructed 15-alphanumeric descriptor of the provider may be used to establish its unique identity (e.g., Region 1 CMHC). This descriptor has to be used consistently for any reporting of a service record associated with the specified provider.

Reporting by mental health providers may vary by state, depending on the service delivery model. Special reporting circumstances should be noted in the data crosswalk.

| | |
|---|---|
| RELATED FIELDS: | None |
| FIELD LENGTH: | 15 |
| DATA TYPE: | Alphanumeric (left-justified and filled with blank spaces) |

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
|---|---|
| Admission record: | MDS 1: 10-24 |
| Discharge record: | DIS 4: 10-24 |
| | DIS 11: 61-75 |

## VARIABLE NAME: SUBSTANCE USE DIAGNOSIS

### DESCRIPTION

Client's diagnosis is used to identify the substance use that provides the reason for client encounter or treatment. This can be reported by using either the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* from the American Psychiatric Association or the *International Classification of Diseases (ICD)* from the World Health Organization.

This field accepts DSM versions IIIR, IV, and 5, ICD-9, and ICD-10. States are encouraged to use this field instead of **SuDS 4 Diagnostic Code (DSM or ICD)**.

### VALID ENTRIES

| Code | Description (acceptable diagnostic code formats) |
|------|--------------------------------------------------|
| XXX.XXXX | |
| XXX_ _ _ _ _ | where "_" represents a blank |
| XXX._ _ _ _ | where "_" represents a blank |
| XXX.X_ _ _ | where "_" represents a blank |
| XXX.XX _ _ | where "_" represents a blank |
| XXX.XXX _ | where "_" represents a blank |
| 999.9996 | No Substance Use Diagnosis – Individual client does not have a substance use diagnosis (Use this code only for mental health records) |
| 999.9997 | UNKNOWN – Individual client value is unknown. |
| 999.9998 | NOT COLLECTED – State does not collect this field. |

### VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999.9999 Invalid data* and a warning error will be generated.

If a valid value for **Substance Use Diagnosis** is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*.  For Mental Health reporting, if the client does not have co-occurring mental and substance use diagnosis, use *999.9996 No Substance Use Diagnosis* for this field.

### GUIDELINES

Reporting of this field is optional for both substance use and mental health clients.

Both DSM and ICD codes are accepted. The state must specify the coding system and version (DSM-IIIR, DSM-IV, DSM 5, ICD-9, ICD-10) in the **Diagnostic Code Set Identifier** field. While a three-character code with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. States should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.

**Substance use reporting:** It is preferred that states use this field to report SU diagnosis instead of **SuDS 4 Diagnostic Code (DSM or ICD)**.

| | |
|---|---|
| RELATED FIELDS: | **Diagnostic Code Set Identifier** |
| | Mental health reporting: **Co-occurring Mental and Substance Use Disorders** |
| FIELD LENGTH: | 8 |
| DATA TYPE: | Alphanumeric (left-aligned and filled with blank spaces) |

**VARIABLE NAME: SUBSTANCE USE DIAGNOSIS—continued**


REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

      Admission record:       SuDS 19: 140-147

## VARIABLE NAME: SUBSTANCE USE (PRIMARY, SECONDARY, TERTIARY)

DESCRIPTION

This field identifies the client's substance use ranked in the order of use.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | NONE |
| 02 | ALCOHOL |
| 03 | COCAINE/CRACK |
| 04 | MARIJUANA/HASHISH – Includes THC and any other cannabis sativa preparations |
| 05 | HEROIN |
| 06 | NON-PRESCRIPTION METHADONE |
| 07 | OTHER OPIATES AND SYNTHETICS – Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics |
| 08 | PCP – PHENCYCLIDINE |
| 09 | HALLUCINOGENS – Includes LSD, DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens |
| 10 | METHAMPHETAMINE/SPEED |
| 11 | OTHER AMPHETAMINES – Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs |
| 12 | OTHER STIMULANTS – Includes methylphenidate and any other stimulants |
| 13 | BENZODIAZEPINES – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines |
| 14 | OTHER TRANQUILIZERS – Includes meprobamate, and other non-benzodiazepine tranquilizers |
| 15 | BARBITURATES – Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc. |
| 16 | OTHER SEDATIVES OR HYPNOTICS – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics |
| 17 | INHALANTS – Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products |
| 18 | OVER-THE-COUNTER MEDICATIONS – Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other anti-histamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication |

**VARIABLE NAME: SUBSTANCE USE (PRIMARY, SECONDARY, TERTIARY)—continued**

| Code | Description |
|------|-------------|
| 20 | OTHER DRUGS – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, synthetic cannabinoid "Spice", carisoprodol (Soma), and other drugs |
| 97 | UNKNOWN – Individual client value is unknown. |
| 98 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

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

When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

A record may not have duplicate **Substance Use** codes with identical **Rout of Administration** unless the **Detailed Drug Codes** are different; otherwise, a warning error will be generated.

Fore example:

- ○ The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*.
- ○ The primary and secondary **Routes of Administration** are both *01 Oral*.

If **Detailed Drug Code** is unknown or not collected, the primary and secondary substances are considered duplicates, and the secondary **Substance Use** and **Route of Administration** codes will be set to *99 Invalid data*.

If **Detailed Drug Code** is valid (not unknown or not collected) and has the same value for both primary and secondary substances, the primary and secondary substances are considered duplicates, and the secondary **Substance Use** and **Routes of Administration** codes will be set to *99 Invalid data* and the **Detailed Drug Codes** will be set to *9999 Invalid data*.

However, given the example above, if the primary **Detailed Drug Code** is *1301 Alprazolam* and the secondary code is *1304 Diazepam*, the primary and secondary substances would be considered as different substances.

GUIDELINES

Each **Substance Use** field (primary, secondary, or tertiary) has associated fields: **Route of Administration**, **Frequency of Use**, **Age at First Use**, and **Detailed Drug Code**. The primary **Substance Use** code corresponds to the primary codes in the other fields, the secondary code to the secondary, and the tertiary to the tertiary. The optional field **Detailed Drug Code** is used to provide more detailed descriptions of the substances reported.

**Substance use reporting:** **Substance Use** is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable **Frequency of Use**, to assess change.

**Mental health reporting:** This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental and substance use disorders,

RELATED FIELDS:        **Route of Administration**, **Frequency of Use**, **Age at First Use**, **Detailed Drug Code**
Mental health reporting: **Co-occurring Mental and Substance Use Disorders**

FIELD LENGTH:          2

**VARIABLE NAME: SUBSTANCE USE (PRIMARY, SECONDARY, TERTIARY)—continued**

DATA TYPE:              Numeric

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
|---|---|
| Admission record: | MDS 14a: 72-73 |
| | MDS 14b: 80-81 |
| | MDS 14c: 88-89 |
| Discharge record: | DIS 21a: 116-117 |
| | DIS 21b: 118-119 |
| | DIS 21c: 120-121 |

## VARIABLE NAME: SYSTEM TRANSACTION TYPE

DESCRIPTION

This field identifies the appropriate action that needs to be undertaken, that is, whether the record is added to the database, changes (by replacement) an existing record in the database or deletes an existing record from the database.

VALID ENTRIES

| Code | Description |
| --- | --- |
| A | ADD – Add a new record to the database. |
| C | CHANGE – Change values in a record already in the database. |
| D | DELETE – Delete an existing record from the database. |

VALIDATION EDITS

If this field is blank or contains an invalid entry, the file will be rejected and not processed. A fatal error will be displayed in the processing report.

If the KEY fields of an *A Add* record match the KEY fields of an existing record, the *A Add* record will be rejected as a duplicate and a fatal error will be generated.

The KEY fields of a *C Change* or *D Delete* record must match the KEY fields of an existing record, or the record will be rejected, and a fatal error will be generated.

GUIDELINES

Actions are performed in the order listed below:

1. Records with a **System Transaction Type** code of *D Delete* will delete a record with matching KEY fields.
2. Records with a **System Transaction Type** code of *A Add* will be added to the database unless the KEY fields match a record already in the TEDS database.
3. Records with a **System Transaction Type** code of *C Change* will change a record with matching KEY fields by replacing the record.

Changes to an existing record in the database can be made by

1. Submitting a *C Change* record, which replaces the existing record, or
2. Submitting a *D Delete* record and then an *A Add* record that replaces the deleted record. (See **Changing/Correcting Existing Records in TEDS Database** under the **DSS Guide** section of the Manual).

| | |
| --- | --- |
| RELATED FIELDS: | None |
| FIELD LENGTH: | 1 |
| DATA TYPE: | Alphanumeric |

REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:

| | |
| --- | --- |
| Admission record: | SDS 1: 1 |
| Discharge record: | DIS 1: 1 |

## VARIABLE NAME: TYPE OF TREATMENT SERVICE/SETTING—KEY FIELD

DESCRIPTION

This field describes the type of treatment service or treatment setting in which the client is placed at the time of admission or transfer.

VALID ENTRIES

| Code | Description |
|------|-------------|
| 01 | DETOXIFICAION, 24-HOUR SERVICE, HOSPITAL INPATIENT – 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal. (Similar to ASAM Levels IV-D and III 7-D, *medically managed or monitored inpatient detoxification*) |
| 02 | DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL –24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. (Similar to ASAM Level III.2 D, *clinically managed residential detoxification or social detoxification*) |
| 03 | REHABILITATION/RESIDENTIAL – HOSPITAL (OTHER THAN DETOXIFICATION) – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*) |
| 04 | REHABILITATION/RESIDENTIAL – SHORT TERM (30 DAYS OR FEWER) – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Level III.5, *clinically managed high-intensity residential treatment, typically 30 days or less*) |
| 05 | REHABILITATION/RESIDENTIAL— LONG TERM (MORE THAN 30 DAYS) – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses. (Similar to ASAM Levels III.3 and III.1, *clinically managed medium- or low-intensity residential treatment, typically more than 30 days*) |
| 06 | AMBULATORY— INTENSIVE OUTPATIENT – At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization). (Similar to ASAM Level II.5, *20 or more hours per week*) |
| 07 | AMBULATORY — NON-INTENSIVE OUTPATIENT – Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies. (Similar to ASAM Level I, *outpatient treatment, non-intensive*) |
| 08 | AMBULATORY — DETOXIFICATION – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological). (Similar to ASAM Levels I-D and II-D, *ambulatory detoxification)* <br><br> **Note:** ASAM is the American Society of Addiction Medicine. Since some substance use providers may be more familiar with the ASAM level-of-care terminology than with the Treatment Service/Setting categories used in TEDS, a notation indicating the corresponding ASAM level of care has been added to each TEDS category. For more information on ASAM please refer to the ASAM Principles of Addiction Medicine, Fifth Edition. |
| 72 | STATE PSYCHIATRIC HOSPITAL – All SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide. |

**VARIABLE NAME: TYPE OF TREATMENT SERVICE/SETTING—continued**

| Code | Description |
|------|-------------|
| 73 | SMHA-FUNDED/OPERATED COMMUNITY-BASED PROGRAM – Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP). |
| 74 | RESIDENTIAL TREATMENT CENTER – An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care. |
| 75 | OTHER PSYCHIATRIC INPATIENT – A private provider or medical provider licensed and/or contracted through the SMHA. |
| 76 | INSTITUTION UNDER THE JUSTICE SYSTEM – Mental health services provided in a jail, prison, juvenile detention center, etc. |
| 96 | NOT APPLICABLE – Use this code only for 1) substance use codependents/collateral clients or 2) mental health clients receiving assessment, evaluation, or screening services only. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will be rejected and not processed. A fatal error will be displayed in the processing report.

If the **Type of Treatment Service/Setting** does not correspond to the **Client Transaction Type**, the record will be rejected and not processed and a warning error will be generated. This means the **Type of Treatment Service/Setting** must use codes 01 through 08 if **Client Transaction Type** is either *A Initial Admission – substance use treatment* or *T Transfer/Change in SU service* and codes 72 through 76 if **Client Transaction Type** is either *M Initial Admission – mental health treatment* or *X Transfer/Change in MH service*.

GUIDELINES

**Substance use reporting:** Use codes 01 through 08.

In some states, a client may be admitted to (enrolled in) more than one substance use treatment setting *on the same day*, with the same or different providers. This may generate multiple client admissions *on the same day*. However, TEDS requires that a treatment episode have only one initial admission. Using the following prioritized list of TEDS substance use treatment categories, states should select as the TEDS initial admission the one with the highest priority. Admissions to treatment services/settings with lower priorities may be submitted to TEDS as transfer admissions.

1. Detoxification, 24-Hour Service, Hospital Inpatient
2. Detoxification, 24-Hour Service, Free-standing residential
3. Ambulatory—Detoxification
4. Rehabilitation/Residential—Hospital
5. Rehabilitation/Residential—Long Term (more than 30 days)
6. Rehabilitation/Residential—Short Term (30 days or fewer)
7. Ambulatory—Intensive Outpatient
8. Ambulatory—Non-Intensive Outpatient

**Mental health reporting:** Use codes 72 through 76.

**VARIABLE NAME: TYPE OF TREATMENT SERVICE/SETTING—continued**

If a client has co-occurring mental and substance use disorders **and** the admission or discharge record reported is for a substance use treatment, **Client Transaction Type** should have a substance use admission/discharge code and **Type of Treatment Service/Setting** should use any codes from 01 through 08. If the admission or discharge record is for a mental health treatment, **Client Transaction Type** should have a mental health admission/discharge code and **Type of Treatment Service/Setting** should use any codes from 72 through 76.

If a client received only mental health assessment, screening, or evaluation and was discharged to receive services outside the purview of the SMHA or discharged but no treatment is necessary, the record should be coded *96 Not Applicable*.

RELATED FIELDS:          None
FIELD LENGTH:            2
DATA TYPE:               Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
    Admission record:      MDS 18: 50-51
    Discharge record:      DIS 7: 41-42

                      DIS 16: 101-102

## VARIABLE NAME: VETERAN STATUS

DESCRIPTION

This field indicates whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

VALID ENTRIES

| Code | Description |
| --- | --- |
| 1 | VETERAN |
| 2 | NOT A VETERAN |
| 7 | UNKNOWN – Individual client value is unknown. |
| 8 | NOT COLLECTED – State does not collect this field. |

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

Reporting of this field is optional for both substance use and mental health clients.

A veteran is a person 16 years or over who has served (even for a short time), but is not serving now, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the U.S .Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).

RELATED FIELDS:        None
FIELD LENGTH:        1
DATA TYPE:        Numeric
REFERENCE NO. AND COLUMN(S) [for fixed-length ASCII file format]:
        Admission record:        SuDS 7: 117

# Appendix E. List of Edit Checks

The list of edit checks contained in this Appendix is provided for better understanding of the validation process in TEDS. Incorporating and programming these edits in the state's computer programs to prepare TEDS files would be beneficial as it will allow for real-time feedback. States can immediately apply corrective actions on their files. As a result, it will help minimize the number of data errors identified when testing the state TEDS files using the DSS.

This Appendix is intended to be used with the Validation Results report generated in DSS after validating a file. Relevant edit violations for each data field cited in the DSS Validation Results and Error Report are discussed fully in the succeeding tables. It provides information on the edit (correct data submission), type of error, explanation of the violation, outcome or result of violating the edit, and the recommended corrective action.

**When addressing errors involving relational edits, the state must review all relevant data fields irrespective of whether the reported field value was stored or replaced with an invalid value.** The nature of these edits is such that it is not clear which field violated the expected relationship. In some cases, the edit assumes a certain level of hierarchy between variables, which causes some field values to be stored while others are replaced with an invalid value or an expected value. This assumption, however, should not be taken to mean that the stored value is correct. The state should verify and validate that assumption. Relational edits would not "run" when one of the fields is either an Unknown or Not Collected.

The following cases assumed certain hierarchy among variables:

- Date of Birth takes precedence over the Age of First Use—DOB value is stored
- Gender takes precedence over pregnancy status—if Male, pregnancy value is replaced
- Reporting of both SU and MH diagnoses—will change the Co-occurring Mental and Substance Use Disorders from "No" to "Yes"

To remain consistent with the URS, edits involving age checks on mental health records will use age calculated at the midpoint of the state's elected reporting period. Age is not rounded up and client's age is reported as zero if less than 12 months. The following reference dates for age calculation will be observed:

- December 31—if the URS reporting period starts July 1
- February 28—if the URS reporting period starts September 1
- March 31—if the URS reporting period starts October 1
- June 30—if the URS reporting period starts January 1
- September 30—if the URS reporting period starts April 1

Edits involving age check on substance use records will use age calculated at time of admission.

## DSS EDIT CHECKS FOR ADMISSION RECORD

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| S3 | State Code | F | System | The State Code on all records must match the State Code assigned to the DSS user. | State Code on some records did not match with State Code assigned to the DSS user; records are rejected and not processed. | To correct rejected records, the State Code on the records must match the State Code assigned to the DSS user. | All Admissions |
| A1a | Age at First Use (Primary) | NF | Field | Age of First Use (Primary) must have a valid value. Blank is not accepted. | Age at First Use (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A1b | Age at First Use (Secondary) | NF | Field | Age of First Use (Secondary) must have a valid value. Blank is not accepted. | Age at First Use (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A1c | Age at First Use (Tertiary) | NF | Field | Age of First Use (Tertiary) must have a valid value. Blank is not accepted. | Age at First Use (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A1d | Age at First Use (Primary) | NF | Relational | Age at First Use (Primary) must be '96 Not Applicable' when Substance Use (Primary) is reported as '01 None.' | Age at First Use (Primary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Primary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A1e | Age at First Use (Secondary) | NF | Relational | Age at First Use (Secondary) must be '96 Not Applicable' when Substance Use (Secondary) is reported as '01 None.' | Age at First Use (Secondary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Secondary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A1f | Age at First Use (Tertiary) | NF | Relational | Age at First Use (Tertiary) must be '96 Not Applicable' when Substance Use (Tertiary) is reported as '01 None' | Age at First Use (Tertiary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Tertiary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A1g | Age at First Use (Primary) | NF | Relational | Age at First Use (Primary) should not be reported as '96 Not Applicable' when Substance Use (Primary) has a value other than '01 None' | Age at First Use (Primary) is reported as '96 Not Applicable' when Substance Use (Primary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |
| A1h | Age at First Use (Secondary) | NF | Relational | Age at First Use (Secondary) should not be reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None' | Age at First Use (Secondary) is reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |
| A1i | Age at First Use (Tertiary) | NF | Relational | Age at First Use (Tertiary) should not be reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None' | Age at First Use (Tertiary) is reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A2a | Age at First Use (Primary) | NF | Relational | A valid value for Age at First Use is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Age at First Use (Primary) has value (not '96', '97', '98') but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A2b | Age at First Use (Secondary) | NF | Relational | A valid value for Age at First Use is accepted on a MH Admissions only when a client is reported to have co-occurring mental and substance use disorders. | Age at First Use (Secondary) has value (not '96', '97', '98') but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A2c | Age at First Use (Tertiary) | NF | Relational | A valid value for Age at First Use is accepted on a MH Admissions only when a client is reported to have co-occurring mental and substance use disorders. | Age at First Use (Tertiary) has value (not '96', '97', '98') but Co-occurring mental and substance use disorders field value is '2 No' in a MH  record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A3a | Age at First Use (Primary) | NF | Relational | Age at First Use (Primary) must be less than the calculated age at admission. | Age at First Use (Primary) is greater than the calculated age at admission; record is processed but field value is replaced with the system code '99' for invalid data. | Age at First Use must not be greater than the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action. | SU Admissions |
| A3b | Age at First Use (Secondary) | NF | Relational | Age at First Use (Secondary) must be less than the calculated age at admission. | Age at First Use (Secondary) is greater than the calculated age at admission; record is processed but field value is replaced with the system code '99' for invalid data. | Age at First Use must not be greater than the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action. | SU Admissions |
| A3c | Age at First Use (Tertiary) | NF | Relational | Age at First Use (Tertiary) must be less than the calculated age at admission. | Age at First Use (Tertiary) is greater than the calculated age at admission; record is processed but field value is replaced with the system code '99' for invalid data. | Age at First Use must not be greater than the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action. | SU Admissions |
| A3d | Age at First Use (Primary) | I | Relational | Age at First Use (Primary) must be less than the calculated age at admission. | Age at First Use (Primary) is equal to the calculated age at admission; informational message is generated. | INFORMATIONAL: Age at First Use is equal to the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action, if necessary. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A3e | Age at First Use (Secondary) | I | Relational | Age at First Use (Secondary) must be less than the calculated age at admission. | Age at First Use (Secondary) is equal to the calculated age at admission; informational message is generated. | INFORMATIONAL: Age at First Use is equal to the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action, if necessary. | SU Admissions |
| A3f | Age at First Use (Tertiary) | I | Relational | Age at First Use (Tertiary) must be less than the calculated age at admission. | Age at First Use (Tertiary) is equal to the calculated age at admission; informational message is generated. | INFORMATIONAL: Age at First Use is equal to the calculated Age at Admission using the reported Date of Birth. Review both fields and take corrective action, if necessary. | SU Admissions |
| A4a | Arrests in the Past 30 Days - Admission | NF | Field | Arrests in the Past 30 Days - Admission must have a valid value. Blank is not accepted. | Arrests data field is either blank or has invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A4b | Arrests in the Past 30 Days - Admission | I | Field | Arrests in the past 30 Days- Admission has a value that is greater than '30.' | Arrests in the past 30 Days-Admission has a value that is greater than '30;' record is processed with the reported field value. | INFORMATIONAL: This field is intended to capture the number of times the client was arrested (not the number of charges) for any causes during the referenced period. Review this field and take corrective action, if necessary. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A5 | Attendance at Self-Help SU Groups in Past 30 Days-Admission | NF | Field | Attendance at SU Self-Help Group in Past 30 Days must have a valid value. Blank is not accepted. | Attendance at SU Self-Help Groups data field is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A6 | Attendance at Self-Help SU Groups in Past 30 Days-Admission | NF | Relational | A valid value for Attendance at Self-Help SU Groups in Past 30 Days is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Attendance at SU Self-Help Groups data field has value (not '97' or '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A7 | CGAS/GAF Score | NF | Field | CGAS/GAF Score must have a valid value. Blank is not accepted. | CGAS/GAF Score is either blank or has an invalid value; record is processed but field value is replaced with the system code '999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A8 | CGAS/GAF Score | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, CGAS/GAF Score has a 1value (not '997' or '998') but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A9 | Client ID | F | Field | Client ID is a KEY field. It must be unique and a valid value. Blank or all zeros is not accepted. | Client ID is blank, an invalid value, or all zeros; record is rejected and not processed. | *See Manual for guidance on acceptable ID format.* | All Admissions |
| A10 | Client Transaction Type | F | Field | Client Transaction Type is a KEY field. It must have a valid value. Blank is not accepted. | Client Transaction Type is either blank or has an invalid value; record is rejected and not processed. | *Must report a field value using only the valid codes specified in the Manual.* | All Admissions |
| A11a | Codependent/ Collateral | F | Field | Codependent is a KEY field. It must have a valid value. Blank is not accepted. | Codependent/Collateral is either blank or has an invalid value; record is rejected and not processed. | *Must report a field value using only the valid codes specified in the Manual.* | All Admissions |
| A11b | Codependent/ Collateral | F | Relational | Codependent and Type of Treatment Service/Setting are KEY fields. Codependent/Collateral must conform to the Type of Treatment Service/Setting. | Type of Treatment Service/Setting is coded '96 Not Applicable' when the Codependent/Collateral field value is '2 Client;' record is rejected and not processed. | *Type of Treatment Service/Setting must use codes '01-08' if Codependent/Collateral field value is '2 Client.' Review both fields and take corrective action.* | SU Admissions |
| A12 | Co-occurring Mental and Substance Use Disorders | NF | Field | Co-occurring Mental and Substance Use Disorders must have a valid value. Blank is not accepted. | Co-occurring Mental and Substance Use Disorders is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A13a | Co-occurring Mental and Substance Use Disorders | NF | Relational | Co-occurring Mental and Substance Use Disorders must be '1 Yes' if valid MH diagnostic codes are reported on a SU record. | Co-occurring Mental and Substance Use Disorders is '2 No' when valid MH diagnostic codes are reported on a SU record; record is processed but field value is replaced with the system code '9' for invalid data. | *When both SU and MH diagnoses are reported, Co-occurring Mental and Substance Use Disorders must be '1 Yes.'* | SU Admissions |
| A13b | Co-occurring Mental and Substance Use Disorders | NF | Relational | Co-occurring Mental and Substance Use Disorders must be '1 Yes' if valid SU diagnostic codes are reported on a MH record. | Co-occurring Mental and Substance Use Disorders is '2 No' when valid SU diagnostic codes are reported on a MH record; record is processed but field value is replaced with the system code '9' for invalid data. | *When both SU and MH diagnoses are reported, Co-occurring Mental and Substance Use Disorders must be '1 Yes.'* | MH Admissions |
| A14 | Date of Admission | F | Field | Date of Admission is a KEY field. It must be a valid calendar date and in a valid format. Blank is not accepted. | Date of Admission is either blank, has an invalid value, or uses the wrong date format; record is rejected and not processed. | *Admission Date must be a valid calendar date.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A15a | Date of Admission | F | Relational | SU admission record must have an Admission Date of January 1, 2005, or later with an exception for clients that are in treatment for an opioid use disorder or being treated with methadone, buprenorphine, and/or naltrexone with an admission year between 2000 and 2004. | Date of Admission is before January 1, 2005, and (the client is not in treatment for an opioid use [Substance Use (Primary, Secondary, Tertiary) has reported values other than '05 Heroin' '06 Non-prescription methadone,' or '07 Other opiates and synthetics'] OR The client is not being treated with methadone, buprenorphine, and/or naltrexone (Medication-Assisted Opioid Therapy has a reported value other than '1 Yes')); record is rejected and not processed. | SU Date of Admission must be January 1, 2005, or later with an exception for clients that are in treatment for an opioid use disorder or being treated with methadone, buprenorphine, and/or naltrexone with an admission year between 2000 and 2004. Review all applicable fields and take corrective action. | SU Admissions |
| A16 | Date of Admission | F | Relational | MH admission record must have an Admission Date of January 1, 1920 or later. | Date of Admission is before January 1, 1920; record is rejected and not processed. | MH Date of Admission must be January 1, 1920, or later. | MH Admissions |
| A17 | Date of Admission | F | Relational | Date of Admission must be either the same date or earlier than the current date or the Reporting Date. | Date of Admission is later than the current date or the Reporting Date; record is rejected and not processed. | Date of Admission must be the same date or earlier than the current date or the Reporting Date. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A18 | Date of Birth | F | Field | Date of Birth must be a valid calendar date and in a valid format. Blank is not accepted. | Date of Birth is either blank, has an invalid value, or uses the wrong date format; record is rejected and not processed. | Date of Birth must be a valid calendar date. | All Admissions |
| A19a | Date of Birth | NF | Relational | Date of Birth may be the same or earlier than the current date. | Date of Birth (DOB) is later than the current date; record is processed but field value is replaced with the system code '01010009' for invalid date. | Date of Birth may be the same or earlier than the current date. | All Admissions |
| A19b | Date of Birth | NF | Relational | Date of Birth may be the same or earlier than Date of Admission. | Date of Birth (DOB) is later than the date of admission; record is processed but field value is replaced with the system code '01010009' for invalid date. | Date of Birth may be the same or earlier than Date of Admission. | All Admissions |
| A19c | Date of Birth | I | Relational | Date of Birth that gives a calculated age of > 95 years at time of admission will be flagged for state verification. | Date of Birth (DOB) gives a calculated age of > 95 years at the time of admission; the reported field value is flagged but the record will be processed. | INFORMATIONAL: Date of Admission and DOB give a calculated age of > 95 years at time of admission. Review both fields and take corrective action, if necessary. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A20 | Days Waiting to Enter SU Treatment | NF | Field | Days Waiting to Enter SU Treatment must have a valid value. Blank is not accepted. | Days Waiting to Enter SU Treatment is either blank or has an invalid value; record is processed but field value is replaced with the system code '999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual | All Admissions |
| A21 | Days Waiting to Enter SU Treatment | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Days Waiting to enter SU Treatment has valid value (not '997' or '998') but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A22 | Detailed Criminal Justice Referral | NF | Field | Detailed Criminal Justice Referral must have a valid value. Blank is not accepted. | Detailed Criminal Justice Referral is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A23a | Detailed Criminal Justice Referral | NF | Relational | Detailed Criminal Justice Referral must have a value other than '96 Not Applicable' if Referral Source is '07 Court/Criminal Justice Referral.' | Detailed Criminal Justice Referral is coded '96 Not Applicable' when the Referral Source field value is '07 Court/Criminal Justice Referral' record is processed but field value is replaced with the system code '99' for invalid data. | Detailed Criminal Justice Referral must be '96 Not Applicable' if Referral Source is not '07 Court/Criminal Justice Referral.' Review both fields and take corrective action | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A23b | Detailed Criminal Justice Referral | NF | Relational | Detailed Criminal Justice Referral must be reported as '96 Not Applicable' or '98 Not Collected' when Referral Source has a value other than '07 Court/Criminal Justice Referral.' | Detailed Criminal Justice Referral has a value (other than '96 Not Applicable' or '98 Not Collected') when Referral Source has a value that is not '07 Court/Criminal Justice Referral;' record is processed with the reported field value. | *Review both fields and take corrective action.* | All Admissions |
| A24a | Detailed Drug Code (Primary) | NF | Field | Detailed Drug Code (Primary) must have a valid value. Blank is not accepted. | Detailed Drug Code (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '9999' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A24b | Detailed Drug Code (Secondary) | NF | Field | Detailed Drug Code (Secondary) must have a valid value. Blank is not accepted. | Detailed Drug Code (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '9999' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A24c | Detailed Drug Code (Tertiary) | NF | Field | Detailed Drug Code must have a valid value. Blank is not accepted. | Detailed Drug Code (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A25a | Detailed Drug Code (Primary) | NF | Relational | Detailed Drug Code (Primary) must be a valid subset of the reported Substance Use. | Invalid subset of the reported Substance Use (Primary); record is processed but field value is replaced with the system code '9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values. Detailed Drug Code must be a valid subset of the Reported Substance Use. Review both fields. | SU Admissions |
| A25b | Detailed Drug Code (Secondary) | NF | Relational | Detailed Drug Code (Secondary) must be a valid subset of the reported Substance Use. | Invalid subset of the reported Substance Use (Secondary); record is processed but field value is replaced with the system code '9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values. Detailed Drug Code must be a valid subset of the reported Substance Use. Review both fields and take corrective action. | SU Admissions |
| A25c | Detailed Drug Code (Tertiary) | NF | Relational | Detailed Drug Code (Tertiary) must be a valid subset of the reported Substance Use. | Invalid subset of the reported Substance Use (Tertiary); record is processed but field value is replaced with the system code '9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values. Detailed Drug Code must be a valid subset of the reported Substance Use. Review both fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A25d | Detailed Drug Code (Primary) | NF | Relational | Detailed Drug Code (Primary) must be '9996 Not Applicable' when Substance Use (Primary) is reported as '01 None.' | Detailed Drug Code (Primary) has a value other than '9996 Not Applicable' or '9998 Not Collected' when Substance Use (Primary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Detailed Drug Code (Primary) must be '9996 Not Applicable' when Substance Use (Primary) is reported as '01 None.' | SU Admissions |
| A25e | Detailed Drug Code (Secondary) | NF | Relational | Detailed Drug Code (Secondary) must be '9996 Not Applicable' when Substance Use (Secondary) is reported as '01 None.' | Detailed Drug Code (Secondary) has a value other than '9996 Not Applicable' or '9998 Not Collected' when Substance Use (Secondary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Detailed Drug Code (Secondary) must be '9996 Not Applicable' when Substance Use (Secondary) is reported as '01 None.' | SU Admissions |
| A25f | Detailed Drug Code (Tertiary) | NF | Relational | Detailed Drug Code (Tertiary) must be '9996 Not Applicable' when Substance Use (Tertiary) is reported as '01 None.' | Detailed Drug Code (Tertiary) has a value other than '9996 Not Applicable' or '9998 Not Collected' when Substance Use (Tertiary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Detailed Drug Code (Tertiary) must be '9996 Not Applicable' when Substance Use (Tertiary) is reported as '01 None.' | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|----------|------------|------------------------------------------------------------|-----------|----------------|-------------------|-------------------|--------------------|
| A25g | Detailed Drug Code (Primary) | NF | Relational | Detailed Drug Code (Primary) should not be reported as '9996 Not Applicable' when Substance Use (Primary) has a value other than '01 None.' | Detailed Drug Code (Primary) is reported as '9996 Not Applicable' when Substance Use (Primary) has a value other than '01 None;' record is processed but field value is replaced with the system code '9999' for invalid data. | Detailed Drug Code (Primary) should not be reported as '9996 Not Applicable' when Substance Use (Primary) has a value other than '01 None.' | SU Admissions |
| A25h | Detailed Drug Code (Secondary) | NF | Relational | Detailed Drug Code (Secondary) should not be reported as '9996 Not Applicable' when Substance Use (Secondary) has a value other than '01 None.' | Detailed Drug Code (Secondary) is reported as '9996 Not Applicable' when Substance Use (Secondary) has a value other than ,'01 None;' record is processed but field value is replaced with the system code '9999' for invalid data. | Detailed Drug Code (Secondary) should not be reported as '9996 Not Applicable' when Substance Use (Secondary) has a value other than '01 None.' | SU Admissions |
| A25i | Detailed Drug Code (Tertiary) | NF | Relational | Detailed Drug Code (Tertiary) should not be reported as '9996 Not Applicable' when Substance Use (Tertiary) has a value other than,'01 None.' | Detailed Drug Code (Tertiary) is reported as '9996 Not Applicable' when Substance Use (Tertiary) has a value other than,'01 None;' record is processed but field value is replaced with the system code '9999' for invalid data. | Detailed Drug Code (Tertiary) should not be reported as '9996 Not Applicable' when Substance Use (Tertiary) has a value other than,'01 None.' | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A26a | Detailed Drug Code (Primary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Detailed Drug Code (Primary) has a value (not '9996', '9997', '9998') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A26b | Detailed Drug Code (Secondary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Detailed Drug Code (Secondary) has a value (not '9996', '9997', '9998') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A26c | Detailed Drug Code (Tertiary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Detailed Drug Code (Tertiary) has a value (not '9996', '9997', '9998') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A27 | Detailed Not in Labor Force | NF | Field | Detailed Not in Labor Force must have a valid value. Blank is not accepted. | Detailed Not in Labor Force is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A28a | Detailed Not in Labor Force | NF | Relational | Detailed Not in Labor Force must have a value (other than '96 Not Applicable') if Employment Status is '04 Not in Labor Force.' | Detailed Not in Labor Force is coded '96 Not Applicable' when the Employment Status field value is '04 Not in Labor Force;' record is processed but field value is replaced with the system code '99' for invalid data. | Detailed Not in Labor Force must have a value (other than '96 Not Applicable') if Employment Status is '04 Not in Labor Force.' Review both fields and take corrective action. | All Admissions |
| A28b | Detailed Not in Labor Force | NF | Relational | Detailed Not in Labor Force must be reported as '96 Not Applicable' or '98 Not Collected' when Employment Status has a value other than '04 Not in Labor Force.' | Detailed Not in Labor Force has a value (other than '96 Not Applicable' or '98 Not Collected') when Employment Status has a value that is not '04 Not in Labor Force;' record is processed with the reported field value. | Review both fields and take corrective action. | All Admissions |
| A29a | Diagnostic Code (DSM or ICD) (SuDS 4) | NF | Field | Diagnostic Code must have a valid value. Blank is not accepted. | Diagnostic Code is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A29b | Diagnostic Code (DSM or ICD) (SuDS 4) | I | Field | States are expected to report the alternative Diagnostic Code fields ('SuDS 19 Substance Use Diagnosis' and 'MHA 1a, 1b, 1c Mental Health Diagnosis.') These diagnostic code fields can accept any version of the DSM and ICD. | Diagnostic Code (DSM or ICD) has a value other than '999.98 Not Collected;' informational message is generated but record is processed with the reported field value. | INFORMATIONAL: States are expected to report the alternative Diagnostic Code fields ('SuDS 19 Substance Use Diagnosis' and 'MHA 1a, 1b, 1c Mental Health Diagnosis.') | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A30 | Diagnostic Code Set Identifier | NF | Field | Diagnostic Code Set Identifier must have a valid value. Blank is not accepted. | Diagnostic Code Set Identifier is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A31 | Diagnostic Code Set Identifier | NF | Relational | Diagnostic Code Set Identifier must have a valid value when SU Diagnosis or MH Diagnosis has a value that is not '999.9996 No Substance Use Diagnosis,' '999.9997 Unknown' or '999.9998 Not Collected.' | Diagnostic Code Set Identifier is either blank or has an invalid value when SU Diagnosis or MH Diagnosis fields has a value other than '999.9996,' '999.9997' or '999.9998;' Record is processed but field value is replaced with the system code '9' for invalid data. | *Diagnostic Code Set Identifier must have a valid value (1-5 only) when valid SU Diagnosis or MH Diagnosis (cannot be '999.9996,' '999.9997' or '999.9998') is reported. Review all relevant fields and take corrective action.* | All Admissions |
| A32a | Education | NF | Field | Education must have a valid value. Blank is not accepted. | Education is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | SU Admissions |
| A32b | Education | NF | Field | Education must have a valid value. Blank is not accepted. | Education is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | MH Admissions |
| A32c | Education | I | Relational | If Education has a value of '13 through 71' then the calculated age at admission must be 17 years or older. | Education has a value of '13 through 71' but the calculated age at admission is less than 17 years old; informational message is generated. | *INFORMATIONAL: Review both fields and take corrective action.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A33 | Education | NF | Relational | Education must have a valid value when School Attendance is either '1' or '2.' | Education is either blank or has an invalid value when School Attendance Status is either '1' or '2;' record is processed but field value is replaced with the system code '99' for invalid data. | Education field should have valid value for school-age children if School Attendance Status has a value of '1' or '2.' Review both fields and take corrective action. | MH Admissions for school-age children (3-17 years old) |
| A34a | Employment Status | NF | Field | Employment Status must have a valid value. Blank is not accepted. | Employment Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Admissions |
| A34b | Employment Status | NF | Field | Employment Status must have a valid value. Blank is not accepted. | Employment Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions |
| A34c | Employment Status | I | Relational | If Employment status has a value of either '01', '02', '03' or '05' then the calculated age at admission must be 16 years or older. | Employment status has a value of either '01', '02', '03' or '05' when the calculated age at admission is less than 16 years old; informational message is generated. | INFORMATIONAL: Review both fields and take corrective action. | All Admissions |
| A35a | Frequency of Use (Primary) | NF | Field | Frequency of Use (Primary) must have a valid value. Blank is not accepted. | Frequency of Use (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A35b | Frequency of Use (Secondary) | NF | Field | Frequency of Use (Secondary) must have a valid value. Blank is not accepted. | Frequency of Use (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A35c | Frequency of Use (Tertiary) | NF | Field | Frequency of Use (Tertiary) must have a valid value. Blank is not accepted. | Frequency of Use (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A35d | Frequency of Use (Primary) | NF | Relational | Frequency of Use (Primary) must be '96 Not Applicable' when Substance Use (Primary) is reported as '01 None.' | Frequency of Use (Primary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Primary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A35e | Frequency of Use (Secondary) | NF | Relational | Frequency of Use (Secondary) must be '96 Not Applicable' when Substance Use (Secondary) is reported as '01 None.' | Frequency of Use (Secondary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Secondary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |
| A35f | Age at First Use (Tertiary) | NF | Relational | Frequency of Use (Tertiary) must be '96 Not Applicable' when Substance Use (Tertiary) is reported as '01 None.' | Frequency of Use (Tertiary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Tertiary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |
| A35g | Frequency of Use (Primary) | NF | Relational | Frequency of Use (Primary) should not be reported as '96 Not Applicable' when Substance Use (Primary) has a value other than '01 None.' | Frequency of Use (Primary) is reported as '96 Not Applicable' when Substance Use (Primary) has a value other than ,'01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A35h | Frequency of Use (Secondary) | NF | Relational | Frequency of Use (Secondary) should not be reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None.' | Frequency of Use (Secondary) is reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A35i | Frequency of Use (Tertiary) | NF | Relational | Frequency of Use (Tertiary) should not be reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None.' | Frequency of Use (Tertiary) is reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A36a | Frequency of Use (Primary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Primary) has a value that is not '96', '97', '98' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
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| A36b | Frequency of Use (Secondary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Secondary) has a value that is not '96', '97', '98' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A36c | Frequency of Use (Tertiary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Tertiary) has a value that is not '96', '97', '98' but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A37 | Gender | NF | Field | Gender must have a valid value. Blank is not accepted. | Gender is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A38 | Health Insurance | NF | Field | Health Insurance must have a valid value. Blank is not accepted. | Health Insurance is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
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| A39 | Hispanic or Latino Origin (Ethnicity) | NF | Field | Hispanic or Latino Origin must have a valid value. Blank is not accepted. | Hispanic or Latino Origin is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A40 | Legal Status at Admission to State Hospitals | NF | Field | Legal Status must have a valid value. Blank is not accepted. | Legal Status at Admission to State Hospital is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions |
| A41 | Legal Status at Admission to State Hospitals | NF | Relational | Legal Status must have a valid value when Type of Treatment Service/Setting is '72 State Psychiatric Hospital'. All other service types or settings must have a value of '96 Not Applicable.' | Legal Status at Admission is coded '96 Not Applicable' when Type of Treatment Service/Setting field value is '72 State Psychiatric Hospital;' record is processed but field value is replaced with the system code '99' for invalid data. | Legal Status is for state hospital setting only, '72'. Use '96' for all Type of Treatment Service/Setting from '73' through '76'. Review both fields and take corrective action. | MH Admissions |
| A42a | Living Arrangements | NF | Field | Living Arrangement must have a valid value. Blank is not accepted. | Living Arrangements is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
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| A42b | Living Arrangements | NF | Field | Living Arrangement must have a valid value. Blank is not accepted. | Living Arrangements is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | MH Admissions |
| A43 | Marital Status | NF | Field | Marital Status must have a valid value. Blank is not accepted. | Marital Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A44 | Medication-Assisted Opioid Therapy | NF | Field | Medication-assisted Opioid Therapy must have a valid value. Blank is not accepted. | Medication-Assisted Opioid Therapy is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A45 | Medication-Assisted Opioid Therapy | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Medication-Assisted Opioid Therapy has a value that is not '6', '7', '8' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
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| A46a | Mental Health Diagnosis (One) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (One) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions [and SU Admissions, if reported] |
| A46b | Mental Health Diagnosis (Two) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (Two) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions [and SU Admissions, if reported] |
| A46c | Mental Health Diagnosis (Three) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (Three) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions [and SU Admissions, if reported] |
| A47a | Mental Health Diagnosis (Two) | NF | Relational | Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | Duplicates exist. At least two diagnoses of the same codes are reported in MH Diagnoses (One and Two). Please take corrective action. | MH Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A47b | Mental Health Diagnosis (Three) | NF | Relational | Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | Duplicates exist. At least two diagnoses of the same codes are reported in MH Diagnoses (Two and Three). Please take corrective action. | MH Admissions |
| A47c | Mental Health Diagnosis (Three) | NF | Relational | Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | Duplicates exist. At least two diagnoses of the same codes are reported in MH Diagnoses (One and Three). Please take corrective action. | MH Admissions |
| A48a | Mental Health Diagnosis (One) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a substance use record, Mental Health Diagnosis (One) has a value other than '999.9997' or '999.9998' but Co-occurring mental and substance use disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
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| A48b | Mental Health Diagnosis (Two) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a substance use record, Mental Health Diagnosis (Two) has a value other than '999.9996,' '999.9997' or '999.9998' but Co-occurring mental and substance use disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders mental data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Admissions, if reported |
| A48c | Mental Health Diagnosis (Three) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, Mental Health Diagnosis (Three) has a value other than '999.9996,' '999.9997' or '999.9998' but Co-occurring mental and substance use disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Admissions, if reported |
| A49 | Payment Source | NF | Field | Payment Source must have a valid value. Blank is not accepted. | Payment Source is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A50 | Pregnant at Admission | NF | Field | Pregnant at admission must have a valid value. Blank is not accepted. | Pregnant at Admission is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A51 | Pregnant at Admission | NF | Relational | If Pregnant at Admission is '1 Yes' or '2 No,' then Gender must be '2 Female.' | Pregnant at Admission has a value of '1' or ,'2' with gender of '1 Male;' record is processed but field value is replaced with the system code '6' for Not Applicable. | INFORMATIONAL: Value for Pregnant at admission has been replaced with '6 Not Applicable' to conform with Gender '1 Male.' | All Admissions |
| A52 | Previous SU Treatment Episodes | NF | Field | Previous SU Treatment Episodes must have a valid value. Blank is not accepted. | Previous SU Treatment Episodes is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data must be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A53 | Previous SU Treatment Episodes | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Value other than '7' or '8' is reported for Previous SU Treatment Episodes but Co-Occurring mental and substance use disorders is a '2 No;' record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |
| A54 | Race | NF | Field | Race must have a valid value. Blank is not accepted. | Race is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Record with invalid data should be reviewed and replaced with valid values specified in the manual. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A55 | Referral Source | NF | Field | Referral Source must have a valid value. Blank is not accepted. | Referral Source is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A56a | Route of Administration (of Primary Substance) | NF | Field | Route of Administration-Primary, must have a valid value. Blank is not accepted. | Route of Administration (of Primary Substance) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A56b | Route of Administration (of Secondary Substance) | NF | Field | Route of Administration-Secondary, must have a valid value. Blank is not accepted. | Route of Administration (of Secondary Substance) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A56c | Route of Administration (of Tertiary Substance) | NF | Field | Route of Administration-Tertiary, must have a valid value. Blank is not accepted. | Route of Administration (of Tertiary Substance) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A56d | Route of Administration (of Primary Substance) | NF | Relational | Route of Administration-Primary must be '96 Not Applicable' when Substance Use (Primary) is reported as '01 None.' | Route of Administration (of Primary Substance) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Primary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A56e | Route of Administration (of Secondary Substance) | NF | Relational | Route of Administration-Secondary must be '96 Not Applicable' when Substance Use (Secondary) is reported as '01 None.' | Route of Administration (of Secondary Substance) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Secondary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A56f | Route of Administration (of Tertiary Substance) | NF | Relational | Route of Administration-Tertiary must be '96 Not Applicable' when Substance Use (Tertiary) is reported as '01 None.' | Route of Administration (of Tertiary Substance) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use (Tertiary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A56g | Route of Administration (of Primary Substance) | NF | Relational | Route of Administration-Primary should not be reported as '96 Not Applicable' when Substance Use (Primary) has a value other than '01 None.' | Route of Administration (of Primary Substance) is reported as '96 Not Applicable' when Substance Use (Primary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A56h | Route of Administration (of Secondary Substance) | NF | Relational | Route of Administration-Secondary should not be reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None.' | Route of Administration (of Secondary Substance) is reported as '96 Not Applicable' when Substance Use (Secondary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |
| A56i | Route of Administration (of Tertiary Substance) | NF | Relational | Route of Administration-Tertiary should not be reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None.' | Route of Administration (of Tertiary Substance) is reported as '96 Not Applicable' when Substance Use (Tertiary) has a value other than '01 None;' record is processed but field value is replaced with the system code,'99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A57a | Route of Administration (of Primary Substance) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Route of Administration (of Primary Substance) has a value that is not '96', '97', '98' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A57b | Route of Administration (of Secondary Substance) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Route of Administration (of Secondary Substance) has a value that is not '96','97','98' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A57c | Route of Administration (of Tertiary Substance) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Route of Administration (of Tertiary Substance) has a value that is not '96', '97', '98' but Co-occurring mental and substance use disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A58 | School Attendance Status | NF | Field | School Attendance must have a valid value. Blank is not accepted. | School Attendance Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions |
| A59 | School Attendance Status | I | Relational | School Attendance Status and Date of Birth fields must have valid values. | Age check cannot be performed if reported Date of Birth is either '01010007', '01010008','01010009;' informational message is generated. | INFORMATIONAL: Validation using age criteria is not performed. Please review all relevant fields and take corrective action. | MH Admissions |
| A60 | School Attendance Status | NF | Relational | A value of '1 Yes', '2 No', or '7 Unknown' must be reported only for 3-17 years old with the exception for young adults under the IDEA, 18-21. All other ages (and those not under the IDEA) must have a value of '6 Not Applicable'. If this data field is not collected, use '8 Not Collected' | School Attendance Status value for clients between 3 and 17 years old is '6' or clients > 21 years old have a value of '1' ,'2' or '7'; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the coding guideline in the Manual. Review all relevant fields and take corrective action. | MH Admissions |
| A61 | SMI/SED Status | NF | Field | SMI/SED Status must have a valid value. Blank is not accepted. | SMI/SED Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A62a | SMI/SED Status | NF | Relational | SMI status must be 18 years and older. | SMI/SED Status value does not conform to the guideline on age criteria; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the age criteria specified in the Manual. | MH Admissions |
| A62b | SMI/SED Status | NF | Relational | SED/At Risk of SED status must be 17 years and younger. | SMI/SED Status value does not conform to the guideline on age criteria; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the age criteria specified in the Manual. | MH Admissions |
| A63 | SMI/SED Status | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, SMI/SED Status has a value other than '7 Unknown' or '8 Not Collected' but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Admissions, if reported |
| A64 | SMI/SED Status | I | Relational | SMI/SED Status and Date of Birth fields must have valid values. | Age check cannot be performed if reported Date of Birth is either '01010007', '01010008', '01010009;' informational message is generated. | INFORMATIONAL: Validation using age criteria is not performed. Please review all relevant fields and take corrective action. | MH Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A65 | Source of Income/ Support | NF | Field | Source of Income/Support must have a valid value. Blank is not accepted. | Source of Income/Support is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A66 | State Provider ID | F | Field | State Provider ID is a KEY field. It must have a valid value. Blank or all zeros is not accepted. | State Provider ID is either blank, an invalid value, or all zeros; record is rejected and not processed. | See Manual for guidance on acceptable ID format. | All Admissions |
| A67 | State Provider ID | I | Relational | A match of the State Provider ID is conducted with the list of state facilities in the I-BHS database and no match was found. | State Provider ID did not find a match in the I-BHS database; informational message is generated. | INFORMATIONAL: This Provider ID did not find a match in the I-BHS database. Please refer to Chapter 6 of the TEDS Manual for guidance. | All Admissions |
| A68 | Substance Use Diagnosis | NF | Field | Substance Use Diagnosis must have a valid value. Blank is not accepted. | Substance Use Diagnosis is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A69 | Substance Use Diagnosis | NF | Relational | For a valid Substance Use Diagnosis to be reported on a MH record, the Co-occurring Mental and Substance Use Disorders data field must have a value of '1 Yes.' | Substance Use Diagnosis has a valid value (not '999.9996' ,'999.9997', '999.9998') when Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A70a | Substance Use (Primary) | NF | Field | Substance Use (Primary) must have a valid value. Blank is not accepted. | Substance Use (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A70b | Substance Use (Secondary) | NF | Field | Substance Use (Secondary) must have a valid value. Blank is not accepted. | Substance Use (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A70c | Substance Use (Tertiary) | NF | Field | Substance Use (Tertiary) must have a valid value. Blank is not accepted. | Substance Use (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A71a | Substance Use (Primary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Substance Use (Primary) has a value (not '01', '97', '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A71b | Substance Use (Secondary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Substance Use (Secondary) has a value (not '01', '97', '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A71c | Substance Use (Tertiary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Substance Use (Tertiary) has a value (not '01', '97','98') but Co-occurring Mental and Substance Use Disorders field value is a '2 No' in a MH record; record is processed with the reported field value. | *This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be a ,'Yes' to allow reporting on a MH record. Review both fields and take corrective action.* | MH Admissions, if reported |
| A72a | Substance Use (Secondary) | NF | Relational | A record with the same Substance Use and Route of Administration must have different Detailed Drug Code across the Primary, Secondary, and Tertiary Substance Use or else it is a duplicate. | Duplicate. Two or more Substance Use are reported with the same Route of Administration and Detailed Drug Code; the first Substance Use with the same Route of Administration and Detailed Drug Code is processed, other(s) will be considered as duplicate(s) and the Substance(s) Use and Route(s) of Administration will be replaced with the system code '99' and the Detailed Drug Code(s) with '9999' for invalid data. | *Duplicate(s) exists. Two or more Substance Use with the same Route of Administration and Detailed Drug Code are reported (under Primary and Secondary). Review these fields and take corrective action.* | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A72b | Substance Use (Tertiary) | NF | Relational | A record with the same Substance Use and Route of Administration must have different Detailed Drug Code across the Primary, Secondary, and Tertiary Substance Use or else it is a duplicate. | Duplicate. Two or more Substance Use are reported with the same Route of Administration and Detailed Drug Code; the first Substance Use with the same Route of Administration and Detailed Drug Code is processed, other(s) will be considered as duplicate(s) and the Substance(s) Use and Route(s) of Administration will be replaced with the system code '99' and the Detailed Drug Code(s) with '9999' for invalid data. | Duplicate(s) exists. Two or more Substance Use with the same Route of Administration and Detailed Drug Code are reported (Under Primary and Tertiary). Review these fields and take corrective action. | SU Admissions |
| A72c | Substance Use (Tertiary) | NF | Relational | A record with the same Substance Use and Route of Administration must have different Detailed Drug Code across the Primary, Secondary, and Tertiary Substance Use or else it is a duplicate. | Duplicate. Two or more Substance Use are reported with the same Route of Administration and Detailed Drug Code; the first Substance Use with the same Route of Administration and Detailed Drug Code is processed, other(s) will be considered as duplicate(s) and the Substance(s) Use and Route(s) of Administration will be replaced with the system code '99' and the Detailed Drug Code(s) with '9999' for invalid data. | Duplicate(s) exists. Two or more Substance Use with the same Route of Administration and Detailed Drug Code are reported (Under Secondary and Tertiary). Review these fields and take corrective action. | SU Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A72d | Substance Use (Secondary) | NF | Relational | When Substance Use (Primary) is '97 Unknown,' then Substance Use (Secondary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one Substance Use) | Substance Use (Secondary) has a value (not '97'or '98') but Substance Use (Primary) is reported as '97 Unknown;' record is processed with the reported field value. | *Review both fields and take corrective action.* | SU Admissions |
| A72e | Substance Use (Tertiary) | NF | Relational | When Substance Use (Primary) is '97 Unknown,' then Substance Use (Tertiary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one or two Substance Use) | Substance Use (Tertiary) has a value (not '97'or '98') but Substance Use (Primary) is reported as '97 Unknown;' record is processed with the reported field value. | *Review both fields and take corrective action.* | SU Admissions |
| A72f | Substance Use (Tertiary) | NF | Relational | When Substance Use (Secondary) is '97 Unknown,' then Substance Use (Tertiary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one or two Substance Use) | Substance Use (Tertiary) has a value (not '97'or '98') but Substance Use (Secondary) is reported as '97 Unknown;' record is processed with the reported field value. | *Review both fields and take corrective action.* | SU Admissions |
| A73 | System Transaction Type | F | Field | System Transaction Type must have a valid value. Blank is not accepted. | System Transaction Type is either blank or has an invalid value; record is rejected and not processed. | *Must report a field value using only the valid codes specified in the Manual.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A74 | Type of Treatment Service/Setting | F | Field | Type of Treatment Service/Setting is a KEY field. It must have a valid value. Blank is not accepted. | Type of Treatment Service/Setting is either blank or has an invalid value; record is rejected and not processed. | Must report a field value using only the valid codes specified in the Manual. | All Admissions |
| A75a | Type of Treatment Service/Setting | F | Relational | Type of Treatment Service/Setting must conform to the Client Transaction Type. | Type of Treatment Service/Setting value does not conform to the reported Client Transaction Type; record is rejected and not processed. | Type of Treatment Service/Setting must use either codes ,'01-08' if Client Transaction Type is either ,'A' or ,'T'. | SU Admissions |
| A75b | Type of Treatment Service/Setting | F | Relational | Type of Treatment Service/Setting  must conform to the Client Transaction Type. | Type of Treatment Service/Setting value does not conform to the reported Client Transaction Type; record is rejected and not processed. | Type of Treatment Service/Setting must use or codes '72-76' if Client Transaction Type is either 'M' or 'X.' | MH Admissions |
| A76a | Veteran Status | NF | Field | Veteran Status must have a valid value. Blank is not accepted. | Veteran Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Admissions |
| A76b | Veteran Status | I | Relational | If Veteran Status is '1 Yes,' then the calculated age at admission must be 16 years or older. | The Veteran Client has a calculated age that is younger than 16 years old at the time of admission; informational message is generated. | INFORMATIONAL: Review both fields and take corrective action. | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A77 | Substance Use Diagnosis | I | Relational | Substance Use Diagnosis should have a value other than '999.9996,' '999.9997' or '999.9998' when a client is reported as Co-occurring Mental and Substance Use Disorders. | No Substance Use Diagnosis. Substance Use Diagnosis has a value that is '999.9996,' '999.9997' or '999.9998' when the Co-occurring Mental and Substance Use Disorders field value is '1 Yes;' record is processed with the reported field value. | INFORMATIONAL: No Substance Use Diagnosis but the Co-occurring Mental and Substance Use Disorders field value is '1 Yes.' | MH Admissions |
| A78 | Substance Use Diagnosis | I | Field | Substance Use Diagnosis is reported as '999.9997' on a MH record when the client is not reported as Co-occurring Mental and Substance Use Disorders. | Substance Use Diagnosis has a value that is '999.9997' when the Co-occurring Mental and Substance Use Disorders field value is '2 No;' record is processed with the reported field value. | INFORMATIONAL: If the client does not have a Co-occurring Mental and Substance Use Disorders, use code '999.9996.' | MH Admissions |
| A79 | Mental Health Diagnosis (Two) | I | Field | Mental Health Diagnosis (Two) has a value that is '999.9997' or '999.9998.' | Mental Health Diagnosis (Two) has a value that is '999.9997' or '999.9998;' record is processed with the reported field value. | INFORMATIONAL: If the client has only one Mental Health Diagnosis which has been reported in MH Diagnosis (One), use code '999.9996.' | MH Admissions [and SU Admissions, if reported] |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| A80 | Mental Health Diagnosis (Three) | I | Field | Mental Health Diagnosis (Three) has a value that is '999.9997' or '999.9998.' | Mental Health Diagnosis (Three) has a value that is '999.9997' or '999.9998;' record is processed with the reported field value. | *INFORMATIONAL: If the client has only two Mental Health Diagnoses which have been reported in MH Diagnosis (One) and MH Diagnosis (Two), use code '999.9996.'* | MH Admissions [and SU Admissions, if reported] |

## DSS EDIT CHECKS FOR DISCHARGE/UPDATE RECORD

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D1a | Arrests in Past 30 Days - Discharge | NF | Field | Arrests in Past 30 Days - Discharge must have a valid value. Blank is not accepted. | Arrest value is either blank or invalid; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Discharges and MH Updates |
| D1b | Arrest in the Past 30 Days-Discharge | I | Field | Arrest in the past 30 Days- Discharge has a value that is greater than '30.' | Arrests in the past 30 Days-Discharge has a value greater than '30;' record is processed with the reported field value. | INFORMATIONAL: This field is intended to capture the number of times the client was arrested (not the number of charges) for any causes during the referenced period. Review this field and take corrective action, if necessary. | All Discharges and MH Updates |
| D2 | Attendance at SU Self-Help Groups in Past 30 Days - Discharge | NF | Field | Attendance at SU Self-Help Groups in Past 30 Days - Discharge must have a valid value. Blank is not accepted. | Attendance at SU Self-Help Groups is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D3 | Attendance at SU Self-Help Groups in Past 30 Days-Discharge | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Attendance at SU Self-Help Groups has valid value (not '97' or '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges or Updates, if reported |
| D4 | CGAS/GAF Score | NF | Field | CGAS/GAF Score must have a valid value. Blank is not accepted. | CGAS/GAF Score is either blank or has an invalid value; record is processed but field value is replaced with the system code '999' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | MH Discharges or Updates |
| D5 | CGAS/GAF Score | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, CGAS/GAF Score has a valid value other than '997 Unknown' or '998 Not Collected' but Co-occurring mental and substance use disorders data field has a value of '2 No'; record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Discharges |
| D6 | Client ID | F | Field | Client ID is a KEY field. It must have a valid value. Blank or all zeros is not accepted. | Client ID is either blank, an invalid value, or all zeros; record is rejected and not processed. | See Manual for guidance on acceptable ID format. | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D7 | Client ID at Admission | NF | Field | Client ID at Admission must be a valid value. | Client ID at Admission is either blank, has an invalid value, all zeros; record is processed with the reported field value. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D8 | Client Transaction Type at Admission | NF | Field | Client Transaction Type at Admission must be a valid value. | Client Transaction Type at Admission is either blank or has an invalid value; record is processed with the reported field value. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D9 | Client Transaction Type at Discharge | F | Field | Client Transaction Type is a KEY field. It must have a valid value. Blank is not accepted. | Client Transaction Type at Discharge is either blank or has an invalid value; record is rejected and not processed. | Must report a field value using only the valid codes specified in the Manual. | All Discharges and MH Updates |
| D10 | Codependent/ Collateral at Admission | NF | Field | Codependent/ Collateral at Admission must be a valid value. | Codependent/Collateral at Admission is either blank or has an invalid value; record is processed with the reported field value. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D11a | Codependent/ Collateral at Discharge | F | Field | Codependent is a KEY field. It must have a valid value. Blank is not accepted. | Codependent/Collateral is either blank or has an invalid value; record is rejected and not processed. | Must report a field value using only the valid codes specified in the Manual. | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D11b | Codependent/ Collateral at Discharge | F | Relational | Codependent and Type of Treatment Service/Setting are KEY fields. Codependent/ Collateral must conform to the Type of Treatment Service/Setting. | Type of Treatment Service/Setting is coded '96 Not Applicable' when the Codependent/Collateral field value is '2 Client;' record is rejected and not processed. | Type of Treatment Service/Setting must use codes '01-08' if Codependent/Collateral field value is ,'2 Client'. Review both fields and take corrective action. | All SU Discharges |
| D12 | Date of Admission | NF | Field | Date of Admission must be a valid value and format. | Date of Admission is either blank, uses the wrong date format, or has an invalid value; record is processed but field value is replaced with the system code '01010009' for invalid data. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D13 | Date of Birth at Admission | NF | Field | Date of Birth must be a valid calendar date and in a valid format. | Date of Birth at Admission is either blank, an invalid value, wrong date format; record is processed but field value is replaced with the system code '01010009' for invalid data. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D14 | Date of Discharge | F | Field | Date of Discharge is a KEY field. It must be a valid calendar date and in a valid format. Blank is not accepted. | Date of Discharge is either blank, has an invalid value, or wrong date format; record is rejected and not processed. | Date of Discharge must be a valid calendar date. | All Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|----------|-----------|---------------|-----------|----------------|-------------------|-------------------|---------------------|
| D15 | Date of Discharge | F | Field | Date of Discharge is a KEY field for substance use and must be on or after January 1, 2000. | Date of Discharge is before January 1, 2000; record is rejected and not processed. | Date of Discharge must be January 1, 2000 or later. | SU Discharges |
| D16 | Date of Discharge | F | Field | Date of Discharge is a KEY field for mental health and must be on or after January 1, 1920. | Date of Discharge is before January 1, 1920; record is rejected and not processed. | Date of Discharge must be January 1, 1920 or later. | All MH Discharges and MH Updates |
| D17 | Date of Discharge | F | Relational | Date of Discharge must be either the same or earlier than the Reporting Date. | Date of Discharge is later than the Reporting date; record is rejected and not processed. | Date of Discharge must be the same date or earlier than the current date or the Reporting Date. | All Discharges |
| D18 | Date of Discharge | F | Relational | Date of Discharge must be either the same or later than the Date of Admission. | Date of Discharge is earlier than the Date of Admission; record is rejected and not processed. | Date of Discharge must be the same date or later than the Date of Admission. | All Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D19 | Date of Discharge | F | Relational | Update means the client has not been discharged from treatment. Date of Discharge field should be '01010006 Not Applicable.' | Date of Discharge is invalid; record is rejected and not processed. | Date of Discharge must be '01010006' when Client Transaction Type is 'U Update'. Records with invalid data should be reviewed and take corrective action. | MH Updates |
| D20 | Date of Last Contact or Data Update | F | Field | Date of Last Contact or Data Update is a KEY field for MH update records. It must have a valid value and format. Blank is not accepted. | Date of Last Contact or Data Update is either blank, uses the wrong date format, or has an invalid value; record is rejected and not processed. | Date of Last Contact or Data Update must be a valid calendar date. | MH Updates |
| D21 | Date of Last Contact or Data Update | F | Field | Date of Last Contact or Data Update is a KEY field for MH update records. Valid field value must be January 1, 1920, or later. | Date of Last Contact or Data Update is before January 1, 1920; record is rejected and not processed. | Date of Last Contact or Data Update must be January 1, 1920, or later. | MH Updates |
| D22 | Date of Last Contact or Data Update | F | Relational | Date of Last Contact or Data Update in a MH update record must be either the same or earlier than the Reporting Date. | Date of Last Contact or Data Update is later than the Reporting date; record is rejected and not processed. | Date of Last Contact or Data Update must be the same date or earlier than the current date or the Reporting Date. | MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D23a | Date of Last Contact or Data Update | NF | Field | Date of Last Contact or Data Update must have a valid value and format. Blank is not accepted. | Date of Last Contact or Data Update is either blank, uses the wrong date format, or has an invalid value; record is processed but field value is replaced with the system code '01010009' for invalid data. | Date of Last Contact or Data Update must be a valid calendar date. Records with invalid data should be reviewed and take corrective action. | All Discharges |
| D23b | Date of Last Contact or Data Update | F | Field | Date of Last Contact or Data Update is a KEY field for mental health update records. It must have a valid value and format. Blank is not accepted. | Date of Last Contact or Data Update is either blank, uses the wrong date format, or has an invalid value; record is rejected and not processed. | Date of Last Contact or Data Update is a KEY field for mental health update records. It must be a valid calendar date. Records with invalid data should be reviewed and take corrective action. | MH Updates |
| D24 | Date of Last Contact or Data Update | NF | Relational | Date of Last Contact or Data Update must be either the same or earlier than the Reporting Date. | Date of Last Contact or Data Update is later than the Reporting date; record is processed but field value is replaced with the system code '01010009' for invalid data. | Date of Last Contact or Data Update must be the same date or earlier than the current date or the Reporting Date. | All Discharges |
| D25a | Date of Last Contact or Data Update | NF | Relational | Date of Last Contact or Data Update must be either the same or later than the Date of Admission. | Date of Last Contact or Data Update is earlier than the Admission date; record is processed but field value is replaced with the system code '01010009' for invalid data. | Date of Last Contact or Data Update must be the same date or later than the Date of Admission. | All Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D25b | Date of Last Contact or Data Update | F | Relational | Date of Last Contact or Data Update must be either the same or later than the Date of Admission. | Date of Last Contact or Data Update is earlier than the Date of Admission; record is rejected and not processed. | *Date of Last Contact or Data Update must be the same date or later than the Date of Admission.* | MH Updates |
| D26 | Date of Last Contact or Data Update | NF | Relational | Date of Last Contact or Data Update must be either the same or earlier than the Discharge Date. | Date of Last Contact or Data Update is later than the Discharge date; record is processed but field value is replaced with the system code '01010009' for invalid data. | *Date of Last Contact or Data Update must be the same date or earlier than the current date or the Date of Discharge.* | All Discharges |
| D27 | Date of Last Contact or Data Update | NF | Field | Date of Last Contact or Data Update must be January 1, 2000, or later. | Date of Last Contact or Data Update is before January 1, 2000; record is processed but field value is replaced with the system code '01010009' for invalid data. | *Date of Last Contact or Data Update must be January 1, 2000, or later. Records with invalid data should be reviewed and take corrective action.* | SU Discharges |
| D28 | Date of Last Contact or Data Update | NF | Field | Date of Last Contact or Data Update must have a valid field value of January 1, 1920, or later. | Field value is before January 1, 1920; record is processed but field value is replaced with the system code '01010009' for invalid data. | *Date of Last Contact or Data Update must be January 1, 1920. or later. Records with invalid data should be reviewed and take corrective action.* | MH Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D29 | Date of Last Contact or Data Update | NF | Relational | Either the Date of Last Contact or Data Update or the Date of Discharge must be valid when the System Transaction Type is 'D Delete' or 'C Change.' | The System Transaction Type is 'D' or 'C' but the Date of Last Contact or Data Update is blank, uses the wrong date format, or has an invalid date; if the Date of Discharge is valid, the Date of Last Contact or Data Update field value is replaced with the system code '01010009' for invalid data. | The Date of Last Contact or Data Update field value was replaced with the system code for invalid data. | All Discharges |
| D30 | Detailed Not in Labor Force at Discharge | NF | Field | Detailed Not in Labor Force must have a valid value. Blank is not accepted. | Detailed Not in Labor Force is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Discharges and MH Updates |
| D31a | Detailed Not in Labor Force at Discharge | NF | Relational | Detailed Not in Labor Force must have a valid value (other than '96 Not Applicable') if Employment Status is '04 Not in labor Force.' | Detailed Not in Labor Force is coded '96 Not Applicable' when the Employment Status field value is '04 Not in Labor Force;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the coding criteria in the Manual. Review both fields and take corrective action. | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D31b | Detailed Not in Labor Force | NF | Relational | Detailed Not in Labor Force must be reported as '96 Not Applicable' or '98 Not Collected' when Employment Status at Discharge has a value other than '04 Not in Labor Force.' | Detailed Not in Labor Force has a value (other than '96 Not Applicable' or '98 Not Collected') when Employment Status at Discharge has a value that is not '04 Not in Labor Force;' record is processed with the reported field value. | *Review both fields and take corrective action.* | All Discharges and MH Updates |
| D32 | Diagnostic Code Set Identifier | NF | Field | Diagnostic Code Set Identifier must have a valid value. Blank is not accepted. | Diagnostic Code Set Identifier is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D33 | Diagnostic Code Set Identifier | NF | Relational | Diagnostic Code Set Identifier must have a value of '1 through 5' when MH Diagnosis has value that is not '999.9997 Unknown' or '999.9998 Not Collected'. | Diagnostic Code Set Identifier is either blank or has an invalid value when MH Diagnosis field(s) has value other than '999.9997' or '999.9998;' record is processed but field value is replaced with the system code '9' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual. Review all relevant fields and take corrective action.* | All Discharges and MH Updates |
| D34a | Education | NF | Field | Education must have a valid value. Blank is not accepted. | Education is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D34b | Education | I | Relational | If Education has a value of '13 through 71' then the calculated age at admission must be 17 years or older. | Education has a value of '13 through 71' but the calculated age at discharge is less than 17 years old; informational message is generated. | *INFORMATIONAL: Review both fields and take corrective action.* | All Discharges and MH Updates |
| D35 | Education | NF | Relational | Education must have a valid value when School Attendance is either '1' or '2' for school-age children receiving MH services (3 through 17 years old and young adults 18 through 21 under IDEA). | Education is either blank or has an invalid value when School Attendance is either '1' or '2;' record is processed but field value is replaced with the system code '99' for invalid data. | *Education field should have valid value for school-age children if School Attendance has a value of '1' or '2'. Review both fields and take corrective action.* | MH Discharges and Updates |
| D36a | Employment Status | NF | Field | Employment Status must have a valid value. Blank is not accepted. | Employment Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D36b | Employment Status | I | Relational | If Employment status has a value of either '01', '02', '03' or '05' then the calculated age at admission must be 16 years or older. | Employment status has a value of either '01', '02', '03' or '05' when the calculated age at admission is less than 16 years old; informational message is generated. | *INFORMATIONAL: Review both fields and take corrective action.* | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D37a | Frequency of Use (Primary) | NF | Field | Frequency of Use (Primary) must have a valid value. Blank is not accepted. | Frequency of Use (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37b | Frequency of Use (Secondary) | NF | Field | Frequency of Use (Secondary) must have a valid value. Blank is not accepted. | Frequency of Use (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37c | Frequency of Use (Tertiary) | NF | Field | Frequency of Use (Tertiary) must have a valid value. Blank is not accepted. | Frequency of Use (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37d | Frequency of Use (Primary) | NF | Relational | Frequency of Use (Primary) must be '96 Not Applicable' when Substance Use at Discharge (Primary) is reported as '01 None. | Frequency of Use (Primary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use at Discharge (Primary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D37e | Frequency of Use (Secondary) | NF | Relational | Frequency of Use (Secondary) must be '96 Not Applicable' when Substance Use at Discharge (Secondary) is reported as '01 None.' | Frequency of Use (Secondary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use at Discharge (Secondary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37f | Frequency of Use (Tertiary) | NF | Relational | Frequency of Use (Tertiary) must be '96 Not Applicable' when Substance Use at Discharge (Tertiary) is reported as '01 None.' | Frequency of Use (Tertiary) has a value other than '96 Not Applicable' or '98 Not Collected' when Substance Use at Discharge (Tertiary) is reported as '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37g | Frequency of Use (Primary) | NF | Relational | Frequency of Use (Primary) should not be reported as '96 Not Applicable' when Substance Use at Discharge (Primary) has a value other than '01 None.' | Frequency of Use (Primary) is reported as '96 Not Applicable' when Substance Use at Discharge (Primary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D37h | Frequency of Use (Secondary) | NF | Relational | Frequency of Use (Secondary) should not be reported as '96 Not Applicable' when Substance Use at Discharge (Secondary) has a value other than '01 None.' | Frequency of Use (Secondary) is reported as '96 Not Applicable' when Substance Use at Discharge (Secondary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |
| D37i | Frequency of Use (Tertiary) | NF | Relational | Frequency of Use (Tertiary) should not be reported as '96 Not Applicable' when Substance Use at Discharge (Tertiary) has a value other than '01 None.' | Frequency of Use (Tertiary) is reported as '96 Not Applicable' when Substance Use at Discharge (Tertiary) has a value other than '01 None;' record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action. | SU Discharges [and MH Discharges or Updates, if reported] |
| D38a | Frequency of Use at Discharge (Primary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Primary) has a value that is not '96', '97', '98' but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges and Updates, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D38b | Frequency of Use at Discharge (Secondary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Secondary) has a value that is not '96', '97', '98' but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges and Updates, if reported |
| D38c | Frequency of Use at Discharge (Tertiary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring mental and substance use disorders. | Frequency of Use (Tertiary) has a value that is not '96', '97', '98' but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges and Updates, if reported |
| D39 | Gender at Admission | NF | Field | Gender must be a valid value. | Gender is either blank or an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D40 | Hispanic or Latino Origin (Ethnicity) at Admission | NF | Field | Hispanic or Latino Origin must be a valid value | Hispanic or Latino Origin is either blank or an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D41a | Living Arrangements | NF | Field | Living Arrangements must have a valid value. Blank is not accepted. | Living Arrangements is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | SU Discharges |
| D41b | Living Arrangements | NF | Field | Living Arrangements must have a valid value. Blank is not accepted. | Living Arrangements is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D42a | Mental Health Diagnosis Code (One) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (One) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D42b | Mental Health Diagnosis Code (Two) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (Two) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D42c | Mental Health Diagnosis Code (Three) | NF | Field | Mental Health Diagnosis must have a valid value. Blank is not accepted. | Mental Health Diagnosis (Three) is either blank or has an invalid value; record is processed but field value is replaced with the system code '999.9999' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D43a | Mental Health Diagnosis (Two) | NF | Relational | Up to three mental health diagnoses may be reported but they must not use the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH Diagnoses (One and Two). Please take corrective action.* | All Discharges and MH Updates |
| D43b | Mental Health Diagnosis (Three) | NF | Relational | Up to three mental health diagnoses may be reported but they must not use the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH Diagnoses (One and Three). Please take corrective action.* | All Discharges and MH Updates |
| D43c | Mental Health Diagnosis (Three) | NF | Relational | Up to three mental health diagnoses may be reported but they must not use the same diagnostic code or else it is a duplicate. | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code '999.9999' for invalid data. | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH Diagnoses (Two and Three). Please take corrective action.* | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D44a | Mental Health Diagnosis Code (One) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, Mental Health Diagnosis (One) has a valid value other than 999.9997 or 999.9998 but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Discharges, if reported |
| D44b | Mental Health Diagnosis Code (Two) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, Mental Health Diagnosis (Two) has a valid value other than 999.9997 or 999.9998 but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Discharges, if reported |
| D44c | Mental Health Diagnosis Code (Three) | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, Mental Health Diagnosis (Three) has a valid value other than 999.9997 or 999.9998 but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No;' record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Discharges, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D45 | Race at Admission | NF | Field | Race must be a valid value. | Race at Admission is either blank or an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D46 | Reason for Discharge, Transfer, or Discontinuance of Treatment | NF | Field | Reason for Discharge, Transfer, or Discontinuance of Treatment must have a valid value. Blank is not accepted. | Reason for Discharge, Transfer, or Discontinuance of Treatment is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | Records with invalid data must be reviewed and replaced with valid values specified in the Manual. | All Discharges |
| D47 | Reason for Discharge, Transfer, or Discontinuance of Treatment | I | Field | Field value is '08' but should use code '97' for Unknown. | Reason for Discharge, Transfer, or Discontinuance of Treatment is '08 Unknown;' record is processed but field value is replaced with '97' the preferred code for Unknown. | INFORMATIONAL: Value is replaced with Unknown code '97.' | All Discharges |
| D48 | Reason for Discharge, Transfer, or Discontinuance of Treatment | NF | Relational | Reason for Discharge, Transfer, or Discontinuance of Treatment must be '96 Not Applicable' on MH update records. | Reason for Discharge, Transfer, or Discontinuance of Treatment is not '96' on MH update record; record is processed but field value is replaced with the system code '99' for invalid data. | Reason for Discharge, Transfer, or Discontinuance of Treatment must be '96' when Client Transaction Type is 'U Update'. Records with invalid data should be reviewed and take corrective action. | MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D49 | School Attendance Status | NF | Field | School Attendance Status must have a valid value. Blank is not accepted. | School Attendance Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Discharges and MH Updates |
| D50 | School Attendance Status | I | Relational | School Attendance Status and Date of Birth fields must both have valid values. | Age check cannot be performed if reported Date of Birth is either '01010007', '01010008',' 01010009'; informational message is generated. | INFORMATIONAL: Validation using age criteria is not performed. Please review all relevant fields and take corrective action. | All MH Discharges and Updates |
| D51 | School Attendance Status | NF | Relational | A value of '1 Yes', '2 No', or '7 Unknown' must be reported only for clients 3-17 years old with the exception for young adults 18-21 under the IDEA. All other ages (and those not under the IDEA) must have a value of '6 Not Applicable'. If this data field is not collected, use '8 Not Collected' | School Attendance Status value for clients between 3 and 17 years old is '6' or clients > 21 years old have a value of '1' ,'2' or '7'; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the coding guideline in the Manual. Review all relevant fields and take corrective action. | All MH Discharges and Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D52 | SMI/SED Status | NF | Field | SMI/SED Status must have a valid value. Blank is not accepted. | SMI/SED Status is either blank or has an invalid value; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values specified in the Manual. | All Discharges and MH Updates |
| D53 | SMI/SED Status | NF | Relational | SMI status must be 18 years and older; SED/At Risk of SED status must be 17 years and younger. Exception exists for younger adults 18-21 under IDEA when either SMI or SED/At Risk of SED is accepted. | SMI/SED Status does not conform to the guideline on age criteria; record is processed but field value is replaced with the system code '9' for invalid data. | Records with invalid data should be reviewed and replaced with valid values consistent with the age criteria specified in the Manual. | All MH Discharges and Updates |
| D54 | SMI/SED Status | NF | Relational | A valid value for a MH data field is accepted on a SU record only when a client is reported to have co-occurring mental and substance use disorders. | For a SU record, SMI/SED Status has a valid value other than '7 Unknown' or '8 Not Collected' but Co-occurring Mental and Substance Use Disorders data field has a value of '2 No'; record is processed with the reported field value. | This is a MH data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a SU record. Review both fields and take corrective action. | SU Discharges, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D55 | SMI/SED Status | I | Relational | SMI/SED Status and Date of Birth fields must both have valid values. | Age check cannot be performed if reported Date of Birth is either '01010007', '01010008',' 01010009'; informational message is generated. | *INFORMATIONAL: Validation using age criteria is not performed. Please review all relevant fields and take corrective action.* | All MH Discharges and MH Updates |
| D56 | State Provider ID at Admission | NF | Field | State Provider ID must be a valid value. | State Provider ID at Admission is either blank, an invalid value, or all zeros; record is processed with the reported field value. | *Field value should conform to the Admission Record. Please review and replace with valid values.* | All Discharges and MH Updates |
| D57 | State Provider ID | F | Field | State Provider ID is a KEY field. It must have a valid value. Blank or all zeros is not accepted. | State Provider ID is either blank, an invalid value, or all zeros; record is rejected and not processed. | *See Manual for guidance on acceptable ID format.* | All Discharges and MH Updates |
| D58 | State Provider ID | I | Relational | A match of the State Provider ID is conducted with the list of state facilities in the I-BHS. | State Provider ID did not find a match in the I-BHS; informational message is generated. | *INFORMATIONAL: This State Provider ID did not find a match in the I-BHS. Please refer to Chapter 6 of the TEDS Manual for guidance.* | All Discharges and MH Updates |
| D59a | Substance Use (Primary) | NF | Field | Substance Use must have a valid value. Blank is not accepted. | Substance Use (Primary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D59b | Substance Use (Secondary) | NF | Field | Substance Use must have a valid value. Blank is not accepted. | Substance Use (Secondary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D59c | Substance Use (Tertiary) | NF | Field | Substance Use must have a valid value. Blank is not accepted. | Substance Use (Tertiary) is either blank or has an invalid value; record is processed but field value is replaced with the system code '99' for invalid data. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D59d | Substance Use (Secondary) | NF | Relational | When Substance Use (Primary) is '97 Unknown,' then Substance Use (Secondary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one Substance Use) | Substance Use (Secondary) has a value (not '97' or '98') but Substance Use (Primary) is reported as '97 Unknown;' record is processed with the reported field value. | *Review both fields and take corrective action.* | All SU Discharges [and MH Discharges or Updates, if reported] |
| D59e | Substance Use (Tertiary) | NF | Relational | When Substance Use (Primary) is '97 Unknown,' then Substance Use (Tertiary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one or two Substance Use) | Substance Use (Tertiary) has a value (not '97' or '98') but Substance Use (Primary) is reported as '97 Unknown;' record is processed with the reported field value. | *Review both fields and take corrective action.* | All SU Discharges [and MH Discharges or Updates, if reported] |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D59f | Substance Use (Tertiary) | NF | Relational | When Substance Use (Secondary) is '97 Unknown,' then Substance Use (Tertiary) must also be '97 Unknown' (or '98 Not Collected' for states that collect only one or two Substance Use) | Substance Use (Tertiary) has a value (not '97'or'98') but Substance Use (Secondary) is reported as '97 Unknown;' record is processed with the reported field value. | Review both fields and take corrective action. | All SU Discharges [and MH Discharges or Updates, if reported] |
| D60a | Substance Use (Primary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring Mental and Substance Use Disorders. | Substance Use (Primary) has a valid value (not '01', '97', '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges or Updates, if reported |
| D60b | Substance Use (Secondary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring Mental and Substance Use Disorders. | Substance Use (Secondary) has a valid value (not '01', '97', '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges or Updates, if reported |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D60c | Substance Use (Tertiary) | NF | Relational | A valid value for a SU data field is accepted on a MH record only when a client is reported to have co-occurring Mental and Substance Use Disorders. | Substance Use (Tertiary) has a valid value (not '01', '97', '98') but Co-occurring Mental and Substance Use Disorders field value is '2 No' in a MH record; record is processed with the reported field value. | This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be 'Yes' to allow reporting on a MH record. Review both fields and take corrective action. | MH Discharges or Updates, if reported |
| D61 | System Transaction Type | F | Field | System Transaction Type must have a valid value. Blank is not accepted. | System Transaction Type is either blank or has an invalid value; record is rejected and not processed. | Must report a field value using only the valid codes specified in the Manual. | All Discharges and MH Updates |
| D62 | Type of Treatment Service/Setting at Admission | NF | Field | Type of Treatment Service/Setting must be a valid value. | Type of Treatment Service/Setting at Admission is either blank or has an invalid value; record is processed with the reported field value. | Field value should conform to the Admission Record. Please review and replace with valid values. | All Discharges and MH Updates |
| D63 | Type of Treatment Service/Setting | F | Field | Type of Treatment Service/Setting is a KEY field. It must have a valid value. Blank is not accepted. | Type of Treatment Service/Setting is either blank or has an invalid value; record is rejected. | Must report a field value using only the valid codes specified in the Manual. | All Discharges and MH Updates |
| D64a | Type of Treatment Service/Setting | F | Relational | Type of Treatment Service/Setting must conform to the Client Transaction Type. | Type of Treatment Service/Setting does not conform to the reported Client Transaction Type; record is rejected and not processed. | Type of Treatment Service/Setting must use codes '01-08' if Client Transaction Type is 'D.' | All SU Discharges |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| D64b | Type of Treatment Service/Setting | F | Relational | Type of Treatment Service/Setting must conform to the Client Transaction Type. | Type of Treatment Service/Setting does not conform to the reported Client Transaction Type; record is rejected and not processed. | Type of Treatment Service/Setting must use codes '72-76' if Client Transaction Type is either 'U' or 'E.' | All MH Discharges or Updates |
| D65 | Mental Health Diagnosis (Two) | I | Field | Mental Health Diagnosis (Two) has a value that is '999.9997' or '999.9998.' | Mental Health Diagnosis (Two) has a value that is '999.9997' or '999.9998;' record is processed with the reported field value. | INFORMATIONAL: If the client has only one Mental Health Diagnosis which has been reported in MH Diagnosis (One), use code '999.9996.' | All MH Discharges or Updates |
| D66 | Mental Health Diagnosis (Three) | I | Field | Mental Health Diagnosis (Three) has a value that is '999.9997' or '999.9998.' | Mental Health Diagnosis (Three) has a value that is '999.9997' or '999.9998;' record is processed with the reported field value. | INFORMATIONAL: If the client has only two Mental Health Diagnoses which have been reported in MH Diagnosis (One) and MH Diagnosis (Two), use code '999.9996.' | All MH Discharges or Updates |

## Other Edit Checks During Record Processing:

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| O1a | System Transaction Type A (Add) | F | Other | An *Add* record that matches all the KEY fields of an existing admission record is considered a duplicate. | A duplicate record already exists in the TEDS admission database; the Add record is rejected. | *Review all key fields of rejected record and resubmit for processing.* | All Admissions |
| O1d | System Transaction Type A (Add) | F | Other | An *Add* record that matches all the KEY fields of an existing discharge record is considered a duplicate. | A duplicate record already exists in the TEDS Discharge database; the Add record is rejected. | *Review all key fields of rejected record and resubmit for processing.* | All Discharges and MH Updates |
| O2a | System Transaction Type C (Change) or D (Delete) | F | Other | A record that matches the KEY fields in the *Change* or *Delete* record must already exist in the TEDS Admission database. | No record in the TEDS database matches the KEY fields of the Change or Delete record; the record is rejected and not processed. | *Review all KEY fields of rejected record and resubmit for processing.* | All Admissions |
| O2d | System Transaction Type C (Change) or D (Delete) | F | Other | A record that matches the KEY fields in the *Change* or *Delete* record must already exist in the TEDS Discharge database. | No record in the TEDS database matches the KEY fields of the Change or Delete record; the record is rejected and not processed. | *Review all KEY fields of rejected record and resubmit for processing.* | All Discharges and MH Updates |
| O3a | All KEY fields | F | Other | Each record in the file must be unique. | Duplicate record(s) exists in the file; the record is rejected and not processed. | *Review all records in the file and delete duplicates. Use all KEY fields to find duplicates.* | All Admissions |

| Edit No. | Field Name | Error Type (F) = Fatal (NF) = Non-Fatal (I) = Informational | Edit Type | Edit Statement | Violation; Result | Corrective Action | Applicable Records |
|---|---|---|---|---|---|---|---|
| O3d | All KEY fields | F | Other | Each record in the file must be unique. | Duplicate record(s) exists in the file; the record is rejected and not processed. | Review all records in the file and delete duplicates. Use all KEY fields to find duplicates. | All Discharges and MH Updates |
| O4d | All LINK fields (DIS 11–DIS 20) | NF | Other | Each discharge or update record should have a matching admission record in the TEDS database. | No admission record match; discharge or update record is processed. | No matching admission record found for this discharge record. Review the admission information on the discharge record (DIS 11–DIS 20). OR Submit the associated admission record. | All Discharges and MH Updates |

# Appendix F. Using TEDS Records for BGAS Tables

**PREPARATION OF TEDS LINKED ADMISSION/DISCHARGE RECORDS
FOR BGAS TABLES
All BGAS FORMS**

## General Procedure

Exclude:

- Records from facilities not eligible for BGAS (according to state list).
- Records for codependents at admission OR at discharge.
- Records where age is less than 12 or age is unknown.

Calculate length of stay (LOS):

- If **Date of Last Contact** is a) missing, b) earlier than **Date of Admission**, OR c) later than **Date of Discharge**, change **Date of Last Contact** to **Date of Discharge**.
- Calculate LOS as **Date of Last Contact** minus **Date of Admission**.
- Exclude if LOS is 0 days or a negative number.
- If the **Type of Treatment Service/Setting** is Ambulatory – Intensive Outpatient, Ambulatory– Non-Intensive Outpatient, or Ambulatory – Detoxification, add 1 day to LOS.

Recode missing, not collected, and invalid NOMs variables:

- NOMs variables are, for both admission and discharge: **Substance Use (Primary, Secondary, Tertiary)**, **Frequency of Use (Primary, Secondary, Tertiary)**, **Living Arrangements**, **Employment Status**, **Detailed Not In Labor Force**, and **Arrests in Past 30 Days**; and (discharge only) **Reason for Discharge**.
- Recode missing, not collected, and invalid data to state's statistical analysis software 'missing' code to exclude from calculations.
- Valid values are

> **Substance Use (Primary, Secondary, Tertiary)**: 1-20
> **Frequency of Use**: 1-5; 96 if **Substance Use** = 1
> **Living Arrangements**: 1-3
> **Employment Status**: 1-4
> **Detailed Not in Labor Force**: 1-6; 96 if **Employment Status** = 1-3
> **Attendance at Self-Help Groups in Past 30 Days**: 1-6
> **Reason for Discharge**: 1-7, 14, and 24

- Missing, not collected, and invalid codes are 97, 98, and 99, respectively; for **Reason for Discharge**.

## Specific BGAS Tables

### Form T-1. Employment/Education Status

Exclude:

- All **Types of Treatment Service/Setting at Discharge** except *Short-term residential, Long-term residential, Non-intensive outpatient*, and *Intensive outpatient*.
- Records where **Medication-Assisted Opioid Therapy** is planned.
- Records where **Reason for Discharge** is *Death*.
- Records where **Reason for Discharge** is *Incarceration*.


- Recode **Employment Status**/**Detailed Not In Labor Force**
- If **Employment Status** is *Not in labor force* and also:
- If **Detailed Not In Labor Force** is *Student*, then assign new value *Student* to Employment Status (new code for BGAS reporting purposes only);
- If **Detailed Not in Labor Force** is anything other than *Student*, assign new value *Non-student* to Employment Status (new code for BGAS reporting purposes only).

Numerator (Employed/student at admission):

- Include only records where Employment Status at Admission is *Employed full-time, Employed part-time*, or *Student (*new code for BGAS reporting purposes only) AND Employment Status at Discharge is not missing.

Numerator (Employed/student at discharge):

- Include only records where Employment Status at Discharge is *Employed full-time, Employed part-time*, or *Student (*new code for BGAS reporting purposes only) AND Employment Status at Admission is not missing.

Denominator:

- Exclude records where Employment Status at Admission is missing OR Employment Status at Discharge is missing.

### Form T-2. Stable Housing Situation

Exclude:

- All **Types of Treatment Service/Setting at Discharge** except *Short-term residential, Long-term residential, Non-intensive outpatient*, and *Intensive outpatient*.
- Records where **Medication-Assisted Opioid Therapy** is planned.
- Records where **Reason for Discharge** is *Death*.
- Records where **Reason for Discharge** is *Incarceration*.

Numerator (Stable housing at admission):

- Include only records where **Living Arrangements at Admission** is *Independent living* or *Dependent living* AND **Living Arrangements at Discharge** is not missing.

Numerator (Stable housing at discharge):

- Include only records where **Living Arrangements at Discharge** is *Independent living* or *Dependent living* AND **Living Arrangements at Admission** is not missing.

Denominator:

- Exclude records where **Living Arrangements at Admission** is missing OR **Living Arrangements at Discharge** is missing.

### Form T-3. Criminal Justice Involvement – No Arrests

Exclude:

- All **Types of Treatment Service/Setting at Discharge** except *Short-term residential*, *Long-term residential*, *Non-intensive outpatient*, and *Intensive outpatient*.
- Records where **Medication-Assisted Opioid Therapy** is planned.
- Records where **Reason for Discharge** is *Death*.

Numerator (No arrests at admission):

- Include only records where **Arrests in Past 30 Days at Admission** is *Zero* AND **Arrests in Past 30 Days at Discharge** is not missing.

Numerator (No arrests at discharge):

- Include only records where **Arrests in Past 30 Days at Discharge** is *Zero* AND **Arrests in Past 30 Days at Admission** is not missing.

Denominator:

- Exclude records where **Arrests in Past 30 Days at Admission** is missing OR **Arrests in Past 30 Days at Discharge** is missing.

### Forms T-4A-C & T-5A-C. Alcohol and Drug Use/Abstinence

Exclude:

- All **Types of Treatment Service/Setting at Discharge** except *Short-term residential*, *Long-term residential*, *Non-intensive outpatient*, and *Intensive outpatient*.
- Records where **Medication-Assisted Opioid Therapy** is planned.
- Records where **Reason for Discharge** is *Death*.

Definition of the BGAS abstinence variable:

- Identify a subset of records that have a valid **Substance Use**/**Frequency of Use** combination at both admission and discharge at one of the levels of **Substance Use (Primary, Secondary, and Tertiary)**.

Combinations of Valid **Substance Use** and **Frequency of Use**:

A total of 6 combinations for substance use and frequency of use are taken from their respective levels (primary, secondary, tertiary) reported at admission and at discharge:

1. Where **Substance Use (Primary) at Admission** is any valid value of 2-18 or 20 with a **Frequency of Use (Primary) at Admission** value of 1-5 <u>OR</u> Where **Substance Use (Primary) at Admission** is 1 (*None*) and **Frequency of Use (Primary) at Admission** is 96 (*Not applicable*).
2. Where **Substance Use (Secondary) at Admission** is any valid value of 2-18 or 20 with a **Frequency of Use (Secondary) at Admission** value of 1-5 <u>OR</u> Where **Substance Use (Secondary) at Admission** is 1 (*None*) and **Frequency of Use (Secondary) at Admission** is 96 (*Not applicable*).
3. Where **Substance Use (Tertiary) at Admission** is any valid value of 2-18 or 20 with a **Frequency of Use (Tertiary) at Admission** value of 1-5 <u>OR</u> Where **Substance Use (Tertiary) at Admission** is 1 (*None*) and **Frequency of Use (Tertiary) at Admission** is 96 (*Not applicable*).
4. Where **Substance Use (Primary) at Discharge** is any valid value of 2-18 or 20 with a **Frequency of Use (Primary) at Discharge** value of 1-5 <u>OR</u> Where **Substance Use (Primary) at Discharge** is 1 (*None*) and **Frequency of Use (Primary) at Discharge** is 96 (*Not applicable*).
5. Where **Substance Use (Secondary) at Discharge** is any valid value of 2-18 or 20 with a **Frequency of Use (Secondary) at Discharge** value of 1-5 <u>OR</u> Where **Substance Use (Secondary) at Discharge** is 1 (*None*) and **Frequency of Use (Secondary) at Discharge** is 96 (*Not applicable*).
6. Where **Substance Use (Tertiary) at Discharge** is any valid value of 2-18 or 20 with a **Frequency of Use (Tertiary) at Discharge** value of 1-5 <u>OR</u> Where **Substance Use (Tertiary) at Discharge** is 1 (*None*) and **Frequency of Use (Tertiary) at Discharge** is 96 (*Not applicable*).

The combination where **Substance Use (Primary, Secondary, Tertiary)** is 1 (*None*) and **Frequency of Use (Primary, Secondary, Tertiary)** is 96 (*Not applicable*) was not valid in the 2007 preliminary BGAS, but was restored as valid in the 2007 BGAS final and remains valid to date.

- Alcohol abstinence is defined as all records in the subset that do not meet the criteria for alcohol use.
- Drug abstinence is defined as all records in the subset that do not meet the criteria for drug use.

Coding of the BGAS abstinence variable:

- For each of the 6 combinations of **Substance Use (Primary, Secondary, and Tertiary)** and **Frequency of Use (Primary, Secondary, and Tertiary)** create one variable per combination by reducing each combination to a single variable with the following values assigned:

1. No alcohol use (**Substance Use** is *Alcohol*, **Frequency of Use** is *No use in the past month*)
2. No drug use (**Substance Use** is a named drug, **Frequency of Use** is *No use in the past month*)
3. Alcohol use (**Substance Use** is *Alcohol*, **Frequency of Use** is between *1-3 days in the past month and daily use)*
4. Drug use (**Substance Use** is a named drug, **Frequency of Use** is between *1-3 days in the past month and daily use)*
5. No alcohol or drug use (**Substance Use** is *None*, **Frequency of Use** is *Not applicable*)

- Define a subset of records where there is a valid value for at least one of the 5 categories defined above.

- Within the subset of records having at least one valid value (1-5) defined above, create alcohol and drug use/abstinence variables at admission and at discharge. The following coding logic should be applied when assigning values to these variables:

  - Alcohol Use/Abstinence: *Alcohol use* if any of the 6 combinations of substance use and frequency of use takes on the value 3 above (*Alcohol use*), otherwise *Alcohol abstinence*.

  - Drug Use/Abstinence: *Drug use* if any of the 6 combinations of substance use and frequency of use takes on the value 4 above (*Drug use*), otherwise *Drug abstinence*.

## Form T-4A. Alcohol Abstinence

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Alcohol abstinent at admission):

- Include only records with *Alcohol abstinence* at admission.

Numerator (Alcohol abstinent at discharge):

- Include only records with *Alcohol abstinence* at discharge.

Denominator:

- No additional inclusions/exclusions.

## Form T-4B. Alcohol Abstinence at Discharge, Among Alcohol Users at Admission

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Alcohol use at admission and abstinent at discharge):

- Include only records with *Alcohol use* at admission and *Alcohol abstinence* at discharge.

Denominator (Alcohol use at admission):

- Include only records with *Alcohol use* at admission.

## Form T-4C. Alcohol Abstinence at Discharge, Among Alcohol Abstinent at Admission

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Alcohol abstinent at admission and alcohol abstinent at discharge):

- Include only records with *Alcohol abstinence* at admission and *Alcohol abstinence* at discharge.

Denominator (Alcohol abstinent at admission):

- Include only records with *Alcohol abstinence* at admission.

## Form T-5A. Drug Abstinence

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Drug abstinent at admission):

- Include only records with *Drug abstinence* at admission.

Numerator (Drug abstinent at discharge):

- Include only records with *Drug abstinence* at discharge.

Denominator:

- No additional inclusions/exclusions.

## Form T-5B. Drug Abstinence at Discharge, Among Drug Users at Admission

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Drug use at admission and abstinent at discharge):

- Include only records with *Drug use* at admission *and Drug abstinence* at discharge.

Denominator (Drug use at admission):

- Include only records with *Drug use* at admission.

## Form T-5C. Drug Abstinence at Discharge, Among Drug Abstinent at Admission

- Include only subset of records where there is a valid value for at least one of the 5 categories defined above.

Numerator (Drug abstinent at admission and Drug abstinent at discharge):

- Include only records with *Drug abstinence* at admission and *Drug abstinence* at discharge.

Denominator (Drug abstinent at admission):

- Include only records with *Drug abstinence* at admission.

**Form T-6. Social Support – Attendance at Self-Help Programs**

Exclude:

- All Types of Treatment Service/Setting at Discharge except Short-term residential, Long-term residential, Non-intensive outpatient, and Intensive outpatient.
- Records where **Medication-Assisted Opioid Therapy** is planned.
- Records where **Reason for Discharge** is *Death*.

Numerator (Attendance at self-help groups at admission):

- Include only records where **Attendance at SU Self-Help Groups in Past 30 Days at Admission** is between *1-30 times or more* and *some attendance, where frequency unknown* AND **Attendance at SU Self- Help Groups in Past 30 Days at Discharge** is not missing.

Numerator (Attendance at self-help programs at discharge):

- Include only records where **Attendance at SU Self-Help Groups in Past 30 Days at Discharge** is between *1-30 times or more* and *some attendance, where frequency unknown* AND **Attendance at SU Self- Help Groups in Past 30 Days at Admission** is not missing.

Denominator:

- Exclude records where **Attendance at SU Self-Help Groups in Past 30 Days at Admission** is missing OR **Attendance at SU Self-Help Groups in Past 30 Days at Discharge** is missing.

**Form T-7. Length of Stay (LOS)**

Recode **Type of Treatment Service/Setting at Discharge**:

- If **Type of Treatment Service/Setting at Discharge** is *Hospital detoxification*, *Residential detoxification*, or *Ambulatory detoxification* AND **Medication-Assisted Opioid Therapy** is planned, recode **Type of Treatment Service/Setting at Discharge** to *MAOT detoxification* (new code).
- If **Type of Treatment Service/Setting at Discharge** is *Outpatient* AND **Medication-Assisted Opioid Therapy** is planned, recode **Type of Treatment Service/Setting at Discharge** to *MAOT outpatient* (new code).
- No additional inclusions/exclusions.

*End Page*

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