**SAMHSA**
Substance Abuse and Mental Health
Services Administration

# MENTAL HEALTH
# TREATMENT EPISODE DATA SET
# (MH-TEDS)
# STATE INSTRUCTION MANUAL

**Version 1.0**

## Acknowledgments

## Recommended Citation

Substance Abuse and Mental Health Services Administration: *Mental Health Treatment Episode Data Set (MH-TEDS) State Instruction Manual—Version 1.0* Substance Abuse and Mental Health Services Administration, 2025.

## Originating Office

## Electronic Access

This publication may be downloaded from the BHSIS Resource Center at https://brc.samhsa.gov and SAMSHA's official website at https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set.

## Disclaimer

## Public Domain Notice

Released 2025

## TABLE OF CONTENTS

## CHAPTER 1 CONTACTS

### 1.1    Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Behavioral Health Statistics and Quality (CBHSQ) Behavioral Health Services Information System (BHSIS) Project

Contract No. 75S20320C00001

Elizabeth Crane, Contracting Officer's Representative (COR)
Willie Tompkins, Alternate Contracting Officer's Representative (ACOR)

### 1.2    BHSIS Resources

#### 1.2.1.  BHSIS Resource Center

The website, https://brc.samhsa.gov, 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. A new version of the manual with all succeeding changes will be posted to the site. To request access to the BHSIS Resource Center, send an email to BHSIS@samhsa.hhs.gov.

#### 1.2.2.  TEDS Data Submission System (TEDS DSS)

The TEDS DSS, https://dssteds.samhsa.gov, is a web-based data preparation and submission system. The TEDS DSS is designed to provide a secure, interactive, and transparent data submission process.

#### 1.2.3.  BHSIS Project Office

To request technical support or access to the TEDS DSS or ask questions on this manual, send an email to BHSIS@samhsa.hhs.gov.

#### 1.2.4.  SAMSHA Official Website

The website, https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set, provides additional resources, including this state instruction manual, State Data Crosswalks, Frequently Asked Questions (FAQs), Annual Reports, Annual Detailed Tables, and data files (PUF—public-use files).

## CHAPTER 2 SUMMARY OF UPDATES

This Mental Health-Treatment Episode Data Set (MH-TEDS) State Instruction Manual—Version 1.0 is created based on the Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual—Version 5.0—to specifically provide more clarification on MH-TEDS file reporting requirements. However, the MH-TEDS system data reporting protocol remains largely intact, and states can continue to submit MH-TEDS and Substance Use Treatment Episode Data Set (SU-TEDS) as one single file or separately. Please refer to the **SU-TEDS State Instruction Manual** for SU-TEDS–specific reporting requirements.

Below is the list of changes:

### 2.1.    Version 1.0 (2025)

Eligible clients

- Clarified that states should report **all** clients from **all** reporting facilities, regardless of individual funding status.

Data fields/categories: Service Settings

- Clarified the definition for data category *75 "Other psychiatric inpatient"* in the data field **Service Setting**, which is "inpatient psychiatric service provider other than state psychiatric hospitals, including other public (including those owned by county, city, tribal government, or federal agencies) or not-for-profit/for-profit psychiatric hospital, inpatient psychiatric unit of a public, not-for-profit, or for-profit general hospital."
- Clarified that if a state psychiatric hospital provides outpatient services, the clients receiving outpatient services should be included in data category *73 "SMHA-funded/operated community-based program"* in the data field **Service Setting**.
- Clarified that if a client only received a mental health assessment, a screening, or an evaluation and was discharged with no treatment or discharged to receive services outside the purview of the State Mental Health Agency, the setting in which these services occurred should be reported in the data field **Service Setting** for the client. Data category *96 "Not applicable"* has been discontinued for mental health reporting.

Other data fields/categories

- Changed the data field name from Gender to **Sex**.
- Added two new drug data categories, *0711 "Fentanyl"* and *1605 "Xylazine,"* to the data field, **Detailed Drug Code (Primary, Secondary, Tertiary)**.
- A new data category, *96 "Not applicable"*, was added to the **Employment Status** data field. Clients aged 15 years or younger should be coded *96*.
- Added new data category, *"Not applicable,"* for the following data fields: **Previous SU Treatment Episodes**, **Days Waiting to Enter SU Treatment**, and **Attendance at SU Self-Help Groups in Past 30 Days**. States should use this category for mental health clients who do not have co-occurring substance use disorders. The maximum value for **Days Waiting to Enter SU Treatment** is *995*. Data category *996* is now used as *"Not applicable"*.
- Discontinued data category *08 "Unknown"* in the data field **Reason for Discharge, Transfer, or Discontinuance of Treatment**. States are required to use code *97 "Unknown"* instead.

- Simplified the criteria on how to classify internship for Employment Status.
- Clarified that data category "*Not collected*" should be reserved for when a state's data system does not collect a particular field or when, per state policy, this data element is not collected or reported for a certain population and the particular record belongs to the population. If the state collects only a subset of the data categories in a data field, code "*Unknown*" should be used for clients who do not fit the subset.
- Removed the term "*Crack*" from the data category "*Cocaine/Crack*" in the **Substance Use** data field. However, "*Crack*" is still a data category in the **Detailed Drug Code (Primary, Secondary, Tertiary)**.
- Added a guideline for the data field **Diagnostic Code Set Identifier**, which strongly encourages states to start using ICD-10/DSM-5 codes to consistently report diagnostic codes for all clients.
- Clarified the guidelines for the data field **Source of Income/Support**.

Other

- Clarified the MH-TEDS concepts, "treatment episode" and "continuum of treatment episodes" in **5.2. Treatment Episode, Admission, and Discharge**.
- Added several examples of how to map MH-TEDS data fields/categories to state data fields/categories, using the data fields **Employment Status** and **Detailed Not in Labor Force** in **APPENDIX B  STATE DATA CROSSWALK INSTRUCTIONS**.
- Added a new column to the **Admission File Specification** and **Discharge/Update File Specification** tables to indicate if a field is required or optional for reporting.
- Added and/or updated field and relational edits to improve data quality in **APPENDIX E LIST OF EDIT CHECKS**.
- Added a new appendix, **APPENDIX F GLOSSARY OF TERMS AND ACRONYMS**.
- Editorial and formatting changes.

Administrative and related changes

- Updated the Contracting Officer's Representative (COR) and Alternate Contracting Officer's Representative (ACOR) information.
- Updated the BHSIS Project Office's contact information.
- Added the official SAMHSA website to post this instruction manual.

## CHAPTER 3 INTRODUCTION

This MH-TEDS State Instruction Manual describes the process and requirements for reporting mental health-related admission and discharge data to SAMHSA. The MH-TEDS framework is an alternative to Mental Health Client-Level Data (MH-CLD) reporting, an approach made available under the SAMHSA-funded Data Infrastructure Grants in 2014. Similar to MH-CLD, MH-TEDS is a compilation of demographic, clinical, and socioeconomic characteristics and National Outcome Measures (NOMs) of individuals who are receiving mental health and support services from programs provided or funded by the State Mental Health Agency (SMHA). The Behavioral Health Services Information System (BHSIS) State Agreement—funded by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and administered by the BHSIS Project Office—supports building state capacity to collect and report MH-CLD, thereby building a solid foundation for better use of data to improve mental health service delivery. SAMHSA considered the reporting burden on states by limiting the required data elements to only the essential information for NOMs reporting. The five relevant NOMs in MH-CLD are:

- Increased access to services (service capacity).
- Increased stability in family and living conditions.
- Reduced use of psychiatric inpatient beds.
- Increased/retained employment (adults) and return to/stay in school (children).
- Decreased criminal justice involvement.

MH-TEDS is comprised of admission data and discharge data. NOMs are collected at admission and at discharge to assess potential changes. Since it is not unusual for people with mental illness to be engaged in treatment for an extended period, states should submit at least one update record for any reporting year to monitor the client's progress in NOMs. Updated records should be submitted as part of the discharge data, using the same discharge data reporting format. While admission records and update/discharge records are processed and stored as two separate datasets, they are linkable using a unique client identifier, which is a KEY field in both files. This unique client identifier must not contain any personally identifiable information (PII), in accordance with the Health Insurance Portability and Accountability Act (HIPAA). States should use the web-based TEDS Data Submission System (TEDS DSS) to validate and submit records on a monthly, quarterly, or semi-annual schedule.

State administrative data systems, claims, and encounter data are the primary data sources. State representatives will need to extract data from their states' data system(s) and convert state data according to MH-TEDS specifications. Familiarity with the guidelines contained in this manual is essential to ensuring that all states use consistent reporting formats and data definitions and adhere to the submission timeline. It is recommended that this manual be provided to all SMHA staff and/or contractors involved in data collection, extraction, and submission of MH-TEDS files. States with separate information systems for child and adult mental health must collaborate and provide a single state data file.

The state's role in submitting their data to SAMHSA is critical, since MH-TEDS (along with MH-CLD) is the only national data source for information on persons who use mental health and support services. The use of consistent reporting formats and data definitions is essential to the production of standard national data. SAMHSA's goal is to build a national behavioral health dataset that is accessible (with appropriate confidentiality protection) to the public; local, state,

and federal policymakers; researchers; and many others to understand trends and characteristics of persons receiving mental health and support services.

## 3.1  General Reporting Process

The general reporting process for MH-TEDS is summarized in the following steps and illustrated in Figure 1.
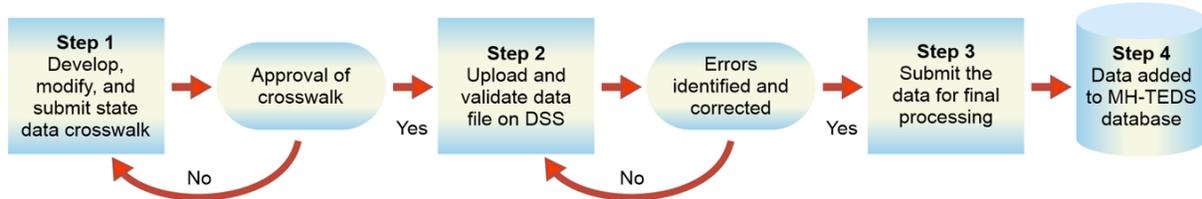


*Figure 1: MH-TEDS reporting process*

**Step 0:** Read the MH-TEDS State Instruction Manual. If needed, please request technical support by emailing BHSIS@samhsa.hhs.gov.

**Step 1:** Develop and submit a State Data Crosswalk to the BHSIS Project Office for review and approval in the initial year of MH-TEDS reporting. A State Data Crosswalk contains mapping of state data fields, codes, and categories to the MH-TEDS data fields, codes, and categories. It also captures state comments or data footnotes that provide context to the reported data. In subsequent years of reporting, states are expected to review the Crosswalk annually and submit the modified Crosswalk if changes in the state data collection protocol and/or data system resulted in changes in the way state data are mapped to MH-TEDS.

**Step 2:** Prepare, upload, and validate data, using the online TEDS DSS, once the State Data Crosswalk is approved. TEDS DSS performs validation edits on the uploaded data to check their integrity, accuracy, and structure. States are expected to address any errors identified by TEDS DSS. This is an iterative process—states validate the data, apply any necessary corrective actions, and re-upload (if corrective actions are made using platforms other than TEDS DSS) and re-validate the data. Refer to the DSS State User Manual for details.

**Step 3:** Submit the data for final processing once all errors are corrected and the data pass all validation edits.

**Step 4:** The BHSIS Project Office logs the file and conducts the final review. During this time, the BHSIS Project Office may reach out to states for any clarification and/or correction. Once the final review is complete and the state data files are accepted, they are added to the MH-TEDS database for data analysis and national reporting.

## 3.2    Federal Data Collection Authority

Section 505 of the Public Health Service Act (42 USC §290aa–4) directs the Assistant Secretary for Mental Health and Substance Use 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.

Section 1942 of the same act (42 USC §300x-52(a)) directs the State to submit a report to the Secretary of Health and Human Services any data required by the Secretary and to cooperate with the Secretary in the development of uniform criteria for the collection of data as a funding agreement for the Community Mental Health Services Block Grant.

See **APPENDIX A BACKGROUND** for additional information.

## CHAPTER 4 STATE PARTICIPATION AND QUALITY CONTROL

Both the state and the BHSIS Project Office undertake a series of measures regarding MH-TEDS submission and processing to ensure that the MH-TEDS database contains high-quality data. States should develop procedures to implement these measures to ensure that the data they submit to TEDS are accurate and in the required format as specified in this manual.

### 4.1     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.
• Reviewing the State Data Crosswalk annually and submitting updates to the BHSIS Project Office, when applicable.
• Adhering to the agreed-upon reporting schedule and notifying the BHSIS Project Office as soon as the state determines it cannot meet a scheduled submission.
• Ensuring that each record in the data submission contains valid codes in the KEY and other required fields and no duplicate records are submitted.
• Cross-checking data items for consistency on related data fields.
• Applying corrective actions to any errors identified by the TEDS DSS.
• Reviewing MH-TEDS Quarterly Data Quality Profiles and Quarterly Feedback Reports and addressing data discrepancies or anomalies flagged by the BHSIS Project Office.
• Participating in meetings, conference calls, webinars, and board group discussions in the BHSIS Resource Center, as requested by the BHSIS Project Office.

### 4.2     BHSIS Project Office Responsibilities

The BHSIS Project Office is responsible for:

• Reviewing State Data Crosswalks for completeness and consistency with the MH-TEDS reporting standards.
• Processing state data submissions timely (generally within 2–3 business days).
• Providing states with technical support to ensure their data meet the required specifications.
• Providing guidance on the required corrective action during the data validation process.
• Ensuring confidentiality and privacy of state data in accordance with HIPAA regulations.
• Providing states with MH-TEDS Quarterly Data Quality Profiles and Quarterly Feedback Reports in a timely manner at the end of each calendar quarter.
• Organizing and moderating meetings, conference calls, webinars, and board group discussions in the BHSIS Resource Center.

## CHAPTER 5 REPORTING FRAMEWORK

### 5.1    Scope of Clients Reported

Consistent with the MH-CLD/URS reporting, clients who should be included in the MH-TEDS reporting are all child and adult clients who received mental health and support services from programs **operated or funded by the SMHA.** Please note:

- Mental health and support services include screening, assessment, crisis services, and telemedicine services.
    - ✓ Clients who have only completed a screening, assessment, or intake process are considered clients and should be reported.
    - ✓ Clients who received only crisis services or telemedicine services should be included if they are registered or identified.[1]
- Data should be reported for **all** clients in the reporting facilities, regardless of individual client funding source—Federal Block Grants, State General Funds, Medicaid, Medicare, private insurance, self-pay, or no charge. In other words, all clients who received mental health and support services should be reported if the provider is part of the SMHA system and excluded if the provider is not part of the SMHA system, regardless of the funding source.
- Clients with only a diagnosis of, or receiving only specialty services for, substance use, intellectual disabilities, or developmental disability should be excluded from reporting.

### 5.2    Treatment Episode, Admission, Discharge, and Update

For the purpose of MH-TEDS reporting, a treatment episode is defined as the cycle from the beginning of mental health and support service(s) through to the termination of service(s) at one service setting (e.g., state psychiatric hospital, community mental health center, outpatient clinic, etc. See **D.9 Service Setting** for the list of all types of service settings). TEDS is designed to collect data at the beginning ("admission record") and at the end of the treatment episode ("discharge record") at each service setting. Operationally, a treatment episode is made up of one admission record and one discharge record (which can be linked using a unique client ID).

Note that "admission" in the context of MH-TEDS reporting is not restricted to an initiation of treatment in an inpatient setting, such as in hospitals, where a client occupies a hospital bed under the care of hospital staff. Admission, for the purpose of MH-TEDS reporting, includes movement into any service setting including outpatient clinics. Similarly, "discharge" is not restricted to the formal release of a client from a hospital after a course of treatment. A discharge occurs when services in any service setting are terminated for different reasons, including treatment program completion, client drop-out, death, incarceration, or transfer to another service setting or provider.

If a client is not discharged during a reporting period, an update record should be submitted for the person's status as of the last date of service/contact. Some clients with mental illness remain

---

[1] Clients who only received a telephone contact are excluded unless it was a telemedicine service to a registered client. Anonymous clients, such as anonymous hotline calls, who are not registered or identified in any data system, should not be included in the MH-TEDS data.

in the service system for an extended period of time; therefore, an interim assessment is a critical component of the treatment process.

A client may receive just one service or multiple services in one service setting. However, MH-TEDS does not collect data on every service delivered; regardless of the number of services received in one setting, there should be one admission record and one update or discharge record in each setting reported for the individual. For example, if a separate "admission" record is generated for every billable service (e.g., group therapy, individual therapy) within a single service setting (e.g., outpatient), report only the first of these records as the admission record and the last as the discharge record to MH-TEDS.

Clients may also receive services at different service settings sequentially or concurrently, depending on the unique needs of the client and the state service delivery model. In this case, one admission record and one discharge or update record should be created for each service setting that is reported. For clients with co-occurring mental and substance use disorders, states should report all admissions and discharges at mental health service settings to MH-TEDS and report all admissions and discharges at substance use service settings to SU-TEDS. Admission records and discharge records should be submitted as separate files.

The MH-TEDS–Admission file consists of admission records and the MH-TEDS–Discharge file consists of discharge records. An admission record and a discharge record at each service setting can be matched, using a unique client identifier. This pair of one admission and one discharge record constitutes one treatment episode.

Below, examples of different scenarios are provided to illustrate how admission, update, and discharge records should be identified and submitted.

In Scenario 1 (see Figure 2), a client received services at multiple service settings in a sequential manner—the client was initially admitted to a community mental health center, transferred to a psychiatric hospital, then transferred back to a community mental health center, where the client's treatment was completed and the client was discharged. This client has three admission and three discharge records at each of the three service settings, which can be linked to create three admission–discharge pairs. The earliest admission is coded as "initial admission," and the subsequent two admissions are coded as "transfer admissions" in the **Client Transaction Type** field. States are expected to report all three admissions and discharges with each change in the person's service setting, but not every individual service provided within those service settings.
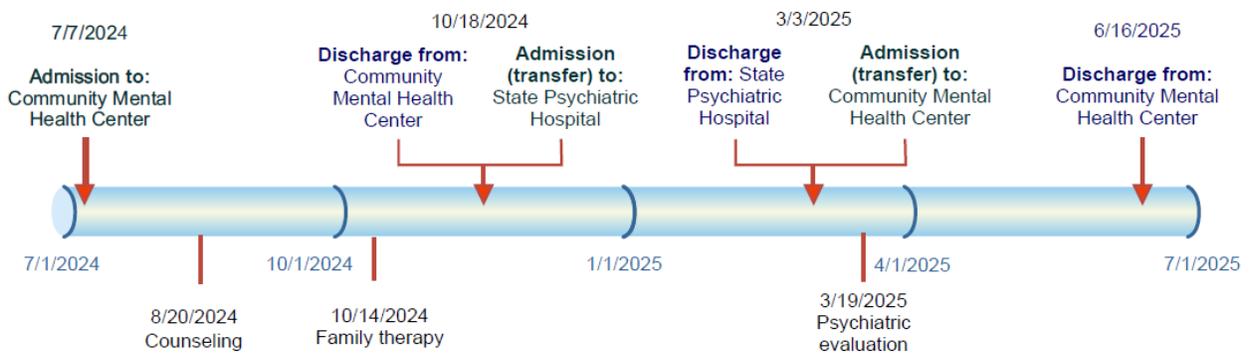


*Figure 2: Sequential receipt of services at multiple service settings (Scenario 1)*

A client may receive services concurrently at different service settings from the same or different providers (e.g., community mental health centers and residential treatment centers). In Scenario 2 (see Figure 3), two admissions and two corresponding discharges should be reported for each service setting. If the client was referred to a community mental health center by the residential treatment center to ensure more comprehensive care and management of the client, the admission to the community mental health center would be classified as "transfer" in the **Client Transaction Type** field. This applies to a similar but different scenario where a client receives services at two different locations of the **same** service setting (e.g., community mental health center and outpatient clinic, both of which are coded as *73 "SMHA-funded/operated community-based program"* concurrently from the same or multiple providers. One set of admission–discharge records should be submitted for each service setting.
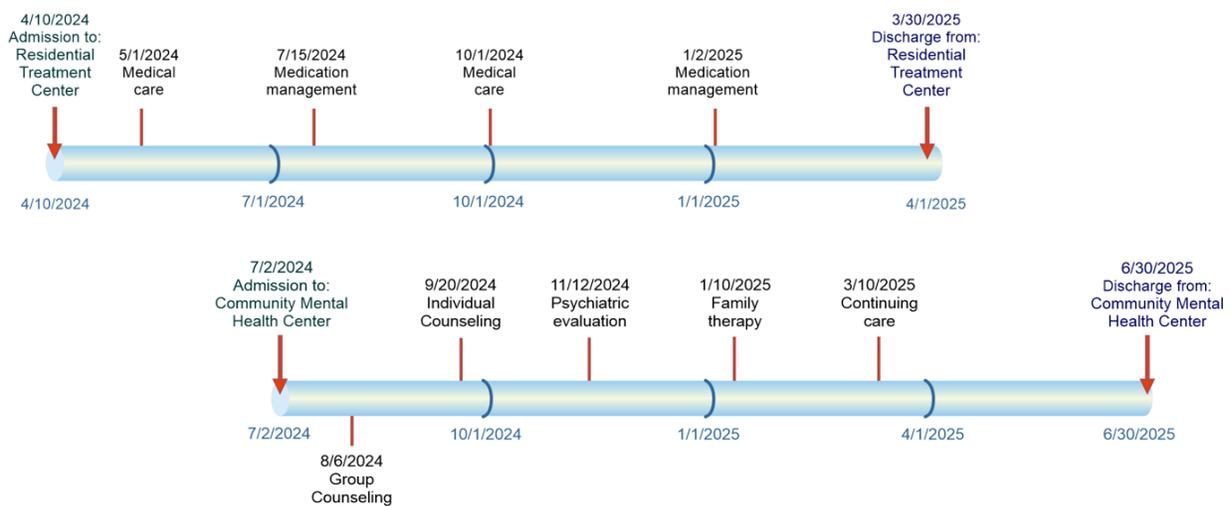


*Figure 3: Concurrent receipts of services at multiple service settings (Scenario 2)*

A client may receive treatment for a substance use disorder(s) and mental illness(es) concurrently or sequentially. In either case, the admission to, and discharge from, mental health and support services (admission on 7/7/2024 and discharge on 6/25/2025 in Scenario 3) should be reported in MH-TEDS and the admission to, and discharge from, a substance use treatment service (admission on 12/18/2024 and discharge on 1/15/2025 in Scenario 3) should be reported in SU-TEDS, regardless of whether the service was delivered by the same or different provider (see Figure 4). If a single service provider delivers both mental health and substance use services to clients with co-occurring disorders and generates only one admission record and one discharge record for both services, the same record should be submitted to both MH-TEDS and SU-TEDS.
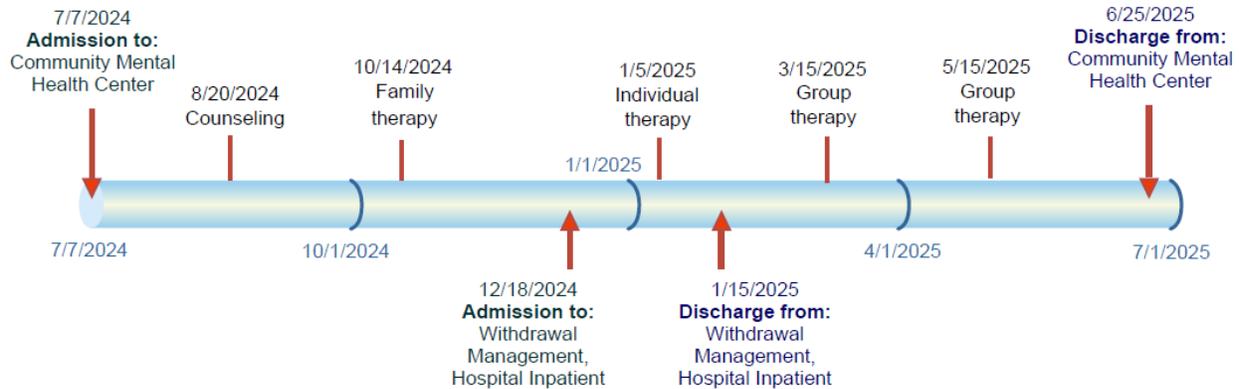
*Figure 4: Receipts of services for co-occurring mental and substance use disorders (Scenario 3)*

### 5.2.1    How to estimate proxy admission and discharge dates

Some states may use claim or encounter data and may not collect information on clients' admissions and/or discharges as administrative data. Discharges, in particular, may not be reported at all in an inpatient setting or may not occur in some cases when a client drops out of treatment without officially being discharged by the treatment provider or is transferred to another service setting. In some state data systems, all billable services (e.g., group therapy, individual therapy) are recorded as admissions.

In these scenarios, states need to devise a method for identifying the date(s) when a client was admitted to and/or discharged from treatment at each service setting and/or ensure that a discharge record is created (based on the data captured during the last contact with the client) and submitted for every admission record. For example, a state may use insurance claim data and use the service pre-authorized start date or the service start date as a proxy admission date. The state may also use the end date of the pre-authorized service or the service end date as a proxy discharge date.

Another method would be to use a service gap, i.e., the length of time between services. State systems may already have a policy whereby a client who has not participated in treatment for a certain number of days is administratively discharged. In the absence of such policy and for the purpose of MH-TEDS reporting, states may establish a time marker. If a state establishes a service gap of 60 days as a time marker, for example, all services with a service gap of 59 days or fewer at the same service setting are considered within the treatment episode (a period between an admission and a discharge). The service gap of 60 days or more is used to consider that the client is discharged from the service setting due to the absence. Contact the BHSIS Project Office for assistance with developing and documenting the operational definition for your state.

Using the same example of a 60-day time marker, the services are ordered chronologically from the earliest to the latest, the earliest service date (with no service provided within the prior 60 days) is considered a proxy admission date. If 60 days or more elapse from the last service/contact with the client, then the client is considered "discharged" from this service setting. In this scenario, the last service/contact day is considered as the proxy discharge date and information collected at the last service/contact should be used in the discharge record. MH-TEDS does not collect data on every service delivered. Similarly, in the state data collection system where an "admission" record is created for each service, states should report only the first one of these records as the admission record and the last as the discharge record to MH-TEDS if they were delivered within a single

service setting (e.g., outpatient). Note that a client who was administratively discharged and returns for service after 60 days should be reported as a new admission.

In Scenario 4 (see Figure 5), no information regarding when admissions and discharges occurred was available for this client, but there are records of services on 12/26/2024, 1/15/2025, 1/31/2025, 4/17/2025, and 5/2/2025. There are no service records prior to 12/26/2024, between 1/31/2025 and 4/17/2025, and after 5/2/2025. If the state uses 60 days as a time marker, the state has two admissions and two corresponding discharges, one with the admission date of 12/26/2024 and the discharge date of 1/31/2025 and another with the admission date of 4/17/2025 and the discharge date of 5/2/2025.
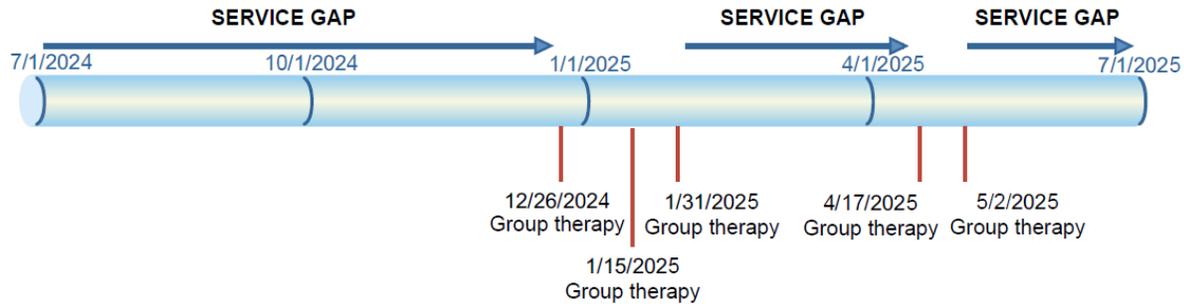


*Figure 5: Service gaps in treatment (Scenario 4)*

The time maker for a service gap may be formulated using different approaches as follows:

- Use an analysis of the distribution of clients by the interval between service dates. Adopt the interval with the highest percentage of clients.
- Discuss with state program administrators or subject matter experts a reasonable time interval that the state should use as the time marker.
- Use the state practice/policy on medication management, e.g., for days in which a person stays on medication management without receiving any other services, including an office visit, which can be used as the time marker. A factor the state should consider with this element is the percentage of clients who are simply receiving medication management and not receiving any other services. If the percentage is small, this may not be a reasonable time interval to use, as it does not represent the majority of the client population in the state.

In addition to using the time marker, states can use other factors, such as the time elapsed between service authorizations, continuity of the types of services covered, and client participation in treatment as indicated by service records. Provider type or location may also be taken into consideration when developing an operational definition of admission and discharge. Please briefly describe the state's policy or operational definition for admission, discharge, and administrative discharge in the State Data Crosswalk.

## 5.2.2 Update

It is common for people with mental illness to remain in the service system beyond a 12-month period. An interim assessment of client outcomes while still in treatment is important. It is a common practice among SMHAs to require that providers conduct periodic assessments or reviews and to submit status updates of clients known to be receiving mental health services. The

frequency of updates varies across states from monthly, quarterly, to semi-annually. For the purpose of MH-TEDS reporting, states are required to submit at least one update record per client who does not have a discharge record for the reporting year observed in the state's URS reporting.[2] The update record should preferably be the one closest to the end of the reporting period. However, states may submit all available update records.

In Scenario 5 (see Figure 6), the client was admitted to a state hospital on 8/1/2024. Since the client had not been discharged as of the end of the state's reporting period on 6/30/2025, there is no discharge record. The provider conducted and shared this client's quarterly assessments on 11/1/2024, 2/1/2025, and 5/1/2025 with the state. The state can either submit all these update records or choose to submit the update record on 5/1/2025, since that is the closest to the end of, and within, the reporting period. This will be used as the status at the end of the reporting period and compared with the status "at admission or start of the reporting period" captured on 8/1/2024. Please refer to MH-CLD State Instruction Manual for more details.
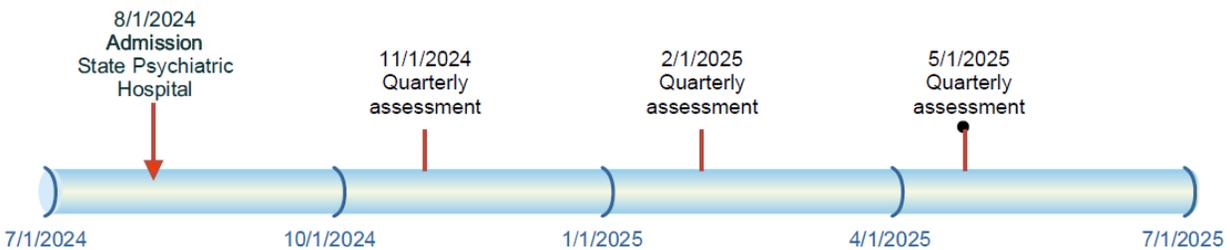


*Figure 6: Submission of update record (Scenario 5)*

### 5.2.3 Relevant dates in discharge and update records

An update record is not a discharge record; however, it is submitted as part of discharge data. Discharge records and update records are identical except for the following:

- States should use code "U" for an update record and "D" for a discharge record in the **Client Transaction Type** data field (see D.7 **Client Transaction Type – Required/Key Field**).
- States should use "Not applicable" in the **Date of Discharge** and **Reason for Discharge, transfer, or discontinuance of treatment** data fields for an update record.
- States should report the date for the data update (i.e., the date in which the client's status was reviewed or re-evaluated, usually at the provider level) in the **Date of Last Contact or Data Update** data field (see D.47 Variable Name: Date of Last Contact or Data Update—Key Field). For a discharge record, this field is interpreted as the date of last contact (i.e., the most recent date in which the client attended treatment, received a service or had some other face-to-face encounter with treatment staff). This information is critical in calculating retention, or a client's length of stay in treatment, which is one of the outcome measures.[3]

---

[2] The update record from a given reporting period will be used to capture the client status "at discharge or end of the reporting period" for the same reporting period and the client status "at admission or start of the reporting period" for the following reporting period.

[3] Date of Discharge often reflects an administrative discharge and depending on the policy and/or definition of administrative discharge adapted by states; it is not necessarily the same as the Date of Last Contact. Date of Last Contact more accurately reflects the length of time the client is engaged in treatment.

## 5.3    General Guidelines

### 5.3.1   Timing of data collection

All admission, update, and discharge records must contain field values that were collected at the time of admission, update, and/or discharge, respectively. Update or 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, sex race, and ethnicity) are collected only at the time of admission; therefore, the same field values are expected in the update or discharge record.

In contrast, values can change over time in other data fields. For example, a client's Employment Status might be "unemployed" at the time of admission; however, it could change to "employed" during the episode. While the original admission record should not be changed to reflect the new status, the discharge record should reflect this client's new Employment Status on the date of discharge (the update record should also reflect the new status if the client remains employed when the update record is created). Any data fields in discharge records, other than demographics, which cannot be updated or confirmed as unchanged since admission should be coded as "Unknown."

### 5.3.2   Initial year of MH-TEDS reporting

To ensure the appropriate reporting of all mental health clients in the SMHA caseload, 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. The baseline date is used to get a snapshot of all clients engaged in treatment during the initial reporting period who were admitted on or before the baseline date. MH-TEDS accepts admission records with an admission date of January 1, 1920, or later. 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. However, it is important that states must observe the same reporting period for both the MH-TEDS files and the URS reporting, which are due on December 1 and March 1[4] of the following year).

In a state's first year of MH-TEDS submission, the state should report all admission records for both:

- Clients who initiated treatment prior to the baseline date but were still receiving services on the baseline date ("continuing client"); and
- Clients who started receiving services during the reporting period ("new client").

Discharges (including updates) that need to be submitted in the initial year of MH-TEDS reporting are those that occurred after the established baseline date.

### 5.3.3   Data submission in subsequent years

After the initial year of MH-TEDS submission, states do not need to wait until the statutory due date of December 1, but should submit the succeeding admission and discharge or update records on a routine basis. SAMHSA strongly recommends monthly or quarterly reporting at a minimum.

---

[4] If the date falls on a weekend, the due date will be on the next business day.

Submitting files often will help ease the burden of reporting very large data files and will allow for more timely detection and resolution of data errors or quality issues. If the state is in possession of additional MH-TEDS records pertaining to the previous year's reporting and with an admission date of January 1, 1920, or later, the records may be submitted at any time. The MH-TEDS database will be updated accordingly. Monthly or quarterly reporting is in alignment with Quarterly Feedback Reports and Quarterly Data Quality Profiles generated by the BHSIS Project Office (see **7.3 Data Quality Check**).

Regardless of reporting frequency, states must conform to the state's URS reporting period when submitting the data. The URS reporting period can be either the calendar year or the state fiscal year, with or without a lag time. For example, if the state's URS reporting period covers the period from July 1, 2024, through June 30, 2025, then the state should ensure that all MH-TEDS admission and discharge data corresponding to this period be submitted by the December 1, 2025, due date (see Figure 7).

In order to calculate the State Hospital 30-day and 180-day Readmission Rates NOMs, states must submit records for all state hospital discharges that occurred during the reporting period plus the records for admissions that occurred within the 6 months following the end of the reporting period. In the example shown in Figure 7, this means that records for all state hospital readmissions that occurred between July 1, 2025, and December 31, 2025, must be submitted by March 1 of the following year (March 1).

| Reporting Year 1 | | | | | | | | | | | | Reporting Year 2 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jul '24 | Aug '24 | Sep '24 | Oct '24 | Nov '24 | Dec '24 | Jan '25 | Feb '25 | Mar '25 | Apr '25 | May '25 | Jun '25 | Jul '25 | Aug '25 | Sep '25 | Oct '25 | Nov '25 | Dec '25 | Jan '26 | Feb '26 | Mar '26 | Apr '26 | May '26 | Jun '26 |
| All admissions and discharges | | | | | | | | | | | | | | | | | Submission due | | | | | | |
| All discharges from state hospitals | | | | | | | | | | | | | | | | | | | | Submission due | | | |
| All readmissions to state hospitals | | | | | | | | | | | | | | | | | | | | | | | |

*Figure 7: Coverage of data and data submission timelines for MH-TEDS reporting*

## 5.3.4   Combined data file submissions with SU-TEDS

While admission records and update/discharge data should always be submitted in separate files, states can combine their substance use admissions and mental health admissions into a single data file or substance use update/discharge and mental health update/discharge into another single data file. Whether combined or not, each record is identified as MH or SU client through a data field called "Client Transaction Type." See **D7. Client Transaction Type – Required/Key Field** for detail.

Combined file submission may be appropriate when the SMHAs and Single State Agencies (SSAs) are part of a single agency with an integrated IT system. Separate file submissions may be appropriate when SMHAs and SSAs are separate agencies and/or SU and MH data systems are not yet integrated.

## CHAPTER 6 STATE DATA CROSSWALK

### 6.1 Purpose

The use of consistent reporting formats and data definitions is essential to the production of standard national data. A consistent conversion of state data to the MH-TEDS database maximizes comparability across states. SAMHSA recognizes, however, that some state field definitions and/or categories may not exactly match those in MH-TEDS. Through the State Data Crosswalk, states provide specific information on mapping or translating the data fields and categories in the state system to the appropriate MH-TEDS data fields and categories. When state field definitions and/or categories cannot be mapped, this should also be documented in the State Data Crosswalk. The Crosswalk will aid SAMHSA and other researchers in the interpretation of individual state MH-TEDS. States in their initial year of MH-TEDS reporting must have an approved State Data Crosswalk in place before submitting their data files.

### 6.2 Preparation and Use

The BHSIS Project Office provides the state with a State Data Crosswalk Worksheet template in an Excel spreadsheet pre-filled with the MH-TEDS fields, categories, and codes. The template may be accessed from SAMSHA's official website (https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set) or from the BHSIS Resource Center (https://brc.samhsa.gov). The template includes instructions to complete the Crosswalk and the contextual information requested. See **APPENDIX B STATE DATA CROSSWALK INSTRUCTIONS** for a sample Crosswalk. States with independent child and adult mental health information systems must submit one integrated Crosswalk. It is recommended that staff from both the child and adult mental health systems participate in all trainings and discussions. The process in preparing and using the Crosswalk for MH-TEDS is summarized in the following steps:

**Step 1:** Complete the Crosswalk template. States assign the state data fields, categories, and codes to the appropriate MH-TEDS data fields, categories, and codes for each MH-TEDS data field. States are encouraged to discuss any mapping issues with the BHSIS Project Office.

**Step 2:** The BHSIS Project Office reviews the Crosswalk to ensure states' data compatibility with the MH-TEDS data specifications and information requirements. Discrepancies are discussed and resolved with the state.

**Step 3:** Once the BHSIS Project Office approves the State Data Crosswalk, states may proceed with preparing their data. States can develop their own computer program to extract and convert state data to the TEDS format specification, i.e., mapping the state fields/categories/codes to the corresponding MH-TEDS field/categories/codes. States should establish procedures to ensure that the approved State Data Crosswalk is implemented correctly by their data extraction/conversion program.

**Alternatively,** States can upload their state data in TEDS DSS and use its data conversion function (called "Data Conversion Crosswalk") to convert them to MH-TEDS–formatted data. States should ensure that the approved State Data Crosswalk are accurately reflected in the Data Conversion Crosswalk (see the DSS State User Manual for detailed instructions).

## 6.3    What Should Be Documented on the State Data Crosswalk

In Part 1, states should ensure that for every data field, states categories/codes are mapped to the MH-TEDS categories/codes. Use the comment column to provide explanations, definitions, limitations, or other contextual information pertinent to data collection, reporting, and mapping. In particular, if the state is not collecting any given data fields or categories, it must provide explanations. Explanations must also be provided if the state is not collecting or reporting data for a subset of the population. If the state has concrete plans to collect or report these data in the future, it must indicate an approximate date that the state plans to begin submission of the data fields/categories for all or the subset of the population. If the state is collecting optional data fields but opted not to report, it must cite the reasons.

In Part 2 ("Contextual Information"), states should also use the state comment column to provide contextual information, which will aid SAMHSA and other researchers in the interpretation of individual state MH-TEDS. This includes:

- Specify areas and magnitude of possible client duplications.
- Describe the state's operational definitions for "admission" and "discharge," including administrative discharge policy.
- Describe access to data and data collection and update practice and policy (e.g., frequency, target population, types of data).
- Describe reporting exclusions or underreporting of clients, facilities, providers, and/or service types/settings.

The state can also use the column to provide additional information relevant to the data field/categories.

- Describe how non-Protected Health Information (PHI) client identifiers were created.
- Describe the state data collection protocol for collecting race and ethnicity. Highlight any deviation from the 1997 OMB guidelines (Statistical Policy Directive 15).
- Describe the state's operational definitions on the following concepts. Provide a copy of the state's data dictionary, if available, citing the relevant pages for reference:
  - ✓ Employed, unemployed, and not in labor force
  - ✓ Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and at-risk for SED (if the latter category is used by the state)
- Describe the sources of data for **Arrests in the Past 30 Days** and **School Attendance in the Past Three Months**.
- Describe how the state collects mental health diagnosis.

In Part 3 ("Reporting Characteristics"), provide the following information that will allow SAMHSA and other researchers in understanding the population of the state data.

- List all types of programs, providers, and facilities that are part of the MH-TEDS reporting.
- Indicate whether all clients in the reporting facilities, regardless of individual client funding source, are included in the MH-TEDS reporting.
- If there are any **Service Settings** that are not reported by the state, provide an explanation (e.g., some settings are included in another code, SMHA does not provide MH services in jails, SMHA does not fund residential treatment centers).

## 6.4    Changes to the State Data Crosswalk

Periodically, states may upgrade their data system by adding, deleting, or changing the data items or categories they collect. Since these changes may affect the mapping of a state data field or category to an MH-TEDS field or category, states are asked to review their Crosswalk for accuracy and relevance in August/September each year and submit a modified Crosswalk to the BHSIS Project Office, as needed.

- Provide information only for **new** or **changed** data fields; or
- Create a completely new Crosswalk if a substantial change occurred in the state data system.

The approved revised Crosswalk must be used for subsequent file submissions. This means states must also update the state's data extraction/conversion program or Data Conversion Crosswalk in the TEDS DSS and ensure that the state data fields, categories, and codes continue to be mapped accurately to the MH-TEDS data fields, categories, and codes during the data conversion process.

Additionally, states are asked to review their Crosswalk for accuracy and relevance in July/August each year and submit a modified Crosswalk if there are any changes.

## CHAPTER 7 DATA SUBMISSION

The TEDS Data Submission System (TEDS DSS) is a web-based data preparation and submission system developed in collaboration with SAMHSA and state representatives. The TEDS DSS is designed to provide a secure, interactive, and transparent data submission process. It minimizes states' burden in reporting their data to MH-TEDS by formatting the state data file extracted from their existing database(s) to MH-TEDS specifications. The MH-TEDS databases are maintained on a secure server with ID and password access limited to SAMHSA and authorized BHSIS Project Office staff.[5] The server and backup files are located in a secure Amazon Web Services Cloud environment.

This chapter provides step-by-step instructions on the MH-TEDS file submission process using the TEDS DSS and how to change/correct records. For more detail, please refer to the DSS State User Manual.

### 7.1 Steps in MH-TEDS File Submission

The following step-by-step instructions are provided to guide states in submitting their state data file through the TEDS DSS.

**Step 1:** Access and log on to the TEDS DSS.

States obtain a user ID and password from the BHSIS Project Office and access the TEDS DSS via https://dssteds.samhsa.gov.

State representatives responsible for submitting both mental health and substance use TEDS data may use the same login credentials to submit data files. Those who are new to the TEDS DSS but already have login credentials for other BHSIS applications (i.e., the BHSIS Resource Center, Inventory of Substance Use and Mental Health Treatment Facilities—I-TF) will need to request account access only to the TEDS DSS.

**Step 2:** Upload the data file to the TEDS DSS.

States that chose to format their state data to MH-TEDS specifications themselves can upload MH-TEDS–formatted data to the TEDS DSS. MH-TEDS–formatted data can be in ASCII fixed-width, Excel, or comma-separated values (CSV) file.

States must ensure that field formats and record layout in the state data conform to the requirements described in **APPENDIX C FILE SPECIFICATIONS**.

**Alternatively,** states can upload a non-MH-TEDS–formatted data file and convert it to MH-TEDS specifications in TEDS DSS, using its Data Conversion Crosswalk. TEDS DSS accepts a variety of file formats in addition to ASCII, Excel, or CSV for non-MH-TEDS–formatted data files. The Data Conversion Crosswalk needs to be prepared and completed for all fields and codes prior to data conversion. Data conversion is an iterative process. While attempting to convert the data, TEDS DSS identifies any codes or fields that are not properly mapped in the Data Conversion Crosswalk. States will have to either change the data in the file (excluding the unmapped code) or

---

[5] 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.

update the Data Conversion Crosswalk. Please refer to Data Submission System (DSS) State User Manual for step-by-step instructions.

**Step 3:** Validate the data file.

Whether states format the state data using their own computer program or use the TEDS DSS Data Conversion Crosswalk, states should run their validation edit checks on MH-TEDS–formatted data files on the TEDS DSS to identify issues with data specifications. See **APPENDIX E LIST OF EDIT CHECKS** for the list of validation edits, the corresponding error statement generated when an edit is violated, and the recommended corrective action. It is advisable to run the validation edit checks on the test file first to identify any critical errors.

When the validation processing is completed, TEDS DSS automatically generates various reports (i.e., "Validation Results," "Summary Report," and "Error Report") to allow the state to identify both systematic and individual errors found in the uploaded records, resolve them, and re-validate the file. This sequence (validate, review, correct, re-validate) should be repeated until the state has resolved all errors.

The BHSIS Project Office will assist states in interpreting the reports and resolution of errors as requested, especially when states are unable to correct all errors after several attempts.

**Step 4:** Submit the MH-TEDS data file for final processing.

Once the full data file has successfully completed the validation process with no further errors, states can submit it for final processing.

After the BHSIS Project Office reviews the submitted file, an email is sent to the state either confirming that the state data were successfully processed and added to the MH-TEDS database or notifying a rejection of the submission with a brief explanation of the data issue and corrective action required. When the states receive a rejection notification, they are required to make additional corrections to the data file and resubmit it.

**Test files**

Whether states format the state data using their own computer program or use the TEDS DSS Data Conversion Crosswalk, states, especially those that are submitting data for the first time, are advised to upload a test file with a relatively small number of records (e.g., 500) to check if the state data are appropriately configured prior to uploading the full data. It is also advisable to run the validation edit checks on the test file first to identify any critical errors. However, states should not "submit" the test file, as this will result in errors due to duplicate records.

## 7.2    Changing/Correcting Records in the MH-TEDS Database

There are instances when states need to correct a data field value (e.g., wrong birthdate) on a record that has already been submitted, processed by the BHSIS Project Office, and added to the MH-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: Delete and Add Records.
- To correct an error in a non-KEY field, use either Method 1 or 2: Change (Replace) Records.

KEY fields are required fields for each record and are used to link admission and update/discharge records. If the values of the KEY fields were changed in the admission record, it is essential that these values are corrected in the corresponding discharge record. KEY fields are State Code, State Provider Identifier, Client Identifier, Codependent/Collateral, Client Transaction Type, Date of Admission/Discharge/Last Contact or Data update, and **Service Setting**.

### 7.2.1   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 field added.

In the new data submission, include two records:

1.  A record in which the KEY fields match the original record, but with a **System Transaction Type** code *D "Delete."* Non-KEY fields may be left blank or contain the original values.
2.  The corrected record with **System Transaction Type** code *A "Add,"* showing the correct values for all KEY and non-KEY data fields. The "delete" record will remove the original record with errors from the database, and the "add" record will be appended to the database.

### 7.2.2   Method 2: Change (replace) records

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

Submit a record in which the KEY fields match those in the original record and with correct values for all non-KEY data fields, but with the **System Transaction Type** code *C "Change."* The *Change* record will replace the existing record in the MH-TEDS database.

## 7.3    **Data Quality Check**

### 7.3.1. Quarterly Feedback Reports

The objective of the Quarterly Feedback Reports is to improve the timeliness and overall quality of MH-TEDS data reporting by states. The Quarterly Feedback Reports consist of tables that include the count and percent distribution of all admissions and discharges by client characteristics submitted by each state and the percent of discharge records with matching admission records in the past 3 calendar years as of the reporting quarter. The BHSIS Project Office generates and reviews the Reports to ensure that states are on track to meet the required threshold[6] for national reporting. The Reports also serve as a tool for the BHSIS Project Office to verify that the state data fields and categories are consistent with the information provided on the State Data Crosswalks. States are asked to provide an explanation for any data discrepancies or anomalies that are flagged by the BHSIS Project Office and/or address the issues timely. The states are also expected to review the Reports for accuracy, comparing the data presented in the tables with state data to ensure the state data have been completely and accurately reported to MH-TEDS, and notifying the BHSIS Project Office of any data issues.

---

[6] Per current state exclusion criteria for national reporting, the state's count of records (admissions or discharges) for the annual report year must be 50% or higher than the average count of records for the state's count of records submitted during the preceding 3 years.

Tables included in the Quarterly Feedback Report are based on MH-TEDS admission and discharge data submitted by the last day of every quarter (e.g., April 1, 2024, for Quarter 1 2024 feedback report). States should plan to submit MH-TEDS files for processing at least 2 business days prior to the last calendar day of each quarter to ensure that their most recent data submissions are reflected in the Reports. States can expect to receive the Reports by the end of the first month of the following quarter. A typical data submission and report production schedule is shown in Table 1.

*Table 1. Data Submission and reporting production schedule for Quarterly Feedback Reports*

| Quarter | Quarter Dates | State Data Submission Due | States Receive Feedback Reports |
|---|---|---|---|
| Q1 | January 1 – March 31 | March 29 | April 30 |
| Q2 | April 1 – June 30 | June 28 | July 31 |
| Q3 | July 1 – September 30 | September 28 | October 31 |
| Q4 | October 1 – December 31 | December 29 | January 31 |

## 7.3.2. Quarterly Data Quality Profiles

The objective of the Quarterly Data Quality Profiles is to improve completeness (i.e., reduce missingness) and consistency in MH-TEDS data reporting by states. They are static MH-TEDS data visualizations that compare year-to-date admissions and discharges submitted by states in the past 3 calendar years as of the current reporting quarter. They consist of column charts that show the percent of valid, unknown, not collected, and invalid records for the data fields submitted by each state and highlight instances where no data were reported.

States are asked to review the Data Quality Profiles and provide an explanation for any data fields that have higher than 10 percent of unknown, not collected, and/or invalid individually and/or any other data discrepancies or anomalies that are identified by the BHSIS Project Office. The timelines and production cycle for Data Quality Profiles are the same as for the Quarterly Feedback Reports.

## CHAPTER 8 VALIDATION EDITS

While validating data, the TEDS DSS generates several reports ("Validation Results," "Summary Report," and "Error Report"). States must correct errors as specified in these reports. To assist in interpreting the reports and help prevent and correct errors, this chapter lists some of the most common errors and their corrective actions. States should address all fatal errors and make efforts to address warnings identified in the reports. 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 data preparation processes), and/or contacting the BHSIS Project Office.

Refer to the DSS State User Manual for more details.

### 8.1.    Fatal Error

A fatal error causes a record to be rejected and not appended to the database if submitted for final processing. The state is expected to review the specified edit violations, take necessary corrective actions, and resubmit the corrected record(s) or file(s) for re-validation. Generally, fatal errors are the result of either (1) missing or invalid code(s) in KEY data fields or (2) the presence of duplicates.

#### 8.1.1. Missing or invalid codes

Each data field in each record submitted by the state is checked to ensure that it contains valid codes for all KEY data fields before the record is accepted. These checks are called "field edits." If an invalid or missing code is identified, the record is rejected and a fatal error is generated. States should ensure that each record has a valid value for all KEY data fields.

#### 8.1.2. Duplicates

The presence of duplicates indicates that an identical record has already been submitted to MH-TEDS. Possible methods a state can use to minimize duplicate records include:

- Adding a field to the state system to indicate records that have been submitted to MH-TEDS already. This should help states track submitted versus new records.
- Adding or using (if it already exists) a field indicating the date a record was added or updated in the state system, then designing the extraction program to include only records added or changed since the date of the previous submission.

Frequently, however, a duplicate record error arises when the state attempts to change an existing record with the wrong **System Transaction Type** code. See **7.2. Changing/Correcting Records in the MH-TEDS Database** for detailed instructions on changing records.

### 8.2    Warning (Nonfatal Errors)

A warning is generated for nonfatal errors and typically results from invalid code(s) in non-KEY data fields. The record will be processed and appended to the database if submitted for final processing, typically (but not always) with the value of the data field replaced by the system-

defined "invalid data" code. The state is expected to review the specified edit violations and make every effort to take corrective actions. If the record with the invalid code has already been added to the data, resubmit the corrected record(s) as replacements, using **System Transaction Type** code, *C "Change."*

Nonfatal errors frequently occur for a data field that is interdependent with, and related to, another data field. Edit checks, commonly referred to as "relational edits," identify inconsistency in the values in interdependent fields. In employing corrective actions, states must review all data fields relevant in their established relationships. Details of field interdependence are discussed in the individual field descriptions in **APPENDIX D DATA DICTIONARY** and presented as edit checks in **APPENDIX E LIST OF EDIT CHECKS**.

The most frequent errors based on relational edits include the following:

- The field **Detailed Not in Labor Force** is intended to provide additional information only where **Employment Status** is coded *04 "Not in the labor force"*. For all other **Employment Status** codes, **Detailed Not in Labor Force** should be coded *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 *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. The drugs reported in the **Detailed Drug Code** fields should be subcategories of drugs reported in the **Substance Use** fields.

  For example, when a client misuses both alprazolam and clorazepate, the code *13 "Benzodiazepines"* should be used in both the **Substance Use** (primary) and **Substance Use** (secondary). **Detailed Drug Code** (Primary) should be coded *1301 "Alprazolam"* and **Detailed Drug Code** (Secondary) should be coded as *1303 "Clorazepate"*.

- Only when the client has co-occurring mental and substance use disorders and **Co-occurring Mental and Substance Use Disorders** is coded *1 "Yes"*, optional substance use information can be reported.
- When submitting update records, the **Date of Discharge** must be *01010006 "Not applicable"*. A valid calendar date will generate a fatal error and the record is rejected since the Date of Discharge is a KEY data field, and the code for the **Reason for Discharge** must be *96 "Not applicable"*.

## 8.3    Informational Message

While the record will be processed and appended to the MH-TEDS database if submitted for final processing, an informational message indicates that either that a relational edit was not performed due to a missing or invalid value in one of the data fields or that the edit did not produce the expected outcome (e.g., a value outside of an expected range). The record is processed with the reported field value.

## 8.4     Undetectable Errors

There are errors that cannot be detected by the field and relational edits in the TEDS DSS validation process if the field values remain consistent with the edits. These errors, however, can critically impact the integrity of the data. For example:

> A female client's **Sex** is incorrectly reported as *Male*. Since a valid code is used, the field value will pass the edit, leaving the error undetected. The state may identify this issue through data audit of provider records. Once the error is discovered, the state must change the field value.

## 8.5     Errors in Matching Admission and Discharge Records

Because admission records are generally submitted before the related update/discharge records, linking discharge and admission records is performed during MH-TEDS validation process of the discharge/update file on TEDS DSS. TEDS DSS displays the number of discharge records with no associated admission record in the Validation Report, as well as a list of discharge records that cannot be matched with an admission record in the Error Report. States are encouraged to identify systematic errors responsible for failed matches and resubmit their data. If the un-match rate (i.e., the percentage of discharge records without a corresponding admission record) is 20 or more, the submitted file is rejected by the BHSIS Project Office and the state is notified of the rejection. The percentage of discharge records with matching admission records is also reported in the Quarterly Feedback Reports.

Records in uploaded files are matched to those in the MH-TEDS database but not to those in other files pending acceptance to the MH-TEDS database. Therefore, a discharge/update file that may have matching admission records in a file that has not yet been processed by the BHSIS Project Office will generate a "No matching admission" error. This non-matching error can be ignored until the BHSIS Project Office completes the final processing of all submitted state data files and they are added to the MH-TEDS database (which usually happens within 1 business day). Submitting discharge files after a confirmation email of acceptance of admission files is received from the BHSIS Project Office can eliminate this problem.

# APPENDICES

## APPENDIX A          BACKGROUND

Section 505 of the Public Health Service Act (42 USC §290aa–4) directs SAMHSA to collect data on public and private behavioral health treatment programs and individuals seeking treatment through such programs. An excerpt of the full text follows.

**(a)      In General**

The Assistant Secretary shall maintain within the Administration a Center for Behavioral Health Statistics and Quality (in this section referred to as the ''Center''). The Center shall be headed by a Director (in this section referred to as the ''Director'') appointed by the Secretary from among individuals with extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

**(b)      Requirement of annual collection of data on mental illness and substance use**

The Director shall—

    (1) coordinate the Administration's integrated data strategy, including by collecting data each year on—
        A) the national incidence and prevalence of the various forms of mental illness and substance use; and
        B) the incidence and prevalence of such various forms in major metropolitan areas selected by the Director.
    (2) provide statistical and analytical support for activities of the Administration;
    (3) recommend a core set of performance metrics to evaluate activities supported by the Administration; and
    (4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, and the Chief Medical Officer appointed under section 290aa(g) of this title, as appropriate, to improve the quality of services provided by programs of the Administration and the evaluation of activities carried out by the Administration.

**(c)      Mental health**

With respect to the activities of the Director under subsection (b)(1) relating to mental health, the Director 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)  other data as may be appropriate.

Section 1942 of the same act (42 USC §300x-52(a)) directs the state to provide to the Secretary of Health and Human Services any data required by the Secretary and will cooperate with the Secretary in the development of uniform criteria for the collection of data. An excerpt of the full text follows.

**(a)      Report**

A funding agreement for a grant under section 300x or 300x–21 of this title is that the state involved will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States) to be necessary for securing a record and a description of—

    (1) the purposes for which the grant received by the state for the preceding fiscal year under the program involved were expended and a description of the activities of the state under the program;

    (2) the recipients of amounts provided in the grant; and

    (3) the amount provided to each recipient in the previous fiscal year.

## APPENDIX B        STATE DATA CROSSWALK INSTRUCTIONS

This Appendix will guide states in developing the State Data Crosswalk for mapping of the data fields, categories, and codes between the TEDS and state data system. The data field definitions and coding guidelines are provided in **APPENDIX D DATA DICTIONARY** in this manual. The TEDS State Data Crosswalk template and sample are available at BHSIS Resource Center and SAMHSA's official website.

**General instructions:**

- The state should not alter the structure of the template. The state is only allowed to add rows as needed for mapping the state data categories.
- For each data element, map all state codes and categories by entering them in columns under "State Data" such that the corresponding TEDS codes and categories are in the same row. The state should not copy and paste any of the TEDS codes or data category descriptions under the "State Data" column except in rare occasions when the state uses the same code or data category description.
- The state should ensure that for every data field, the state's codes and categories are mapped to the TEDS's codes and categories. No state data category columns should be left blank.
- A "Comment" column is provided where the state can add operational definitions, limitations, and/or other contextual information that may help in understanding the mapping of the state's data.

**Mapping to a TEDS "Not collected" code:**

- When a state's data system does not collect a particular data field for the entire or a subset of its client population, put "Not collected" in the state "Data Category" column under in the same row where "Not collected" is listed under "TEDS" and leave the state code blank. This code is typically used for an optional data field. For example, if the state does not collect Marital Status for the entire or a subset of its population, put "Not collected" in the state "Data Category" column and leave the state "Code" column blank.
- Use the "Comment" column to indicate whether the data are not collected for the entire or a subset of its population. If it is a subset of the population, describe this population. For example, if the state is not collecting Employment Status for non-SMI population, state "this code (Not collected) is used for non-SMI population" in the "Comment" column.
- Use the "Comment" column to further indicate whether the state plans to collect the data field for the entire or a subset of its population in the future and if it does, describe the plans and timeline to begin reporting the field.

**Labeling a data category that is not used**:

- If the state collects only a subset of the data categories for a data field, label all other data categories "Not used" and leave the corresponding state code blank. For example, the state only collects "Medicaid" in the Health Insurance data field, label all the other data categories "Not used."

- Use the "Comment" column to indicate whether the state plans to collect the data category in the future and if it does, describe the state's concrete plans and timeline to begin reporting the category.

**Mapping to a TEDS "Unknown" code:**

- Clients who do not fit the subset should be coded as "Unknown." In the above example, the state should use the "Unknown" category for any clients who do not have Medicaid. the state should leave the corresponding code blank, and note "this code (Unknown) is used for clients who do not have Medicaid."
- Although the state collects and reports data for a data field but the information for an individual client is not available, use the code "Unknown."
- Map the corresponding state code and data category if the state uses specific coding procedure for unknown values. If the state allows for blank or null fields in their system, leave the state "Code" and "Data Category" columns blank, and note "this code (Unknown) is used when values are blank or null" in the "Comment" column. If the state uses specific coding for unknown values and also allows for blank or null fields in their system for the data field, add a row to have both of the mapping information.
- If the state does not allow reporting of unknown values, leave the state code blank and put "Not used" in the state "Data Category" column and note "value is reported for all clients" in the "Comment" column.

**Mapping of state codes from 2 or more databases:**

- If more than one state code corresponds to a single TEDS code, insert additional rows for those codes as needed. For example, community-based programs do not use "Separated" for Marital Status but a state hospital does. Add another row to have both of this mapping information: in one row, map the appropriate state code and state data category to the TEDS "Separated" and note "used in State Hospital" in the comment column and in another row, put "Not used" in the "Data Category" column and specify "in community-based programs" in the 'Comment' column.

**When a state data category cannot be mapped:**

- If the state has a data category that cannot be mapped to any of the TEDS categories, insert an additional row, add the state category, and note that it is not included in TEDS. Use the "Comment" column to provide an explanation.

*Crosswalk Example 1: Employment Status*

In this example, a state has a data field that has information for both **Employment Status** and **Detailed Not in Labor Force.** This state assigns 04 "Not in labor force" for all detailed not in labor force categories. Since we cannot know whether clients in the "other" category are employed, unemployed, or "not in labor force," the state should assign *97 "Unknown"* to these clients.

| TEDS | | State Data | Comments | | |
|---|---|---|---|---|---|
| **Dataset #** | **Code** | **Data Category** | **Dataset #** | **Code** | **Data Category** |
| MDS 13 | | **Employment Status** | | **Employment** | |
| | 01 | Full time | 01 | Full time | |
| | 02 | Part time | 02 | Part time | Part time includes "Internship" in our state. |
| | 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 | Incarcerated | |
| | 04 | Not in labor force | 07 | Nursing homes | |
| | 04 | Not in labor force | 08 | Disabled | |
| | 05 | Employed, Full/Part time not specified | | Not used | We always make distinction between full-time vs. part time, so this category does not exist in our state. |
| | 96 | Not applicable | | Under 16 | All clients under age 16 are coded 96 "Not applicable". |
| | 97 | Unknown | 09 | Other | We cannot know whether clients in the "Other" category are retired, disabled, or other not in labor force," they are all coded 97 "Unknown". |
| | 97 | Unknown | | | This code is used when values are blank or null |
| | 98 | Not collected | | | This code is used for clients aged 70 years or older, for whom we don't collect employment status. |

*Crosswalk Example 2: Detailed Not in Labor Force*

In the same state illustrated in Crosswalk example 1, some of the detailed not in labor force categories are not being collected. States are encouraged to indicate whether they intend to start collecting any categories that they are not currently collecting and indicate the timeline for MH-TEDS reporting. Since a MH-TEDS category (*05 "Resident of institution"*) can be matched to two state categories (*Incarcerated* and *Nursing homes*), the state inserts one additional row.

| TEDS | | | State Data | | Comments |
|---|---|---|---|---|---|
| Dataset # | Code | Data Category | Code | Data Category | |
| SuDS 12 | | **Detailed Not in Labor Force** | | **Employment/ Student status** | The information comes from two data items called "Employment" and "Student status". |
| | 01 | Homemaker | 04 | Homemaker | |
| | 02 | Student | 05 | Student | Whether a client is student or not comes from another data item called "Student status". |
| | 03 | Retired | | Not used | Our system does not collect this category and retired clients are likely included in the "other" category. We are building the capacity to add this category and this is likely to be available in 2026. |
| | 04 | Disabled | 08 | Disabled | |
| | 05 | Resident of institution | 06 | Incarcerated | We have a separate category for clients in jail. |
| | 05 | Resident of institution | 07 | Nursing homes | We have a separate category for clients in nursing homes and other residential treatment facilities. |
| | 06 | Other | | Not used | We have a category for "Other" under employment status, however, it may include clients who could be classified as employed, so the MH-TEDS' "Other" is different from our state's "Other". |
| | 07 | Sheltered/Non-competitive employment | | Not used | We do not collect this category and they are likely included in the "Other" category. We are not planning on adding this category in the near future. |
| | 96 | Not applicable | 01 | Full time | |
| | 96 | Not applicable | 02 | Part time | |
| | 96 | Not applicable | 03 | Unemployed, looking for work | |
| | 97 | Unknown | No code | Missing values | When we have missing values, the cells are empty in our data system. |
| | 97 | Unknown | 09 | Other | Since our "Other" category can include both employed and unemployed, we code clients in this category 97. |
| | 98 | Not collected | | Not used | |

*Crosswalk Example 3: Employment Status*

This example illustrates another state, which only asks the clients whether they are employed or not without making distinction between full time versus part time or between employed versus not in labor force. The state used the temporary code *05 "Employed, Full/Part time not specified."*

| TEDS | | | State Data | | Comments |
|---|---|---|---|---|---|
| Dataset # | Code | Data Category | Code | Data Category | |
| MDS 13 | | **Employment Status** | | **Employment** | |
| | 01 | Full time | | Not used | Our state does not make a distinction between full time vs part time. The state is currently providing guidance to our providers to start asking clients how many hours they work in a week, which will allow us to differentiate full time vs part time. We hope to start reporting this from 2027. |
| | 02 | Part time | | Not used | See comments above. |
| | 03 | Unemployed | | Not used | Since our state cannot make the distinction between "Unemployed" vs "Not in labor force", all clients who are "not employed" in our state are mapped to "unknown." The state is currently providing guidance to our providers and also asking whether they are looking for work to differentiate unemployed from not in labor force. We hope to start reporting this from 2027. |
| | 04 | Not in labor force | Yes | Student | We can only know if a client is student or not and if the value is "Yes" in the student status question, the clients are mapped to the MH-TEDS code 04. If a client is employed and student, they are coded 05. |
| | 05 | Employed, Full/Part time not specified | Yes | Employed | Our state cannot make the distinction between full time v part time, so all clients that are employed will be coded 05. |
| | 96 | Not applicable | | Under 16 | All clients under age 16 are coded 96 "Not applicable". |
| | 97 | Unknown | No/No | Neither employed or student | When employment status and school enrollment status are both "No", then we use the MH-TEDS code 97. |
| | 97 | Unknown | | | When employment status and school enrollment status are both "Missing", then we use the MH-TEDS code 97. |
| | 98 | Not collected | | Not used | |

*Crosswalk Example 4: Detailed Not in Labor Force*

This example illustrates the same state in Crosswalk example 3. Since the state only asks whether or not clients are employed, no information is available for Not in Labor force with one exception. The state asks whether clients under the age of 18 are currently in school or not; therefore, the MH-TEDS category "student" can be filled with this information. For clients aged 16–18 years who are neither employed not currently in school and clients aged 19 or older who are not employed will be mapped to MH-TEDS code *97 "Unknown."*

| TEDS | | | State Data | | Comments |
|---|---|---|---|---|---|
| Dataset# | Code | Data Category | Code | Data Category | |
| SuDS 12 | | **Detailed Not in Labor Force** | | **Student** | |
| | 01 | Homemaker | | Not used | The state is planning to see getting these detailed classifications among clients who are identified as not in labor force are feasible. We do not have yet any dates for reporting. |
| | 02 | Student | Yes | Student | In our state, we only ask if the client is employed or a student. For student status, we have a binary data field coded "Yes" or "No". |
| | 03 | Retired | | Not used | The same as our response for "Homemaker". |
| | 04 | Disabled | | Not used | The same as our response for "Homemaker". |
| | 05 | Resident of institution | | Not used | The same as our response for "Homemaker". |
| | 06 | Other | | Not used | The same as our response for "Homemaker". |
| | 07 | Sheltered/Non-competitive employment | | Not used | The same as our response for "Homemaker". |
| | 96 | Not applicable | Yes | Employed | In our state, we only ask if the client is employed or a student. For employment status, we have a binary data field coded "Yes" or "No". |
| | 97 | Unknown | No/No | Neither student nor employed | We use this code for clients who we know are not a student or employed. We are planning on collecting the detailed status of those who are not employed and currently providing guidance to the providers. We expect to start reporting all the above categories in 2027. |
| | 98 | Not collected | | Not used | |

## APPENDIX C        FILE SPECIFICATIONS

### C.1    Data File Specifications

MH-TEDS data files can be submitted as 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. Admission file should have 58 columns and Discharge file should have 40 columns ("Long fixed length[7]").
2. Fields must occupy the column(s) specified in the file structure tables.
3. All fields must have valid values (see **APPENDIX D DATA DICTIONARY**).
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 line feed (LF) 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.

### C.2    Admission Record Structure

1. **System Data Set (SDS)**
   SDS 1–3 are processing control fields. They identify the type of submission, the state, and the reporting date. States are required to submit data for all SDS fields.

2. **Minimum Data Set (MDS)**
   MDS 1–19 include demographic, substance use, and substance use treatment characteristics. Demographic data are required; however, substance use data are optional for MH-TEDS reporting. However, states are encouraged to submit this information for mental health clients with a co-occurring substance use disorder.

3. **Supplemental Data Set (SuDS)**
   SuDS 1–21 include socioeconomic characteristics and additional detail for MDS data fields. Except for those fields designated as National Outcome Measures (NOMs), reporting of SuDS data fields is optional. However, states are encouraged to report all SuDS fields available in the state data system.

4. **Mental Health Admission Data Set (MHA)**
   MHA1a–5 are mental health fields.

---

[7] Only long-fixed–length is applicable to MH-TEDS reporting while for SU-TEDS reporting, short-fixed–length or medium-fixed–length are available.

## C.3    Admission File Specification

| Column # | Dataset # | Required vs optional | Data field | Data type | Data length | Data position | |
|---|---|---|---|---|---|---|---|
| | | | | | | Begin | End |
| **System Data Set (SDS)** | | | | | | | |
| 1 | SDS 1 | Required | **System Transaction Type** | Character | 1 | 1 | 1 |
| 2 KEY | SDS 2 | Required | **State Code** | Character | 2 | 2 | 3 |
| 3 | SDS 3 | Required | **Reporting Date** | Numeric | 6 | 4 | 9 |
| **Minimum Data Set (MDS)** | | | | | | | |
| 4 KEY | MDS 1 | Required | **State Provider Identifier** | Alphanumeric | 15 | 10 | 24 |
| 5 KEY | MDS 2 | Required | **Client Identifier** | Alphanumeric | 15 | 25 | 39 |
| 6 KEY | MDS 3 | Required | **Codependent/Collateral** | Numeric | 1 | 40 | 40 |
| 7 KEY | MDS 4 | Required | **Client Transaction Type** | Character | 1 | 41 | 41 |
| 8 KEY | MDS 5 | Required | **Date of Admission** | Numeric | 8 | 42 | 49 |
| 9 KEY | MDS 18 | Required | **Service Setting** | Numeric | 2 | 50 | 51 |
| 10 | MDS 6 | Optional | **Previous SU Treatment Episodes** | Numeric | 1 | 52 | 52 |
| 11 | MDS 7 | Optional | **Referral Source** | Numeric | 2 | 53 | 54 |
| 12 | MDS 8 | Required | **Date of Birth** | Numeric | 8 | 55 | 62 |
| 13 | MDS 9 | Required | **Sex** | Numeric | 1 | 63 | 63 |
| 14 | MDS 10 | Required | **Race** | Numeric | 2 | 64 | 65 |
| 15 | MDS 11 | Required | **Hispanic or Latino Origin (Ethnicity)** | Numeric | 2 | 66 | 67 |
| 16 | MDS 12 | Required | **Education** | Numeric | 2 | 68 | 69 |
| 17 NOM | MDS 13 | Required | **Employment Status** | Numeric | 2 | 70 | 71 |
| 18 | MDS 14a | Optional | **Substance Use**, Primary | Numeric | 2 | 72 | 73 |
| 19 | MDS 15a | Optional | **Route of Administration,** Primary | Numeric | 2 | 74 | 75 |
| 20 | MDS 16a | Optional | **Frequency of Use**, Primary | Numeric | 2 | 76 | 77 |
| 21 | MDS 17a | Optional | **Age at First Use**, Primary | Numeric | 2 | 78 | 79 |
| 22 | MDS 14b | Optional | **Substance Use**, Secondary | Numeric | 2 | 80 | 81 |
| 23 | MDS 15b | Optional | **Route of Administration,** Secondary | Numeric | 2 | 82 | 83 |
| 24 | MDS 16b | Optional | **Frequency of Use,** Secondary | Numeric | 2 | 84 | 85 |
| 25 | MDS 17b | Optional | **Age at First Use**, Secondary | Numeric | 2 | 86 | 87 |
| 26 | MDS 14c | Optional | **Substance Use,** Tertiary | Numeric | 2 | 88 | 89 |
| 27 | MDS 15c | Optional | **Route of Administration,** Tertiary | Numeric | 2 | 90 | 91 |
| 28 | MDS 16c | Optional | **Frequency of Use**, Tertiary | Numeric | 2 | 92 | 93 |
| 29 | MDS 17c | Optional | **Age at First Use**, Tertiary | Numeric | 2 | 94 | 95 |

| Column # | Dataset # | Required vs optional | Data field | Data type | Data length | Data position Begin | Data position End |
|---|---|---|---|---|---|---|---|
| 30 | MDS 19 | Optional | **Medications for Opioid Use Disorder** | Numeric | 1 | 96 | 96 |
| **Supplemental Data Set (SuDS)** | | | | | | | |
| 31 | SuDS 1 | Optional | **Detailed Drug Code,** Primary | Numeric | 4 | 97 | 100 |
| 32 | SuDS 2 | Optional | **Detailed Drug Code,** Secondary | Numeric | 4 | 101 | 104 |
| 33 | SuDS 3 | Optional | **Detailed Drug Code,** Tertiary | Numeric | 4 | 105 | 108 |
| 34 | SuDS 4 | Optional | **Diagnostic Code (DSM or ICD)** | Alphanumeric | 6 | 109 | 114 |
| 35 | SuDS 5 | Optional | **Co-occurring Mental and Substance Use Disorders** | Numeric | 1 | 115 | 115 |
| 36 | SuDS 6 | Optional | **Pregnant at Admission** | Numeric | 1 | 116 | 116 |
| 37 | SuDS 7 | Optional | **Veteran Status** | Numeric | 1 | 117 | 117 |
| 38 NOM | SuDS 8 | Required | **Living Arrangements** | Numeric | 2 | 118 | 119 |
| 39 | SuDS 9 | Optional | **Source of Income/Support** | Numeric | 2 | 120 | 121 |
| 40 | SuDS 10 | Optional | **Health Insurance** | Numeric | 2 | 122 | 123 |
| 41 | SuDS 11 | Optional | **Payment Source, Primary (Expected or Actual)** | Numeric | 2 | 124 | 125 |
| 42 NOM | SuDS 12 | Required | **Detailed Not in Labor Force** | Numeric | 2 | 126 | 127 |
| 43 | SuDS 13 | Optional | **Detailed Criminal Justice Referral** | Numeric | 2 | 128 | 129 |
| 44 | SuDS 14 | Optional | **Marital Status** | Numeric | 2 | 130 | 131 |
| 45 | SuDS 15 | Optional | **Days Waiting to Enter SU Treatment** | Numeric | 3 | 132 | 134 |
| 46 NOM | SuDS 16 | Required | **Arrests in Past 30 Days – Admission** | Numeric | 2 | 135 | 136 |
| 47 | SuDS 17 | Optional | **Attendance at Substance Use Self- Help Groups in Past 30 Days – Admission** | Numeric | 2 | 137 | 138 |
| 48 | SuDS 18 | Required | **Diagnostic Code Set Identifier** | Numeric | 1 | 139 | 139 |
| 49 | SuDS 19 | Optional | **Substance Use Diagnosis** | Alphanumeric | 8 | 140 | 147 |
| **Mental Health Admission Data Set (MHA)** | | | | | | | |
| 50 | MHA 1a | Required | **Mental Health Diagnosis – One** | Alphanumeric | 8 | 148 | 155 |
| 51 | MHA 1b | Required | **Mental Health Diagnosis – Two** | Alphanumeric | 8 | 156 | 163 |
| 52 | MHA 1c | Required | **Mental Health Diagnosis – Three** | Alphanumeric | 8 | 164 | 171 |
| 53 | MHA 2 | Required | **SMI/SED Status** | Numeric | 1 | 172 | 172 |
| 54 NOM | MHA 3 | Required | **School Attendance Status** | Numeric | 1 | 173 | 173 |
| 55 | MHA 4 | Required | **Legal Status at Admission to State Hospitals** | Numeric | 2 | 174 | 176 |
| 56 | MHA 5 | Optional | **CGAS/GAF Score** | Numeric | 3 | 177 | 179 |

## C.4  Discharge/Update Record Structure

### 1.  Discharge Fields (DIS)

DIS 1–3 and 28 are processing control fields. They identify the type of submission, the state, and the reporting date. DIS 4–9 (and DIS 2) are KEY fields and are used to uniquely identify each record. DIS 11–20 contain data from the admission record that is associated with the discharge record. DIS 11–16 are identified as "link" are those that are used to link the admission and discharge/update records, and the remaining fields are used for verification. DIS includes optional substance use data and required NOM data collected at the time of the discharge or data update.

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

MDH 1–6 are specific to mental health and are collected at time of discharge or data update.

## C.5  Discharge/Update File Specifications

| Column # | Dataset # | Required or optional | Data field | Data type | Data length | Data position Begin | Data position End |
|---|---|---|---|---|---|---|---|
| **System Data Set (SDS)** | | | | | | | |
| 1 | DIS 1 | Required | **System Transaction Type** | Character | 1 | 1 | 1 |
| 2 KEY | DIS 2 | Required | **State Code** | Character | 2 | 2 | 3 |
| 3 | DIS 3 | Required | **Reporting Date** | Numeric | 6 | 4 | 9 |
| **Discharge Fields (DIS)** | | | | | | | |
| 4 KEY | DIS 4 | Required | **State Provider Identifier** | Alphanumeric | 15 | 10 | 24 |
| 5 KEY | DIS 5 | Required | **Client Identifier** | Alphanumeric | 15 | 25 | 39 |
| 6 KEY | DIS 6 | Required | **Codependent/Collateral** | Numeric | 1 | 40 | 40 |
| 7 KEY | DIS 7 | Required | **Service Setting** | Numeric | 2 | 41 | 42 |
| 8 KEY | DIS 8 | Required | **Date of Last Contact or Data Update** | Numeric | 8 | 43 | 50 |
| 9 KEY | DIS 9 | Required | **Date of Discharge** | Numeric | 8 | 51 | 58 |
| 10 | DIS 10 | Required | **Reason for Discharge, Transfer, or Discontinuance of Treatment** | Numeric | 2 | 59 | 60 |
| 11 LINK | DIS 11 | Required | **State Provider Identifier** (at admission) | Alphanumeric | 15 | 61 | 75 |
| 12 LINK | DIS 12 | Required | **Client Identifier** (at admission) | Alphanumeric | 15 | 76 | 90 |
| 13 LINK | DIS 13 | Required | **Codependent/Collateral** (at admission) | Numeric | 1 | 91 | 91 |
| 14 LINK | DIS 14 | Required | **Client Transaction Type** (at admission) | Character | 1 | 92 | 92 |
| 15 LINK | DIS 15 | Required | **Date of Admission** (at admission) | Numeric | 8 | 93 | 100 |
| 16 LINK | DIS 16 | Required | **Service Setting** (at admission) | Numeric | 2 | 101 | 102 |
| 17 | DIS 17 | Required | **Date of Birth** (at admission) | Numeric | 8 | 103 | 110 |
| 18 | DIS 18 | Required | **Sex** (at admission) | Numeric | 1 | 111 | 111 |
| 19 | DIS 19 | Required | **Race** (at admission) | Numeric | 2 | 112 | 113 |
| 20 | DIS 20 | Required | **Hispanic or Latino Origin (Ethnicity)** | Numeric | 2 | 114 | 115 |

| Column # | Dataset # | Required or optional | Data field | Data type | Data length | Data position Begin | Data position End |
|---|---|---|---|---|---|---|---|
| | | | (at admission) | | | | |
| 21 | DIS 21a | Optional | **Substance Use at Discharge – Primary** | Numeric | 2 | 116 | 117 |
| 22 | DIS 21b | Optional | **Substance Use at Discharge – Secondary** | Numeric | 2 | 118 | 119 |
| 23 | DIS 21c | Optional | **Substance Use at Discharge – Tertiary** | Numeric | 2 | 120 | 121 |
| 24 | DIS 22a | Optional | **Frequency of Use at Discharge – Primary** | Numeric | 2 | 122 | 123 |
| 25 | DIS 22b | Optional | **Frequency of Use at Discharge – Secondary** | Numeric | 2 | 124 | 125 |
| 26 | DIS 22c | Optional | **Frequency of Use at Discharge – Tertiary** | Numeric | 2 | 126 | 127 |
| 27 NOM | DIS 23 | Required | **Living Arrangements at Discharge** | Numeric | 2 | 128 | 129 |
| 28 NOM | DIS 24 | Required | **Employment Status at Discharge** | Numeric | 2 | 130 | 131 |
| 29 NOM | DIS 25 | Required | **Detailed Not in Labor Force at Discharge** | Numeric | 2 | 132 | 133 |
| 30 NOM | DIS 26 | Required | **Arrests in Past 30 Days – Discharge** | Numeric | 2 | 134 | 135 |
| 31 | DIS 27 | Optional | **Attendance at Substance Use Self-Help Groups in Past 30 Days – Discharge** | Numeric | 2 | 136 | 137 |
| 32 KEY | DIS 28 | Required | **Client Transaction Type** | Character | 1 | 138 | 138 |
| **Mental Health Discharge/Update Data Set (MHD)** | | | | | | | |
| 33 | MHD 1 | Required | **Diagnostic Code Set Identifier** | Numeric | 1 | 139 | 139 |
| 34 | MHD 2a | Required | **Mental Health Diagnosis – One** | Alphanumeric | 8 | 140 | 147 |
| 35 | MHD 2b | Required | **Mental Health Diagnosis – Two** | Alphanumeric | 8 | 148 | 155 |
| 36 | MHD 2c | Required | **Mental Health Diagnosis – Three** | Alphanumeric | 8 | 156 | 163 |
| 37 | MHD 3 | Required | **SMI/SED Status** | Numeric | 1 | 164 | 164 |
| 38 NOM | MHD 4 | Required | **School Attendance Status** | Numeric | 1 | 165 | 165 |
| 39 | MHD 5 | Required | **Education** | Numeric | 2 | 166 | 167 |
| 40 | MHD 6 | Optional | **CGAS/GAF Score** | Numeric | 3 | 168 | 170 |

## APPENDIX D          DATA DICTIONARY

The Data Dictionary provides details of data field and code/category definitions, valid entries and coding structure, validation edits performed, and guidelines for collecting and reporting data to MH-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.

While SAMHSA encourages states to report as many fields as possible, missing data cannot be avoided. MH-TEDS missing data codes include:

> *"**Unknown**" (typically 7, 97, 997, etc.)*: 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**" (typically 8, 98, 998, etc.)*: Should be used when a state's data system does not collect a particular field or per state policy, this data element is not collected or reported for a certain population and the particular record belongs to the population. This code is typically used for optional data fields that states do not collect or are still building capacity to collect.

In addition, absence of data is expected in some data fields based on the value in a related field. The codes should be:

> *"**Not applicable**" (typically 6, 96, 996, etc.)*: Should be used when a data field does not apply to a client based on the value of another field. For example, *6 "Not applicable"* is the correct value for Pregnant at Admission when the value of *Sex* is *1 "Male*."

## D.1    System Transaction Type—Required

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 | A        **ADD** – Add a new record to the database.<br>C        **CHANGE** – Change values in a record already in the database.<br>D        **DELETE** – Delete an existing record from the database. |
|---|---|
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error).<br><br>If the KEY fields of an *A Add* record match all the KEY fields of an existing record, the *A Add* record will be rejected as a duplicate and not processed (fatal error).<br><br>The KEY fields of a *C Change* or *D Delete* record must match all the KEY fields of an existing record, or the record will be rejected and not processed (fatal error). |
| **GUIDELINES** | Changes to an existing record in the database can be made by<br><br>    **Method 1:** Submitting a *C Change* record, which replaces the existing record, or<br>    **Method 2:** Submitting a *D Delete* record and then an *A Add* record that replaces the deleted record.<br><br>To correct an error in a KEY field, aways use method 1. To correct an error in the non-KEY field, any method can be used.<br><br>Actions are performed in the order listed below:<br><br>1.  *D* records will delete records with matching KEY fields.<br>2.  *A* records will be added to the database unless the KEY fields match a record already in the MH-TEDS database.<br>3.  *C* records will change records with matching KEY fields by replacing the records.<br><br>(See **7.2. Changing/Correcting Records in MH-TEDS Database**.) |
| **RELATED FIELD** | None |
| **FORMAT\*** | C |
| **DATASET NO. / POSITIONS\*** | Admission record: SDS 1: 1<br>Discharge record: DIS 1: 1 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.2    State Code—Required/KEY Field

This field identifies the state submitting the record.

| VALID ENTRIES | TWO-CHARACTER STATE ABBREVIATION |
|---|---|
| **VALIDATION EDITS** | If the **State Code** on any record of the submitted file does not match the state code shown in TEDS DSS, the records will be rejected and not processed (fatal error).<br><br>States should ensure that the **State Code** on the records must match the State Code assigned to the TEDS DSS user. |
| **GUIDELINES** | Report the two-character state/territory code. |
| **RELATED FIELD** | None |
| **FORMAT\*** | CC |
| **DATASET NO. / POSITIONS\*** | Admission record: SDS 2: 2–3<br>Discharge record: DIS 2: 2–3 |

*C=Character; X=Alphanumeric; #=Numeric

## D.3    Reporting Date—Required

This field identifies the month and year of the record as created by the state.

| VALID ENTRIES | MMYYYY |
|---|---|
| VALIDATION EDITS | If this field does not have one distinct value for all records, is blank, or has an invalid value, validation cannot be executed on the file and an error message will be displayed on TEDS DSS. |
| GUIDELINES | Every record in a single submission file must contain the same **Reporting Date**. MM must be 01 through 12. |
| RELATED FIELD | None |
| FORMAT* | ###### |
| DATASET NO. / POSITIONS* | Admission record: SDS 3: 4–9<br>Discharge record: DIS 3: 4–9 |

*C=Character; X=Alphanumeric; #=Numeric

## D.4　State Provider Identifier─Required/KEY Field

This field identifies the provider of the mental health service.

| VALID ENTRIES | 1 TO 15 ALPHANUMERIC CHARACTERS |
|---|---|
| VALIDATION EDITS | If this field is blank, contains an invalid value, or all zeros, the record will be rejected and not processed (fatal error). |
| GUIDELINES | State Provider ID may be any existing ID assigned to the provider. In the absence of an existing ID, a constructed 15-digit alphanumeric descriptor of the provider may be used to establish its unique identity (e.g., Region1CMHC). This descriptor must be used consistently for any reporting of a service record associated with the specified provider within and across years.<br><br>We strongly encourage states to ensure that the State Provider IDs of all facilities that meet the I-TF inclusion criteria are entered in the I-TF. |
| RELATED FIELD | None |
| FORMAT* | XXXXXXXXXXXXXXX (left-justified and filled with blank spaces) |
| DATASET NO. / POSITIONS* | Admission record: MDS 1: 10–24<br>Discharge record: DIS 4: 10–24; DIS 11: 61–75 |

*C=Character; X=Alphanumeric; #=Numeric

## D.5   Client Identifier— Required/KEY Field

This field is used to identify the person receiving treatment.

| VALID ENTRIES | 1 to 15 alphanumeric characters |
|---|---|
| VALIDATION EDITS | If this field is blank or contains an invalid value (e.g., a value that is not unique or all zeros), the record will be rejected and not processed (fatal error). |
| 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 submissions within and across years involving that individual. It should not contain HIPAA-protected health information (PHI) or personally identifying information (PII), in full or in part, such as Social Security Number, birth date, etc. Describe the method used in creating Client ID under "Data Footnotes" of the State Data Crosswalk. If a state cannot meet these requirements or a state changes the method of creating a unique ID and client IDs in the past years' data need to be updated, please inform the BHSIS Project Office. |
| RELATED FIELD | None |
| FORMAT* | XXXXXXXXXXXXXXX (left-justified and filled with blank spaces) |
| DATASET NO. / POSITIONS* | Admission record: MDS 2: 25–39<br>Discharge record: DIS 5: 25–39; DIS 12: 76–90 |

*C=Character; X=Alphanumeric; #=Numeric

## D.6 Codependent/Collateral— Required/KEY Field

For mental health reporting, use *2 Client* for field value.

| VALID ENTRIES | 2 CLIENT |
|---|---|
| VALIDATION EDITS | If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error). |
| GUIDELINES | For MH-TEDS reporting, always use *2 Client*. |
| RELATED FIELD | None |
| FORMAT* | # |
| DATASET NO. / POSITIONS* | Admission record: MDS 3: 40<br>Discharge record: DIS 6: 40; DIS 13: 91 |

*C=Character; X=Alphanumeric; #=Numeric

## D.7   Client Transaction Type— Required/KEY Field

This field identifies whether a record represents initial admission, transfer, discharge, or update.

| VALID ENTRIES | M   INITIAL ADMISSION<br>X   TRANSFER<br>E   DISCHARGE<br>U   UPDATE |
|---|---|
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error). |
| **GUIDELINES** | MH-TEDS distinguishes two types of movement/admission into a service setting: *Initial admission* and *transfer*. *Initial admission* refers to an initial movement into a service setting. *Transfer* refers to a subsequent movement into a service setting initiated by the initial provider to ensure continuity of care and management of some or all of a client's mental health care needs. Transfers typically occur with no gap in time since the discharge from the previous service setting, indicating continuity of care. Transfers can include movements within the same service setting (e.g., from one outpatient clinic to another outpatient clinic) or across different service settings (e.g., from an outpatient clinic to a state psychiatric hospital or vice versa) with or without a corresponding change in providers. A client may receive services from multiple service settings or providers concurrently or sequentially. Whether the admission is coded initial admission or transfer, it should have an associated discharge record.<br><br>For example, when a client is transferred once and the treatment is completed at the second service setting with no further transfers, one initial admission record and one discharge record are created for the first service setting and one transfer record and one discharge record are created for the second and final service setting. These two treatment episodes can be linked to constitute one "complete treatment episode." Note that one "complete treatment episode" can be comprised of just one admission–discharge pair if the client had no transfer, or multiple admission–discharge pairs if the client has multiple transfers.<br><br>Some states use date- and time-based algorithms to distinguish *Initial admission* and *Transfer* and identify continuum of treatment episodes, even when all records are reported to state as *Initial admission*. However, making the distinction may not be feasible for some states. Whether and how states make the distinction between *Initial admission* and *Transfer* should be described in the State Data Crosswalk. |
| **RELATED FIELD** | None |
| **FORMAT\*** | C |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 4: 41<br>Discharge record:  DIS 14: 92; DIS 28: 138 |

*C=Character; X=Alphanumeric; #=Numeric

## D.8    Date of Admission—Required/KEY Field

This field indicates the date when the client receives their first service in a new service setting.

| VALID ENTRIES | MMDDYYYY |
|---|---|
| VALIDATION EDITS | If this field is blank, uses the wrong date format, contains an invalid value, or dated before January 1, 1920, the record will be rejected and not processed (fatal error). **Date of Admission** cannot be later than **Date of Last Contact/Data Update**, **Date of Discharge**, current date, or **Reporting Date**, or a fatal error will be generated. **Date of Admission** may be the same as **Date of Last Contact/Data Update**, or **Date of Discharge**. |
| GUIDELINES | Valid values are 01 through 12 for MM; 01 through 31 for DD; and 1920 or later for YYYY. Use valid calendar dates. For example, February 30 is an invalid value. |
| RELATED FIELD | **Date of Last Contact/Data Update**, **Date of Discharge** |
| FORMAT* | ######## |
| DATASET NO. / POSITIONS* | Admission record: MDS 5: 42–49<br>Discharge record: DIS 15: 93–100 |

*C=Character; X=Alphanumeric; #=Numeric

## D.9 Service Setting—Required/KEY Field

This field describes the service setting in which the client is placed at the time of admission or transfer.

<table>
<tr>
<td rowspan="5"><strong>VALID ENTRIES</strong></td>
<td><strong>72</strong></td>
<td><strong>STATE PSYCHIATRIC HOSPITAL</strong> – A state-owned psychiatric inpatient facility operated as hospitals that provide inpatient care to persons with mental illnesses from a specific geographical area and/or statewide. They may be designated as institutes, centers, or similar titles and include forensic hospitals, and should be included if licensed by the state as a hospital.</td>
</tr>
<tr>
<td><strong>73</strong></td>
<td><strong>SMHA-FUNDED/OPERATED COMMUNITY-BASED PROGRAM</strong> – Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, Programs for Assertive Community Treatment (PACT), consumer-run programs (including Club Houses and drop-in centers), and community support programs (CSPs). Clients receiving outpatient care at state psychiatric hospitals or at psychiatric unit in public general hospitals are also included here.</td>
</tr>
<tr>
<td><strong>74</strong></td>
<td><strong>RESIDENTIAL TREATMENT CENTER</strong> – 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.</td>
</tr>
<tr>
<td><strong>75</strong></td>
<td><strong>OTHER PSYCHIATRIC INPATIENT</strong> – Inpatient psychiatric service provider other than state psychiatric hospitals, including other public (including those owned by county, city, tribal government, or federal agencies) or not-for-profit/for-profit psychiatric hospital, inpatient psychiatric unit of a public, not-for-profit, or for-profit general hospital.</td>
</tr>
<tr>
<td><strong>76</strong></td>
<td><strong>INSTITUTION UNDER THE JUSTICE SYSTEM</strong> – Mental health services provided in a jail, prison, juvenile detention center, and correctional facilities.</td>
</tr>
<tr>
<td><strong>VALIDATION EDITS</strong></td>
<td colspan="2">If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error).</td>
</tr>
<tr>
<td><strong>GUIDELINES</strong></td>
<td colspan="2">This is a translated field based on service location information. Note that this data field refers to the place where services were provided and not particularly the residence of the client.

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 was necessary, the record should report the setting in which these services occurred. Code *96 Not applicable* is no longer available.

Cite if the state reports clients from all five service settings in the State Data Crosswalk. If not, please provide an explanation for exclusion for each service setting not included in reporting.</td>
</tr>
<tr>
<td><strong>RELATED FIELD</strong></td>
<td colspan="2">None</td>
</tr>
<tr>
<td><strong>FORMAT*</strong></td>
<td colspan="2">##</td>
</tr>
<tr>
<td><strong>DATASET NO. / POSITIONS*</strong></td>
<td colspan="2">Admission record: MDS 18: 50–51<br>Discharge record: DIS 7: 41–42; DIS 16: 101–102</td>
</tr>
</table>

*C=Character; X=Alphanumeric; #=Numeric

## D.10 Previous SU Treatment Episodes—Optional

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

| VALID ENTRIES | 0–4     **NUMBER OF PREVIOUS SU EPISODES**<br>5        **5 OR MORE PREVIOUS EPISODES**<br>6        **NOT APPLICABLE**<br>7        **UNKNOWN –** Individual client value is unknown.<br>8        **NOT COLLECTED –** State does not collect this field. |
|---|---|
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value other than *6 Not applicable*, *7 Unknown*, *or 8 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value other than those mentioned above, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use 6 *Not applicable* for clients who do not have co-occurring mental and substance use disorders.<br><br>This field may be self-reported by the client at the time of intake, or it may be derived from the state data system.<br><br>This field measures the substance use, and not mental health, treatment history of the client only. To report this field, clients must have co-occurring mental and substance use disorders as indicated in **Co-occurring Mental and Substance Use Disorders**.<br><br>Changes in **Service Setting** within the same continuum of treatment episode (transfers) should not be counted as separate previous episodes.<br><br>The number of prior treatments for a codependent/collateral record should include only treatments as a codependent. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders** |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 6: 52 |

*C=Character; X=Alphanumeric; #=Numeric

## D.11　Referral Source—Optional

This field describes the person or agency referring the client to mental health and support services.

| Code | Referral Source |
|------|-----------------|
| 01 | **INDIVIDUAL** – Includes the client (self-referral), a family member, friend, or any other individual who would not be included in any of the other categories. |
| 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** – Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state, or county judicial system. Includes clients referred by a court for DWI/DUI, 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. |

| | |
|---|---|
| **VALID ENTRIES** | See above table |
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | All records with code *07 Court/criminal justice referral* should provide details in **Detailed Criminal Justice Referral**. |
| **RELATED FIELD** | **Detailed Criminal Justice Referral** |
| **FORMAT\*** | XX |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 7: 53–54 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.12   Date of Birth—Required

This field identifies the client's date of birth.

| | |
|---|---|
| **VALID ENTRIES** | **MMDDYYYY**<br>**01010007**          **UNKNOWN** – Individual client value is unknown.<br>**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 be rejected and not processed (fatal error).<br><br>If the **Date of Birth** is later than the current date or date of admission, the field value will be replaced with the system code *01010009* for invalid date (warning). The state should verify the date of birth.<br><br>If the **Date of Birth** is a valid value but gives a calculated age of > 95 years at time of admission, an informational message is generated. The state should verify if the client's age is in fact >95 years.<br><br>**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 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 value is incorrect. |
| **GUIDELINES** | Valid values, other than 01010007 and 01010008, are 01 through 12 for MM; 01 through 31 for DD; and 1920 or later for YYYY for both admissions/transfers. Use valid calendar dates. For example, February 30 is an invalid value. |
| **RELATED FIELD** | Age at Admission (calculated), Age at First Use (Primary, Secondary, and Tertiary) |
| **FORMAT\*** | ######## |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 8: 55–62<br>Discharge record: DIS 17: 10–110 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.13 Sex—Required

This field identifies the client's biological sex.

| | |
|---|---|
| **VALID ENTRIES** | **1**      **MALE**<br>**2**      **FEMALE**<br>**7**      **UNKNOWN** – Individual client value is unknown.<br>**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* (warning). |
| **GUIDELINES** | Per the Office of Management and Budget (OMB) guidance, sex is defined as biological sex. |
| **RELATED FIELD** | **Pregnant at Admission** |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 9: 63<br>Discharge record: DIS 18: 111 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.14 Race—Required

This field identifies the client's race.

| Code | Race |
|------|------|
| 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 [TEMPORARY CODE]** – If Asian and Pacific Islander are not separate categories, use this code. A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands. |
| 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. |
| 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. |
| 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. |
| 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. |
| 97 | **UNKNOWN** – Individual client value is unknown. |
| 98 | **NOT COLLECTED** – State does not collect this field. |

| **VALID ENTRIES** | **See above table** |
|-------------------|---------------------|
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | States are currently advised to follow the 1997 OMB guidelines for collecting racial and ethnic information. If the state is not using the data collection method recommended by OMB (i.e., state is using different race categories, is not using a self-identification method, or does not limit the number of race categories a person can select), explain the method used to collect the data (highlighting the areas that deviated from the OMB guidelines) in the State Data Crosswalk. |
| | The 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. |
| | The OMB requires that *Asian* and *Native Hawaiian or Pacific Islander* be collected as separate categories, which should be code *13* and *23*, respectively. If a state does not collect those categories, while it builds capacity to do so, the older category *03 Asian or Pacific Islander* may be temporarily used. Once a state begins using codes *13* and *23*, code *03* should no longer be used by that state. |

| VALID ENTRIES | See above table |
|---|---|
| | For states that collect Other Race or allow clients to specify a single race different from the OMB racial categories, use code *20 Other Single Race*. Note that this category should not be used if the client is indicating more than one race. For such clients, use code *21 Two or more races*.<br><br>When a client selects two or more race categories (e.g., "White" and "Asian"), use code *21 Two or more races*. However, if a client selects White and Hispanic or Latino in a state that collects only race (and not ethnicity) and the choice selection includes *Hispanic or Latino*, use code *05 White* in the Race data field. Code *21* cannot be used in this situation. The **Hispanic or Latino Origin (Ethnicity)** should correspondingly be coded as *06 Hispanic or Latino, origin not specified*. If a client selects only "Hispanic or Latino" as a race category, use code *97 Unknown* for the Race data field and use code *06 Hispanic or Latino, origin not specified* for the **Hispanic or Latino Origin (Ethnicity)** data field.<br><br>**When race is inconsistently reported for a client:** In cases where the method of collecting race information differs between community programs and state hospital or where the race reported differs between data systems, resulting in difference in race reported for a same client, states should resolve the issue in accordance with the state business rule.<br><br>States may use the following guidelines in the absence of a state business rule or to supplement an existing one:<br><br>1. Use the most recent race reported if variation in a person's race was reported by the same provider across time.<br><br>2. Use the most frequently reported race if variation in a person's race was reported by different providers across time. |
| RELATED FIELD | **Hispanic or Latino Origin (Ethnicity),** |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: MDS 10: 64–65<br>Discharge record: DIS 19: 112–113 |

*C=Character; X=Alphanumeric; #=Numeric

## D.15   Hispanic or Latino Origin (Ethnicity)—Required

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

| | |
|---|---|
| **VALID ENTRIES** | **01**　　**PUERTO RICAN** – Of Puerto Rican origin, regardless of race.<br>**02**　　**MEXICAN** – Of Mexican origin, regardless of race.<br>**03**　　**CUBAN** – Of Cuban origin, regardless of race.<br>**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.<br>**05**　　**NOT OF HISPANIC OR LATINO ORIGIN**.<br>**06**　　**HISPANIC OR LATINO—SPECIFIC ORIGIN NOT SPECIFIED** – Of Hispanic or Latino origin, but origin not known or not specified.<br>**97**　　**UNKNOWN** – Individual client value is unknown.<br>**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* (warning). |
| **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.<br><br>If the state collects Hispanic as a race category and does not use a separate question for ethnicity, use code *06 Hispanic or Latino, origin not specified* and Race should be coded as *97 Unknown*. |
| **RELATED FIELD** | **Race** |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 11: 66–67<br>Discharge record: DIS 20: 114–115 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.16   Education—Required

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.

| Code | Highest School Grade Completed |
|---|---|
| 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 | 1$^{st}$ YEAR OF COLLEGE/UNIVERSITY (Freshman) |
| 14 | 2$^{nd}$ YEAR OF COLLEGE/UNIVERSITY (Sophomore) or ASSOCIATE DEGREE |
| 15 | 3$^{rd}$ YEAR OF COLLEGE/UNIVERSITY (Junior) |
| 16 | 4$^{th}$ 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 – This code may be used instead of detailed codes 17–25. |
| 71 | VOCATIONAL SCHOOL |
| 72 | NURSERY SCHOOL OR PRE-SCHOOL |
| 73 | KINDERGARTEN |
| 74 | SELF-CONTAINED SPECIAL EDUCATION CLASS |
| 97 | UNKNOWN |
| 98 | NOT COLLECTED |


| VALID ENTRIES | See above table |
|---|---|
| VALIDATION EDITS | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning).<br><br>If **School Attendance** Status is *1 Yes*, then this field must have a valid value  other than *00 Less than one school grade or no schooling*, or the field value will be replaced with the system code *99 "Invalid data"* (warning). |
| GUIDELINES | This field is collected at admission and at discharge/update.<br><br>Report *current grade level* for school-age children (3–17 years old and 18–21 years old if the client is in special education) who attended school at any time in the past three months.<br><br>Report the *highest grade level* completed for school-age children who have not attended school at any time within the past three months.<br><br>Report the *highest grade level* completed for all adults, whether currently in school or not.<br><br>For non-school–age children (age less than 3 years), use code *00 Less than one school grade*.<br><br>School includes any one or combination of home-schooling, online education, |

| VALID ENTRIES | See above table |
|---|---|
| | alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.). Clients can be enrolled in any of the following school grade levels: nursery or preschool (including Head Start), kindergarten, elementary/middle school (Grades 1–8), middle/high school (Grades 9–12, including General Equivalency Degree or GED), vocational school, college/university, or graduate/professional degree.<br><br>Graduate or professional schools are colleges and universities that offer programs toward Master's and Doctoral degrees and include medical schools and law schools. States may use codes *19* through *25* to indicate the years of post-graduate study (regardless of the type of degree pursued).<br><br>Vocational schools are those that provide specialized training for skilled employment. They offer in-person or correspondence courses in agriculture, business and office, marketing and distribution, health, occupational home economics, trade and industry, or technical and communication, which are not counted as regular school enrollment and are not for recreation or adult education classes. Courses counted as college enrollment should not also be included as vocational.<br><br>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).<br><br>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.<br><br>Use code *74 Self-contained special education* for children in a special education class that does not have an equivalent school grade level.<br><br>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 ages 3–4 years old who do not meet this definition.<br><br>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 during either part of the day (in the morning or in the afternoon) or the full day (both the morning and the afternoon) are both classified as attending. Children enrolled in Head Start programs or similar programs sponsored by local agencies to provide preschool education to young children are counted under *72 Nursery school/pre-school* (Source: Census). |
| RELATED FIELD | **School Attendance** |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: MDS 12: 68–69<br>Discharge record: MHD 5: 166–167 |

*C=Character; X=Alphanumeric; #=Numeric

## D.17 Employment Status—Required/NOM

This field identifies the client's employment status. This data element is reported for all clients ages 16 years old and older who are receiving services in non-institutional settings. Institutional settings include correctional facilities like prison, jail, detention centers, and mental health care facilities like state hospitals, other psychiatric inpatient facilities, nursing homes, or other institutions that keep a person, otherwise able, from entering the labor force.

| | |
|---|---|
| **VALID ENTRIES** | **01**     **FULL TIME –** Working 35 hours or more each week, including active-duty members of the uniformed services.<br>**02**     **PART TIME –** Working fewer than 35 hours each week.<br>**03**     **UNEMPLOYED –** Looking for work during the past 30 days or on layoff from a job.<br>**04**     **NOT IN LABOR FORCE –** Not working and not looking for work during the past 30 days<br>**05**     **EMPLOYED, FULL/PART TIME NOT SPECIFIED (TEMPORARY CODE)**<br>**96**     **NOT APPLICABLE**<br>**97**     **UNKNOWN** – Individual client value is unknown.<br>**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* (warning). |
| **GUIDELINES** | **Employment Status** is an outcome measure and is collected at admission and at discharge/update to assess change. Do **not** use the admission status as the discharge status, unless it is known that there is no change in status from admission to discharge. Report **Employment Status** only for clients ages 16 and older. There is no upper age limit. The reporting protocol is consistent with the U.S. Department of Labor's (DOL) minimum age for non-farm employment without limit on the number of hours worked. The reporting protocol is consistent with the U.S. Department of Labor's (DOL) minimum age for non-farm employment without limit on the number of hours worked.<br><br>State definitions are expected to be consistent with the general concept used by DOL, as follows:<br>• People with jobs are *employed*.<br>• People who are jobless, looking for jobs, and available for work are *unemployed*.<br>• People who have no job and are not looking for one are *not in the labor force*. This category consists of students, homemakers, retired workers, institutionalized clients, etc.<br><br>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. 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 was off season and was not looking for work at the time of measurement should be coded *04 Not in labor force*. |

| VALID ENTRIES | 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 working and not looking for work during the past 30 days |
| | 05 | **EMPLOYED, FULL/PART TIME NOT SPECIFIED (TEMPORARY CODE)** |
| | 96 | **NOT APPLICABLE** |
| | 97 | **UNKNOWN** – Individual client value is unknown. |
| | 98 | **NOT COLLECTED** – State does not collect this field. |

For more information on how DOL collects and reports labor force statistics, see http://www.bls.gov/cps/cps_htgm.htm. Report the state operational definition of employed full time versus part time and unemployed versus not in the labor force in the State Data Crosswalk if different from the definition provided above.

Another data field, **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.**

Use code *96 Not applicable* for all clients under the age of 16 (regardless of whether they have a reported employment status) or clients who received services in state hospital and/or institutions under the justice system only, at the time of measurement.

Use *98 Not collected* if the state does not collect employment status for clients 16 and 17 years old. Report this information together with the state operational definition of employed, unemployed, and not in the labor force in the contextual section of the State Data Crosswalk, if different from the definition provided in this manual.

**Coding of clients with overlapping employment statuses:**

When clients are engaged in two or more activities (have overlapping statuses) at the time of measurement, use DOL'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.

If the client is a full-time student with a part time job, use code *02 Part time*.

If the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.), use code *05 Unemployed*.

Examples:

*James Kelly and Elyse Martin attend Jefferson High School. James works after school at the North Star Cafe and Elyse is seeking a part-time job at the same establishment (also after school). James' job takes precedence over his non-labor force activity of going to school, as does Elyse's search for work; therefore, James is coded as* 02 Part time *and Elyse is coded as* 03 Unemployed*.*

*Last week, Mary Davis, who was working full time for Stuart Comics, went to the Coastal Video Shop on her lunch hour to be interviewed for a higher-paying job.*

| | |
|---|---|
| **VALID ENTRIES** | **01**     **FULL TIME** – Working 35 hours or more each week, including active-duty members of the uniformed services. <br> **02**     **PART TIME** – Working fewer than 35 hours each week. <br> **03**     **UNEMPLOYED** – Looking for work during the past 30 days or on layoff from a job. <br> **04**     **NOT IN LABOR FORCE** – Not working and not looking for work during the past 30 days <br> **05**     **EMPLOYED, FULL/PART TIME NOT SPECIFIED (TEMPORARY CODE)** <br> **96**     **NOT APPLICABLE** <br> **97**     **UNKNOWN** – Individual client value is unknown. <br> **98**     **NOT COLLECTED** – State does not collect this field. |
| | *Mary's interview constitutes looking for work, but her work takes priority, and she is coded as* 01 Full time. <br><br> *John Walker has a full-time job at the Nuts and Bolts Company, but he didn't go to work last week because of a strike at the plant. Last Thursday, he went to the Screw and Washer Factory to see about a temporary job until the strike terminates. John was "with a job but not at work" due to an industrial dispute, which takes priority over looking for work; therefore, he is counted as* 01 Full time. *(Source: http://www.bls.gov/cps/cps_htgm.htm)* <br><br> **Reporting of a person in an internship program:** <br><br> 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*. <br><br> 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*). <br> 2. If the internship is not a school requirement **and** the internship does not pay minimum wage, then report the person's status as **Employment Status** code *04 Not in labor force* and **Detailed Not in Labor Force** code *06 Other*. <br> 3. If the internship is not a school requirement **and** the internship pays minimum wage, then the person is employed (*01 Full time*, *02 Part time*, or *05 Employed Full/Part-time not specified*). |
| **RELATED FIELD** | **Detailed Not in Labor Force** |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 13: 70–71 <br> Discharge record: DIS 24: 130–131 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.18  Substance Use (Primary, Secondary, Tertiary)—Optional

This field identifies the client's substance use ranked in the order of use.

| Code | Substance |
|------|-----------|
| 01 | **NONE** |
| 02 | **ALCOHOL** |
| 03 | **COCAINE** |
| 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. |
| 20 | **OTHER DRUGS** – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, synthetic cannabinoid "Spice," carisoprodol (Soma), and other drugs. |
| 96 | **NOT APPLICABLE** |
| 97 | **UNKNOWN** – Individual client value is unknown. |
| 98 | **NOT COLLECTED** – State does not collect this field. |

| **VALID ENTRIES** | **See above table** |
|-------------------|----------------------|
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not Applicable*, *97 Unknown*, or *98 Not collected* in this data field, or a warning will be generated. |
| | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |

| VALID ENTRIES | See above table |
|---|---|
|  | A record may not have duplicate **Substance Use** codes with identical **Route of Administration,** unless the **Detailed Drug Codes** are different; otherwise, a warning will be generated. For example: <br><br> • The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*. <br> • The primary and secondary **Routes of Administration** are both *01 Oral*. <br><br> 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* (warning). <br><br> 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 Code** will be set to *9999 Invalid data* (warning). <br><br> 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** | Reporting of this information is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *96* for clients who do not have co-occurring mental and substance use disorders. <br><br> 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. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders, Routes of Administration**, **Frequency of Use**, **Age at First Use**, **Detailed Drug Code** |
| **FORMAT*** | ## |
| **DATASET NO. / POSITIONS*** | Admission record: MDS 14a: 72–73; MDS 14b: 80–81; MDS 14c: 88–89 <br> Discharge record: DIS 21a: 116–117; DIS 21b: 118–119; DIS 21c: 120–121 |

*C=Character; X=Alphanumeric; #=Numeric

## D.19   Route of Administration (of primary, secondary, tertiary substances)—Optional

This field identifies the usual route of administration of the corresponding substance identified in **Substance Use (Primary, Secondary, Tertiary)**.

| VALID ENTRIES | 01 ORAL<br>02 SMOKING<br>03 INHALATION<br>04 INJECTION (INTRAVENOUS, INTRAMUSCULAR, INTRADERMAL, OR SUBCUTANEOUS)<br>20 OTHER<br>96 NOT APPLICABLE<br>97 UNKNOWN – Individual client value is unknown.<br>98 NOT COLLECTED – State does not collect this field. |
|---|---|
| VALIDATION EDITS | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not Applicable*, *97 Unknown*, or *98 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| GUIDELINES | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *96* for clients who do not have co-occurring mental and substance use disorders. Use also *96* if the value in **Substance Use** is *01 None*. |
| RELATED FIELD | **Co-occurring Mental and Substance Use Disorders, Substance Use, Frequency of Use, Age at First Use, Detailed Drug Code** |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: MDS 15a: 74–75, MDS 15b: 82–83, MDS 15c: 90–91 |

*C=Character; X=Alphanumeric; #=Numeric

## D.20　Frequency of Use (of primary, secondary, tertiary substances)—Optional

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

| | |
|---|---|
| **VALID ENTRIES** | **01**　**NO USE IN THE PAST MONTH**<br>**02**　**1–3 DAYS IN THE PAST MONTH**<br>**03**　**1–2 DAYS IN THE PAST WEEK**<br>**04**　**3–6 DAYS IN THE PAST WEEK**<br>**05**　**DAILY**<br>**96**　**NOT APPLICABLE**<br>**97**　**UNKNOWN** – Individual client value is unknown**.**<br>**98**　**NOT COLLECTED** – State does not collect this field**.** |
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not applicable*, *97 Unknown*, *or 98 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and is and is collected at admission and at discharge/update. It should only be reported for clients with co-occurring mental and substance use disorders. Use code *96 Not applicable* for clients without co-occurring mental and substance use disorders. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders, Substance Use, Route of Administration, Age at First Use, Detailed Drug Code**, |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 16a: 76–77; MDS 16b: 84–85; MDS 16c: 92–93<br>Discharge record: DIS 22a: 122–123; DIS 22b: 124–125; DIS 22c: 126–127 |

*C=Character; X=Alphanumeric; #=Numeric

## D.21 Age at First Use (Primary, Secondary, Tertiary Substances)—Optional

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** | **00** **NEWBORN** – Affected by maternal use of substance.<br>**01–95** **AGE AT FIRST USE** (in years).<br>**96** **NOT APPLICABLE** – Use when the value in **Substance Use** is *01 None*.<br>**97** **UNKNOWN** – Individual client value is unknown.<br>**98** **NOT COLLECTED** – State does not collect this field. |
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not applicable*, *97 Unknown*, or *98 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning).<br><br>Age at First Use (Primary) is greater than the calculated age at admission (based on Date of Birth); record is processed but field value is replaced with the system code *99 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *96 Not applicable* for all clients who do not have co-occurring mental and substance use disorders. Use also *96* if the value in **Substance Use** is *01 None*. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders, Date of Birth** |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: MDS 17a: 78–79; MDS 17b: 86–87; MDS 17c: 94–95 |

*C=Character; X=Alphanumeric; #=Numeric

## D.22 Medication for Opioid Use Disorder—Optional

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 | 1     **YES**<br>2     **NO**<br>6     **NOT APPLICABLE**<br>7     **UNKNOWN** – Individual client value is unknown.<br>8     **NOT COLLECTED** – State does not collect this field. |
|---|---|
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not applicable*, *97 Unknown*, or *98 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value other than codes mentioned above, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code, *6 Not applicable*, for all clients who do not have co-occurring mental and substance use disorders.<br><br>This field may also be coded *6* 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 (Primary, Secondary, Tertiary)** fields. However, it may not be always coded *6*, because it is possible that the client is being treated with opioid therapy for substances other than these three substances—heroin, non-prescription methadone, or other opiates and synthetics—listed under **Substance Use**. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders, Substance Use (Primary, Secondary, Tertiary)** |
| **FORMAT*** | # |
| **DATASET NO. / POSITIONS*** | Admission record: MDS 19: 96 |

*C=Character; X=Alphanumeric; #=Numeric

## D.23   Detailed Drug Code (Primary, Secondary, Tertiary)—Optional

This field 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.

The following table shows the list of **Detailed Drug Codes** for each substance in the data field **Substance Use**. The two-digit **Substance Use** codes form the first two digits of the associated **Detailed Drug code**.

| Substance Use | | Detailed Drug Code | |
|---|---|---|---|
| **Code** | **Substance** | **Code** | **Generic substance (brand name example)** |
| 01 | None | 9996 | Not applicable |
| 02 | Alcohol | 0201 | Alcohol |
| 03 | Cocaine | 0301 | Crack |
| | | 0302 | 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 | Codeine |
| | | 0702 | Propoxyphene (Darvon) |
| | | 0703 | Oxycodone (Oxycontin) |
| | | 0704 | Meperidine (Demerol) |
| | | 0705 | Hydromorphone (Dilaudid) |
| | | 0706 | Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics |
| | | 0707 | Pentazocine (Talwin) |
| | | 0708 | Hydrocodone (Vicodin) |
| | | 0709 | Tramadol (Ultram) |
| | | 0710 | Buprenorphine (Subutex, Suboxone) |
| | | 0711 | Fentanyl |
| 08 | PCP – Phencyclidine | 0801 | PCP |
| 09 | Hallucinogens | 0901 | LSD |
| | | 0902 | DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens |
| 10 | Methamphetamine /Speed | 1001 | Methamphetamine/Speed |
| 11 | Other amphetamines | 1101 | Amphetamine |
| | | 1103 | Methylenedioxymethamphetamine (MDMA, Ecstasy) |
| | | 1109 | "Bath salts," phenmetrazine, and other amines and related drugs |
| 12 | Other stimulants | 1201 | Other stimulants |
| | | 1202 | Methylphenidate (Ritalin) |
| 13 | Benzodiazepines | 1301 | Alprazolam (Xanax) |
| | | 1302 | Chlordiazepoxide (Librium) |
| | | 1303 | Clorazepate (Tranzene) |
| | | 1304 | Diazepam (Valium) |
| | | 1305 | Flurazepam (Dalmane) |
| | | 1306 | Lorazepam (Ativan) |
| | | 1307 | Triazolam (Halcion) |
| | | 1308 | Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines |

| Substance Use | | Detailed Drug Code |
|---|---|---|
| | | 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 |
| | | 1605  Xylazine |
| 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. |

| VALID ENTRIES | See above table |
|---|---|
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *9996 Not Applicable*, *9997 Unknown*, *or 9998 Not collected* in this data field, or a warning will be generated. |
| | If this field is blank or contains an invalid value, the value will be changed to *9999 Invalid data* (warning). |
| | 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* (warning). For example, if **Substance Use** contains the value *03 Cocaine*, then the **Detailed Drug code** must contain the value *0301 Crack* or *0302 Other cocaine*. |

| VALID ENTRIES | See above table |
|---|---|
| GUIDELINES | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use 9996 *Not applicable* for clients who do not have co-occurring mental and substance use disorders.<br><br>A record may not have duplicate **Substance Use** codes with identical **Routes of Administration** *unless* the **Detailed Drug** codes are different.<br><br>In the following example, a client uses both *Alprazolam* and *Diazepam* orally, which are within a subset of *Benzodiazepines*:<br><br>• The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*.<br>• The primary and secondary **Routes of Administration** are both *01 Oral*.<br>• The primary **Detailed Drug Code** is 1301 and the secondary **Detailed Drug Code** is 1304.<br><br>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*. |
| RELATED FIELD | **Co-occurring Mental and Substance Use Disorders, Substance Use**, **Route of Administration** |
| FORMAT* | #### |
| DATASET NO. / POSITIONS* | Admission record: SuDS 1: 97–100; SuDS 2: 101–104; SuDS 3: 105–108 |

*C=Character; X=Alphanumeric; #=Numeric

## D.24  Diagnostic Code (DSM or ICD)—Optional

States should endeavor to use the **Substance Use Diagnosis** data field (SuDS 19) and **Mental Health Diagnosis** (MHA 1a–c and MHD 2a–c) than **Diagnostic Code** (SuDS 4) to report substance use diagnosis.

| | |
|---|---|
| **VALID ENTRIES** | **XXX.XX** <br> **999.96**      **NO SUBSTANCE USE DIAGNOSIS** – Individual client does not have a substance use diagnosis. <br> **999.97**      **UNKNOWN** – Individual client value is unknown. <br> **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* (warning). |
| **GUIDELINES** | States should use **Substance Use Diagnosis** States should use **Substance Use Diagnosis** to report substance use diagnosis. This field accepts only two digits to the right of the decimal. |
| **RELATED FIELD** | None |
| **FORMAT\*** | XXXXXX (left-justified and filled with blank spaces) |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 4: 109–114 |

*C=Character; X=Alphanumeric; #=Numeric

## D.25 Co-Occurring Mental and Substance Use Disorders—Optional

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

| | |
|---|---|
| **VALID ENTRIES** | **1**      **YES, CLIENT HAS CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS.**<br>**2**      **NO, CLIENT DOES NOT HAVE CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS.**<br>**7**      **UNKNOWN** – Individual client value is unknown.<br>**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* (warning).<br><br>The reporting of the optional substance use fields is allowed only for persons with co-occurring mental and substance use disorders. Therefore, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, if the record includes a valid value other than *999.9996 No substance use diagnosis*, *999.9997 Unknown*, or *999.9998 Not collected* for **Substance Use Diagnosis**, a valid value other than *01 None, 97 Unknown, or 98 Not collected* for **Substance Use (Primary, Secondary, Tertiary)**, or a valid value other than *Not applicable*, *Unknown*, or *Not collected* for any other substance use-related fields identified as optional for mental health reporting. Otherwise, a warning will be generated. |
| **GUIDELINES** | The assessment of co-occurring mental and substance use disorders may be based on clinical diagnoses, screening results, claims information, or self-report. The State Data Crosswalk should note whether the same method of determining if the client also has substance disorder is used across the state or varies among individual providers. If the method is statewide, the Crosswalk should describe the method. |
| **RELATED FIELD** | **Previous SU Treatment Episodes, Substance Use, Route of Administration, Frequency of Use, Age at First Use, Medication for Opioid Use Disorder, Detailed Drug Code, Days Waiting to Enter SU Treatment, Attendance at SU Self-Help Groups in Past 30 Days, Substance Use Diagnosis** |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 5: 115 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.26 Pregnant at Admission—Optional

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

| VALID ENTRIES | 1 | YES, CLIENT WAS PREGNANT AT ADMISSION |
| | 2 | NO, 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* (warning). | |
| | If **Pregnant at Admission** is *1 Yes* and the value of Sex is *1 Male*, this field is changed to *6 Not applicable*. | |
| | If **Pregnant at Admission** is *1 Yes* and the value of Age is +65, an informational message will be generated. | |
| GUIDELINES | Reporting of this field is optional. | |
| RELATED FIELD | **Sex**, Age at Admission (calculated) | |
| FORMAT* | # | |
| DATASET NO. / POSITIONS* | Admission record: SuDS 6: 116 | |

C=Character; X=Alphanumeric; #=Numeric

## D.27   Veteran Status—Optional

This field indicates whether the client has served in the uniformed services.

| | |
|---|---|
| **VALID ENTRIES** | **1**   **VETERAN**<br>**2**   **NOT A VETERAN**<br>**7**   **UNKNOWN** – Individual client value is unknown.<br>**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* (warning). |
| **GUIDELINES** | A veteran is a person age 16 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, Space 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 FIELD** | None |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 7: 117 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.28    Living Arrangements—Required/NOM

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

| Code | Living Arrangement |
|------|--------------------|
| 01 | **HOMELESS** – Clients with no fixed address; includes homeless shelters. |
| 02 | **DEPENDENT LIVING** – Adult clients living in a supervised setting and/or heavily dependent on others for daily living assistance and children (under age 18) living with parents, relatives, or guardians. |
| 22 | **DEPENDENT LIVING: RESIDENTIAL CARE** – Clients residing in a residential care facility, including a group home, therapeutic group home, board and care, residential treatment center, or rehabilitation center. |
| 32 | **DEPENDENT LIVING: FOSTER HOME/FOSTER CARE** – Clients residing 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. Include therapeutic foster care, which provides treatment for troubled children within private homes of trained families. |
| 42 | **DEPENDENT LIVING: CRISIS RESIDENCE** – Clients receiving a time-limited residential stabilization program that delivers 24-hour care for acute symptom reduction and restores clients to a pre-crisis level of functioning. |
| 52 | **DEPENDENT LIVING: INSTITUTIONAL SETTING** – Clients residing in an institutional care facility providing care 24 hours/day, 7 days/week. Includes skilled nursing facilities, intermediate care facilities, nursing homes, state hospital, inpatient psychiatric hospital, Institutions of Mental Disease (IMD), etc. |
| 62 | **DEPENDENT LIVING: JAIL/CORRECTIONAL FACILITY/OTHER INSTITUTIONS UNDER THE JUSTICE SYSTEM** – Clients residing in a jail, correctional facility, detention center, jail/prison, or other institutions 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 (e.g., friends, spouse, or other family members for reasons not related to mental illness) in a private residence and capable of self-care. Includes clients with case management or housing support. |
| 04 | **PRIVATE RESIDENCE, LIVING ARRANGEMENT NOT SPECIFIED, ADULTS (TEMPORARY CODE)** – Living arrangements (whether independent or dependent) of adult clients not known. |
| 97 | **UNKNOWN** – Individual client value is unknown. |
| 98 | **NOT COLLECTED** – State does not collect this field. |

| VALID ENTRIES | See above table |
|------|--------------------|
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| | If client is under the age of 18, codes 72, 03, and 04 cannot be used, or an informational message will be generated. |

| VALID ENTRIES | See above table |
|---|---|
| GUIDELINES | This is an outcome measure and is collected at admission and at discharge/update to assess change. Do **not** use the admission status as the discharge status unless it is known that there is no change in status from admission to discharge. |
| | 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 *97 Unknown*. For example, if the state collects only *01 Homeless*, all other categories of **Living Arrangements** should be coded as *97*. |
| | Codes *72, 03,* and *04* should be used for adult clients only (age 18 and over). Use *02 Dependent living* for children under age 18 living with parents, relatives, or guardians. |
| | Use code *04* if the state has only private residence as a category but does not distinguish the type of living arrangement (i.e., dependent or independent). |
| RELATED FIELD | None |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: SuDS 8: 118–119<br>Discharge record: DIS 23: 128–129 |

*C=Character; X=Alphanumeric; #=Numeric

## D.29    Source of Income/Support—Optional

This field identifies the client's principal source of financial support.

| VALID ENTRIES | 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. |
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | Public assistance refers to assistance programs that provide either cash assistance or in-kind benefits to individuals and families from any governmental entity. There are two major types of public assistance programs: social welfare programs and social insurance programs. Social welfare programs are usually based on a low income means-tested eligibility criteria, including Supplemental Security Income, Supplemental Nutrition Assistance Program, and Temporary Assistance for Needy Families. Social Insurance Programs are usually based on eligibility criteria such as age, employment status, or being a veteran and include social security, U.S. Department of Veterans' Affairs benefits, employment insurance compensation. |
| | If the state has separate categories for retirement (including social security) and/or disability (Social Security Disability Insurance and/or Supplemental Security Income provided to individuals who have a disability that stops or limits their ability to work), use code *03 Retirement/Pension* and/or code *04 Disability*, respectively. |
| | For children younger than age 18 years report the primary parental source of income/support. |
| | 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 *97 Unknown*. For example, if the state collects only *02 Public assistance*, all other categories of **Source of Income/Support** should be coded as *97*. |
| **RELATED FIELD** | None |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 9: 120–121 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.30  Health Insurance—Optional

This field specifies the client's health insurance at admission.

| VALID ENTRIES | 01      PRIVATE INSURANCE (other than Blue Cross/Blue Shield or an HMO)<br>02      BLUE CROSS/BLUE SHIELD<br>03      MEDICARE<br>04      MEDICAID<br>06      HEALTH MAINTENANCE ORGANIZATION (HMO)<br>20      OTHER (e.g., TRICARE)<br>21      NONE<br>97      UNKNOWN – Individual client value is unknown.<br>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* (warning). |
| GUIDELINES | This should be reported, if collected, whether or not it covers behavioral health treatment.<br><br>States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.<br><br>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 *03 Medicare* and *04 Medicaid*, clients not fitting the subset should be coded as *97*. If a state collects Medicare and Medicaid as a single category, **Health Insurance** should be also coded as *97* for clients who have Medicare or Medicaid.<br><br>If the state does not collect **Health Insurance,** all records should be coded *98 Not collected*. |
| RELATED FIELD | None |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: SuDS 10: 122–123 |

*C=Character; X=Alphanumeric; #=Numeric

## D.31 Payment Source, Primary (Expected or Actual)—Optional

This field identifies the primary source of payment for mental health and support services anticipated at the time of admission.

| VALID ENTRIES | 01 SELF-PAY<br>02 BLUE CROSS/BLUE SHIELD<br>03 MEDICARE<br>04 MEDICAID<br>05 OTHER GOVERNMENT PAYMENTS<br>06 WORKER'S COMPENSATION<br>07 OTHER HEALTH INSURANCE COMPANIES<br>08 NO CHARGE – For example: free, charity, special research, or teaching.<br>09 OTHER<br>97 UNKNOWN – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category.<br>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* (warning). |
| GUIDELINES | States are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.<br><br>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 *03 Medicare* and *04 Medicaid*, all other categories of **Payment Source** should be coded as *97 Unknown*. If a state collects Medicare and Medicaid as a single category, **Payment Source** should be coded as *97*.<br><br>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 FIELD | None |
| FORMAT* | ## |
| DATASET NO. / POSITIONS* | Admission record: SuDS 11: 124–125 |

*C=Character; X=Alphanumeric; #=Numeric

## D.32    Detailed Not in Labor Force—Required/NOM

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

| | |
|---|---|
| **VALID ENTRIES** | **01    HOMEMAKER**<br>**02    STUDENT**<br>**03    RETIRED**<br>**04    DISABLED**<br>**05    RESIDENT OF INSTITUTION** – Clients receiving services from institutional facilities, such as hospitals, jails, prisons, long-term residential care, etc.<br>**06    OTHER** – Includes volunteer, seasonal worker, other categories used by the state not specified.<br>**07    SHELTERED/NON-COMPETITIVE EMPLOYMENT**<br>**96    NOT APPLICABLE**<br>**97    UNKNOWN** – Individual client value is unknown.<br>**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* (warning).<br><br>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*.<br><br>If this field has a valid value other than *96 Not applicable, 97 Unknown*, or *98 Not collected* when **Employment Status** is not *04 Not in labor force*, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | **Detailed Not in Labor Force** is part of the NOMs and is collected for clients aged 16 and older at admission and at discharge/update to assess change. Report this field for clients whose **Employment Status** is coded *04 Not in labor force*. Use code *96 Not applicable* for clients whose **Employment Status** is not coded *04 Not in labor force* including for all clients under age 16.<br><br>If the state does not collect **Detailed Not in Labor Force** for all or for a subset of population (e.g., clients 16 and 17 years old), the records should be coded *98 Not collected*.<br><br>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* for this field. |
| **RELATED FIELD** | **Employment Status** |
| **FORMAT\*** | ## |
| **DATASET NO./ POSITIONS\*** | Admission record: SuDS 12: 126–127<br>Discharge record: DIS 25: 132–133 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.33   Detailed Criminal Justice Referral—Optional

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

| | |
|---|---|
| **VALID ENTRIES** | **01**    **STATE/FEDERAL COURT** <br> **02**    **OTHER COURT** – Court other than state or federal court. <br> **03**    **PROBATION/PAROLE** <br> **04**    **OTHER RECOGNIZED LEGAL ENTITY** – For example, local law enforcement agency, corrections agency, youth services, review board/agency. <br> **05**    **DIVERSIONARY PROGRAM** – For example, TASC. <br> **06**    **PRISON** <br> **07**    **DUI/DWI PROGRAM** <br> **08**    **OTHER** <br> **96**    **NOT APPLICABLE** – Use this code if Referral Source is not *07 "Criminal justice referral".* <br> **97**    **UNKNOWN** – Individual client value is unknown. <br> **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* (warning). <br><br> If **Referral Source** is not *07 Criminal justice referral*, this field should be *96 Not applicable* or a warning will be generated. |
| **GUIDELINES** | This field should have a valid value, other than *96 Not applicable*, when **Referral Source** is *07 Criminal justice referral*. Code *96* must be used if **Referral Source** is other than *07 Criminal justice referral*. <br><br> 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 program*, all other records, where **Referral Source** is coded *07 Criminal justice referral*, should code this field *97.* |
| **RELATED FIELD** | **Referral Source** |
| **FORMAT*** | ## |
| **DATASET NO. / POSITIONS*** | Admission record: SuDS 13: 128–129 |

*C=Character; X=Alphanumeric; #=Numeric

### D.34 Marital Status—Optional

This field describes the client's marital status.

| | |
|---|---|
| **VALID ENTRIES** | **01**       **NEVER MARRIED –** Clients who are single or whose only marriage was annulled. <br> **02**       **NOW MARRIED –** Clients who are legally married and/or those living with a partner as a couple/cohabiting. <br> **03**       **SEPARATED –** Clients with legal separations, those living apart with intentions of obtaining a divorce, and other people permanently or temporarily separated because of marital discord <br> **04**       **DIVORCED** <br> **05**       **WIDOWED** <br> **97**       **UNKNOWN –** Individual client value is unknown. <br> **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* (warning). <br><br> If the client is under 16 years old and any code other than *01 Never married* is used, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | The above categories are compatible with categories used in the U.S. Census. |
| **RELATED FIELD** | None |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 14: 130–131 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.35 Days Waiting to Enter SU Treatment—Optional

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** | **000–995**    **NUMBER OF DAYS WAITING**<br>**996**         **NOT APPLICABLE**<br>**997**         **UNKNOWN** – Individual client value is unknown.<br>**998**         **NOT COLLECTED** – State does not collect this field. |
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *996 Not applicable*, *997 Unknown*, or *998 Not collected*, or a warning will be generated.<br><br>If this field is blank or contains an invalid value in this data field, the value will be changed to *999 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *996* for clients who do not have co-occurring mental and substance use disorders.<br><br>This item is intended to capture the number of days the client must wait to begin substance use treatment (not a mental health service or 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.<br><br>Data should be entered as, for example, 1 day = 001, 10 days = 010, etc. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders** |
| **FORMAT\*** | ### |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 15: 132–134 |

*C=Character; X=Alphanumeric; #=Numeric

## D.36  Arrests in Past 30 Days—Required/NOM

This field indicates the number of arrests in the 30 days prior to the reference date (i.e., date of admission or date of update/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 | 00–96  **NUMBER OF ARRESTS**<br>97  **UNKNOWN** – Individual client value is unknown.<br>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* (warning).<br><br>If client is under age 10, this data element must be reported as *00*, or a warning will be generated. |
| **GUIDELINES** | It is defined by SAMHSA as an outcome measure, and it is collected at admission and at update/discharge to assess change.<br><br>• For admission records, the reference period is the 30 days prior to admission.<br>• For discharge/update records, the reference period is the 30 days prior to discharge/update.<br><br>If the dates of admission and update/discharge are close together and 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 (see Figure 8), the date of admission is February 8 and the date of discharge is February 18, so arrests that happened on January 6 and 25 should be reported in the admission record. They should not be reported again in the discharge record because the 30-day timeframe overlapped between the two data reporting periods. Only arrest that counts toward the number of arrests in the discharge record is the arrest that occurred on February 12.<br><br><br><br>*Figure 8. Example of Arrests in the Past 30 Days*<br><br>The use of arrest data from the criminal justice agencies is strongly recommended for ease and more accurate reporting; however, states can use another data collection method, including self-report. If quarterly updates are used to assess the number of arrests, ensure that the state collects the date of arrests and see if those dates fall within the 30-day preceding the admission or at the start of the reporting period. Describe the source of data or how the data are collected in the State Data Crosswalk. |

| | |
|---|---|
| **VALID ENTRIES** | **00–96** **NUMBER OF ARRESTS**<br>**97** **UNKNOWN** – Individual client value is unknown.<br>**98** **NOT COLLECTED** – State does not collect this field. |
| | |
| **RELATED FIELD** | None |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 16: 135–136<br>Discharge record: DIS 26: 134–135 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.37   Attendance at SU Self-Help Groups in Past 30 Days—Optional

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** | **01**  **NO ATTENDANCE**<br>**02**  **LESS THAN ONCE A WEEK** – 1 to 3 times in the past 30 days.<br>**03**  **ABOUT ONCE A WEEK** – 4 to 7 times in the past 30 days.<br>**04**  **2 TO 3 TIMES PER WEEK** – 8 to 15 times in the past 30 days.<br>**05**  **AT LEAST 4 TIMES A WEEK** – 16 to 30 times or more in the past 30 days.<br>**06**  **SOME ATTENDANCE** – Number of times and frequency is unknown.<br>**96**  **NOT APPLICABLE**<br>**97**  **UNKNOWN** – Individual client value is unknown.<br>**98**  **NOT COLLECTED** – State does not collect this field. |
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *96 Not applicable*, *97 Unknown*, or *98 Not collected* in this data field, or a warning will be generated.<br><br>If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *96* for clients who do not have co-occurring mental and substance use disorders.<br><br>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.<br><br>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.<br><br>Use *97 Unknown* when it is not known whether the client attended a self-help program during the reference period. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders** |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 17: 137–138<br>Discharge record: DIS 27: 136–137 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.38    Diagnostic Code Set Identifier—Required

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** | 1     **DSM-IV**<br>2     **ICD-9**<br>3     **ICD-10**<br>4     **DSM-5**<br>5     **DSM-III-R**<br>7     **UNKNOWN** – Individual client value is unknown.<br>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* (warning).<br><br>If **Mental Health Diagnosis (One, Two, Three)** and/or **Substance Use Diagnosis** contains a valid diagnostic code (i.e., other than *999.9996 No Mental Health Diagnosis*, *999.9997 Unknown*, or *999.9998 Not collected*) then this field should have a valid value (codes *1* through *5* only) or the value is replaced with *9 Invalid data* (warning). |
| **GUIDELINES** | If valid diagnostic codes (i.e., other than 999.9996 *No Mental Health Diagnosis*, *999.9997 Unknown*, or *999.9998 Not collected*) are reported in the fields **Substance Use Diagnosis** and/or **Mental Health Diagnosis (One, Two, Three)**, **Diagnostic Code Set Identifier** must be reported.<br><br>States are strongly encouraged, if they haven't done so already, to use ICD-10/DSM-5 when reporting the MH diagnostic codes. For clients with co-occurring mental and substance use disorders, consistent use of one type of diagnostic code set (preferably ICD-10/DSM-5) for both the MH and SU diagnostic codes should be observed for each client. Whenever necessary, the state must perform code conversion.<br><br>MH-TEDS will accept different code sets used across clients, although this practice is not encouraged. |
| **RELATED FIELD** | **Substance Use Diagnosis**, **Mental Health Diagnosis (One, Two, Three)** |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 18: 139<br>Update/Discharge record: MHD 1: 139 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.39    Substance Use Diagnosis—Optional

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 III-R, IV, and 5, ICD-9, and ICD-10.

| | |
|---|---|
| **VALID ENTRIES** | **XXX.XXXX** <br> **999.9996**      **NO SUBSTANCE USE DIAGNOSIS** – Individual client does not have a substance use diagnosis. <br> **999.9997**      **UNKNOWN** – Individual client value is unknown. <br> **999.9998**      **NOT COLLECTED** – State does not collect this field. |
| **VALIDATION EDITS** | **Co-occurring Mental and Substance Use Disorders** must be *1 Yes* to report a valid value, other than *999.9996 No substance use diagnosis*, *999.9997 Unknown*, or *999.9998 Not collected* in this data field, or a warning will be generated. <br><br> If this field is blank or contains an invalid value, the value will be changed to *999.9999 Invalid data* (warning). |
| **GUIDELINES** | This field is optional and should only be reported for clients with co-occurring mental and substance use disorders. If the client does not have co-occurring mental and substance use disorders, use *999.9996 No substance use diagnosis* for this field. Also use code *999.9996* if all diagnoses for a client are mental health codes only. <br><br> Both DSM and ICD codes are accepted. The state must specify the coding system and version (DSM-III-R, 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, states should strive to obtain complete coding with sufficient digits to accurately code the diagnosis. <br><br> States are allowed to report only one substance use diagnosis. States decide which substance use diagnosis to report if a client has multiple substance use diagnoses. Preference is to report the most recent diagnosis based on the reporting date. |
| **RELATED FIELD** | **Co-occurring Mental and Substance Use Disorders, Diagnostic Code Set Identifier** |
| **FORMAT\*** | XXXXXXXX (left-justified and filled with blank spaces) |
| **DATASET NO. / POSITIONS\*** | Admission record: SuDS 19: 140–147 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.40    Mental Health Diagnosis (One, Two, Three)—Required

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** | **XXX.XXXX** <br> **999.9996**    **NO MENTAL HEALTH DIAGNOSIS – TWO/THREE –** Individual client does not have a secondary or tertiary mental health diagnosis. <br> **999.9997**    **UNKNOWN –** Individual client value is unknown. <br> **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* (warning). <br><br> 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* (warning).14.3 |
| **GUIDELINES** | This field is collected at admission and at discharge/update. <br><br> Report how the state collects mental health diagnosis in the State Data Crosswalk. Also report, in the Crosswalk, codes that do not map to the selected disease standard classification as is with an explanation specifying the code, code description, and the corresponding disease standard classification. <br><br> Both DSM and ICD codes are accepted. The state must use the coding system and version (DSM-III-R, DSM-IV, DSM-5, ICD-9, ICD-10) specified in the **Diagnostic Code Set Identifier** field. <br><br> Valid entries generally will have three characters and a decimal point followed by one or two characters when ICD-9 (DSM-III-R/DSM-IV) codes are used, and three characters and a decimal point followed by one to four characters when ICD-10 codes (DSM-5) are used. If a valid code has fewer than five characters and a decimal (for ICD-9/DSM-III-R/DSM-IV) or fewer than seven characters and a decimal (for ICD-10/DSM-5), the code should be left justified so that all remaining characters on the right are blank. <br><br> While a three-character code with no decimal or following digits will be accepted, states should strive to obtain complete coding, with at least one digit to the right of the decimal, to accurately code the diagnosis. <br><br> States can report up to three mental health diagnoses by completing the **Mental Health Diagnosis (One, Two, Three)** data elements in this sequential order. That is, a valid mental health diagnostic code (i.e., other than *999.9996*, *999.9997*, or *999.9998*) should not be reported in the **Mental Health Diagnosis – Three** field unless **Mental Health Diagnosis – One** is coded *999.9997* or *999.9998* and **Mental Health Diagnosis – Two** field is coded *999.9996*, *999.9997*, or *999.9998*. 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.** For all mental health records, *999.9996* should not be used for **Mental Health Diagnosis – One.** <br><br> 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** |

| VALID ENTRIES | XXX.XXXX |
|---|---|
| | **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. |

| | **Diagnosis – Three.** If the state collects only two diagnoses, use code *999.9998* for **Mental Health Diagnosis – Three**.

Substance use diagnosis should be reported in the **Substance Use Diagnosis** field.

**Procedure in determining which three mental health diagnoses to report:**

If the client has more than three most recent 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):

- Report the primary and secondary diagnoses.

If the state does not classify diagnosis into primary/secondary, then;

- Conduct your search for diagnostic codes using both Axis I and II. Report all diagnoses in Axis I (clinical disorder) first, and if there are one or two diagnoses in Axis I, report 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 (note: this method is applicable if using DSM-IV and other earlier editions or if the state continues to use the DSM axial structure).

If primary/secondary labels and Axis classifications (I and II) are not used by the state, then;

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

If the state is using claims/encounter data to collect a client's diagnosis, use the following algorithm:

- Use the three most frequently reported mental health diagnoses in the client's service claims/encounters data throughout the reporting period.

States should also observe the following rule in reporting the most recent three diagnoses relative to No diagnosis or condition (V71.09) or deferred diagnosis (799.9), and other V/Z codes:

- Mental health and personality disorder codes should be given priority in reporting over no diagnosis, deferred diagnosis, and other V/Z codes unless they are the only diagnoses on record. |

| **RELATED FIELD** | **Diagnostic Code Set Identifier** |
|---|---|
| **FORMAT\*** | XXXXXXXX (left-justified and filled with blank spaces) |
| **DATASET NO. / POSITIONS\*** | Admission record: MHA 1a: 150–157, MHA 1b: 158–165, MHA 1c: 166–173 Discharge record: MHD 2a: 140–147, MHD 2b: 148–155, MHD 2c: 156–163 |

\*C=Character; X=Alphanumeric; #=Numeric

## D.41   SMI/SED Status—Required

This field indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED), using the state's definition.

| | |
|---|---|
| **VALID ENTRIES** | **1**   **SMI** <br> **2**   **SED** <br> **3**   **AT RISK FOR SED (OPTIONAL)** <br> **4**   **NOT SMI/SED** <br> **7**   **UNKNOWN –** Individual client value is unknown. Includes clients undergoing evaluation for SMI or SED eligibility pending any decision. <br> **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* (warning). <br><br> 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 and younger. Since clients aged between 18–21 years may be protected under the Individuals with Disabilities Education Act (IDEA) and continue to receive mental health services from the state's Children Mental Health System, codes *02* or *03* can be used; however, an informational message is generated. |
| **GUIDELINES** | This data field is collected at admission and at discharge/update. <br><br> State definitions of SMI and SED should be reported in the State Data Crosswalk. Specify also if the state provides mental health services to all adults with any mental illness, only adults with SMI, or only adults with seriously persistent mental illness (SPMI). Similarly, specify if the state provides mental health services to all children with mental illnesses, only children with emotional disturbance, or only children with SED. <br><br> 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. <br><br> Use code *4 Not SMI or SED* if the client has not been found eligible for SMI or SED services. <br><br> Use code *7 Unknown* for a client undergoing evaluation for SMI or SED eligibility and pending any decision or when a particular record does not reflect an acceptable value. |
| **RELATED FIELD** | **Date of Birth** |
| **FORMAT\*** | # |
| **DATASET NO. / POSITIONS\*** | Admission record: MHA 2: 174 <br> Discharge record: MHD 3: 162 |

*C=Character; X=Alphanumeric; #=Numeric

## D.42   School Attendance Status—Required/NOM

This field specifies the school attendance status of school-age children and adolescents (3–17 years), including young adults (18–21 years) who are protected under the Individuals with Disabilities Education Act (IDEA), receiving mental health services.

| | | |
|---|---|---|
| **VALID ENTRIES** | 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* (warning). |
| | | 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 check will not be performed, and an informational message will be generated. |
| | | If client's age is under 3 years old and code *6 Not applicable* is not used, the value will be replaced with the system code *9 Invalid data* (warning). If client's age is between 18–21 years (hence the clients may be receiving special education under the IDEA), code *6 Not applicable* can be used; however, an informational message is generated. |
| **GUIDELINES** | | It is the NOM and collected at admission and at discharge/update to assess change. Do not use the admission status as the discharge status unless it is known that there is no change in status from admission to discharge. |
| | | It 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 Programs and continue to receive mental health services through the state's Children Mental Health System. 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. |
| | | Use code 1 *Yes* if client has attended at least 1 day of school in the 3 months preceding admission or discharge or the day an update was made to the client record. |
| | | 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 or 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, or college/professional degree. See **Education** for the definitions of different types of schools. |
| | | If the dates of admission and discharge/update are close together and the reference periods overlap, school attendance status in the overlap should be captured in the admission record. School attendance that occurred in the gap after admission and |

| | | |
|---|---|---|
| **VALID ENTRIES** | 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. |
| | before and at the time of discharge should be captured in the discharge record, although the reference period is not 3 months prior to discharge. Figure 9 illustrates a client who was admitted on April 5 and discharged on May 10. The client attended school between March 1 and 30 then dropped out. The client's school attendance status is Yes in the admission record, but No in the discharge record.  *Figure 9: Example of School Attendance Status* Use code *6 Not Applicable* for clients who are not of school age: children younger than 3 years old (i.e., birth to 2 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. | |
| **RELATED FIELD** | **Date of birth** | |
| **FORMAT*** | # | |
| **DATASET NO. / POSITIONS*** | Admission record: MHA 3: 175 Discharge record: MHD 4: 165 | |
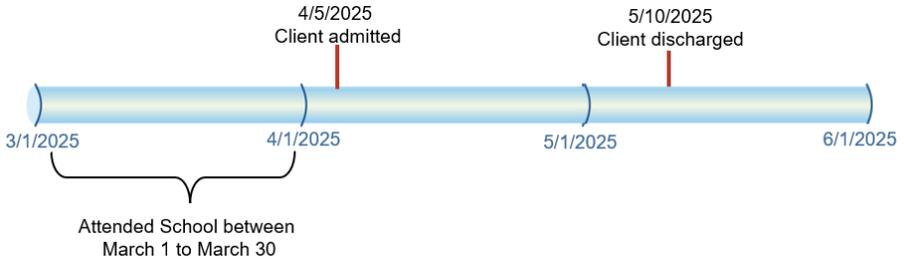
*C=Character; X=Alphanumeric; #=Numeric

## D.43 Legal Status at Admission to State Hospital—Required

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

| | |
|---|---|
| **VALID ENTRIES** | **01**      **VOLUNTARY - SELF** <br> **02**      **VOLUNTARY - OTHERS (BY GUARDIAN, PARENTS, ETC.)** <br> **03**      **INVOLUNTARY - CIVIL** <br> **04**      **INVOLUNTARY - CRIMINAL** <br> **05**      **INVOLUNTARY - JUVENILE JUSTICE** <br> **06**      **INVOLUNTARY - CIVIL, SEXUAL** <br> **96**      **NOT APPLICABLE** <br> **97**      **UNKNOWN –** Individual client value is unknown. <br> **98**      **NOT COLLECTED** – State does not collect this field. |
| **VALIDATION EDITS** | If any code other than *96 Not applicable* is used and the **Service Setting** If any code other than *96 Not applicable* is used and the **Service Setting** is not *72 State psychiatric hospital*, the value will be changed to *99 Invalid data (warning)*. <br><br> If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| **GUIDELINES** | To allow for separate calculation of the readmission rate for forensic and non-forensic population, the legal status at the time of admission that corresponds to the reported discharge event should be reported. <br><br> 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. <br><br> Use code *03 Involuntary - Civil* for clients who were committed for dangerousness due to mental illness. <br><br> Use code *04 Involuntary - Criminal* for clients who were committed for a criminal offense, including juvenile clients who are adjudicated as adults. <br><br> Use code *06 Involuntary - Civil, Sexual* for clients who were committed for a sexual offense, including those who were civilly committed under laws that are referred to as sexual predator laws in some states. This differs from code *03 Involuntary – Civil*. <br><br> Use code *96 Not applicable* if **Service Setting** is not *72 State psychiatric hospital*. |
| **RELATED FIELD** | **Service Setting** |
| **FORMAT\*** | ## |
| **DATASET NO. / POSITIONS\*** | Admission record: MHA 4: 178–179 |

*C=Character; X=Alphanumeric; #=Numeric

## D.44 CGAS/GAF Score—Optional

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.

CGAS is a numeric scale that ranges from 0 to 100 widely used by mental health clinicians to measure the overall severity of disturbance among children under the age of 18. A higher score means higher level of functioning in all areas measured by the instrument (i.e., social, psychological, and occupational functioning of a child). This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third and Fourth Editions.

GAF is an instrument that produces a numeric scale (0–100) that measures the level of functioning of adults (18 years old and over) in social, occupational, and psychological areas. A higher score means a higher level of functioning. This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third and Fourth Editions.

| VALID ENTRIES | 0–100 **CGAS/GAF Score** <br> 997 **UNKNOWN** – Individual client value is unknown. <br> 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* (warning). |
| **GUIDELINES** | Report only if the state is using the **CGAS/GAF**. Report client's score at time of admission and update/discharge. <br><br> 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. |
| **RELATED FIELD** | None |
| **FORMAT\*** | ### |
| **DATASET NO. / POSITIONS\*** | Admission: MHA 5: 180–182 <br> Discharge: MHD 6: 168–170 |

*C=Character; X=Alphanumeric; #=Numeric

## D.45　Date of Last Contact or Data Update—Required/KEY Field

This field indicates the date of a client's last service or last contact and it is not a KEY field in a discharge record. In an update record, this field is interpreted as the most recent date when a client's record was updated and is a KEY field.

| VALID ENTRIES | MMDDYYYY<br>01010007　　　　　　UNKNOWN – Individual client value is unknown.<br>01010008　　　　　　NOT COLLECTED – State does not collect this field. | | |
|---|---|---|---|
| VALIDATION EDITS | If the **Date of Last Contact or Data Update** is blank, before January 1, 1920, or the Date of Admission, or later than the Date of Discharge or the Reporting Date, uses the wrong date format, or contains invalid value;<br><br>　**a)**　The value for the **Date of Last Contact** will be changed to *01010009 Invalid data* (warning) in a discharge record.<br>　**b)**　The record will be rejected and not be processed (fatal error) in an update record.<br><br>**Date of Last Contact or Data Update** may be the same as **Date of Admission, Reporting Date,** or Date of Discharge. Discharge. |
| GUIDELINES | Valid values are 01 through 12 for MM; 01 through 31 for DD; and 1920 or later for YYYY. Use valid calendar date. For example, February 30 is an invalid value.<br><br>See **5.2.3. Relevant Dates in Discharge and Update Records** section of this Manual for guidance in completing this field. |
| RELATED FIELD | **Date of Admission**; **Date of Discharge**; **Reporting Date** |
| FORMAT* | ######## |
| DATASET NO. / POSITIONS* | Discharge record: DIS 8: 43–50 |

*C=Character; X=Alphanumeric; #=Numeric

## D.46   Date of Discharge—Required/KEY Field

This field indicates the date when the client was formally or administratively discharged from the facility or program whether or not the client was transferred to another facility or program.

| VALID ENTRIES | MMDDYYYY<br>01010006          NOT APPLICABLE – MH update | | |
|---|---|
| VALIDATION EDITS | If this field is blank, uses the wrong date format, or contains an invalid value, or is before January 1, 1920, the record will be rejected and not processed (fatal error).<br><br>**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. If these conditions are not met, the record will be rejected (fatal error).<br><br>This field should be coded *01010006 Not applicable* if the **Client Transaction Type** is *U Mental health update*. If a valid value is not reported, the record will be rejected and not processed. |
| GUIDELINES | Valid values are 01 through 12 for MM; 01 through 31 for DD; and 1920 or later for YYYY. Use valid calendar dates. For example, February 30 is an invalid value.<br><br>For clients who discontinued treatment but have no formal discharge date, use the state's policy or devise a method to determine the administrative discharge date (see **5.2.1    How to estimate a proxy administration and discharge dates**). Describe the state's policy or operational definition for administrative discharge in the State Data Crosswalk. |
| RELATED FIELD | **Client Transaction Type**, **Date of Admission**, **Date of Last Contact/Data Update**, **Reporting Date**, **Date of Last Contact/Data Update** |
| FORMAT* | XXXXXXXX |
| DATASET NO. / POSITIONS* | Discharge record: DIS 9: 51–58 |

## D.47 Reason for Discharge, Transfer, or Discontinuance of Treatment—Required

This field indicates the outcome of the service or the reason for discontinuance of service at each service setting, in a discharge record.

| Code | Reason for Discharge, Transfer, or Discontinuance of Treatment |
|------|---------------------------------------------------------------|
| 01 | **TREATMENT COMPLETED** – All parts of the treatment plan or program were completed. |
| 02 | **DROPPED OUT OF TREATMENT** – Lost contact, administrative discharge, left against medical advice, eloped, or failed to return from leave, generally by client choice. |
| 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. |
| 14 | **TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY, BUT CLIENT IS NO SHOW** – Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for service. |
| 24 | **TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY THAT IS NOT IN THE SMHA REPORTING SYSTEM** |
| 34 | **DISCHARGED FROM THE STATE HOSPITAL TO AN ACUTE MEDICAL FACILITY FOR MEDICAL SERVICES** |
| 05 | **INCARCERATED OR RELEASED BY OR TO COURTS** |
| 06 | **DEATH** |
| 07 | **OTHER** |
| 96 | **NOT APPLICABLE** – For update record. |
| 97 | **UNKNOWN** |
| 98 | **NOT COLLECTED** |

| VALID ENTRIES | See above table |
|---------------|-----------------|
| **VALIDATION EDITS** | If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* (warning). |
| | The code *08 Unknown* has been discontinued. If this code is used, the value will be changed to *99 Invalid data* (warning). |
| | If code *96 Not applicable* is not used for an update record, the value will be changed to *99 "Invalid data"* (warning). |
| **GUIDELINES** | This field is for discharge records only. Use *96 Not applicable* for all update records. |
| | Code *01 Treatment completed* should be used when discharge was based on clinical determination that no further inpatient mental health treatment is recommended. |
| | Code 02 *Dropped out of treatment* includes a number of reasons a client may have left a state psychiatric hospital prior to when the medical staff determined inpatient treatment was no longer required. |
| | Code *04 Transferred to another treatment program or facility* includes extended placement. A client is released by the hospital, but to be followed in the community with a set of treatment and supervision requirements. The hospital maintains a level of |

| VALID ENTRIES | See above table |
|---|---|
| | responsibility for the client. The client's release can be revoked for failure to comply with the treatment and supervision requirements and the client can be re-hospitalized without going through an admission process. The client may reside at a private residence or at a treatment facility (e.g., group home). The duration of the placement is expected to be 60 days or more before a final discharge order would go into effect. In some states, these extended placements are referred to as "conditional release." Conditional release is generally defined as an involuntary outpatient commitment order upon release from hospitalization. The majority of clients on conditional release were originally admitted to the hospital under a forensic commitment. Conditional release events can be reported under this discharge type code. [Source: BHPMS]

Use code *34 Discharge from the state hospital to an acute medical facility for medical services* when, by policy, clients have to be discharged to be temporarily transferred to an acute medical facility to receive medical services. States that keep track of transfers to medical facilities as administrative leave instead of discharges should not report these events.

When the clinical decision is that further inpatient care is recommended, but the client returns to court to await a decision or the court issues a discharge, code *05 Released by or to courts* should be used. Also use code *05* if the client was discharged to prison or jail.

Use code *07 Other* when clients discontinued the receipt of services because of change in life circumstances, such as change of residence, illness or hospitalization, clients aged out of children's services, or completion of MH assessment or evaluation that did not result to referral for treatment service. |
| RELATED FIELD | None |
| FORMAT* | XX |
| DATASET NO. / POSITIONS* | Discharge record: DIS 10: 59–60 |

*C=Character; X=Alphanumeric; #=Numeric

## 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 MH-TEDS. Incorporating and programming these edits in the state's computer programs to prepare MH-TEDS files would be beneficial as it will help minimize the number of data errors identified when testing the state MH-TEDS files using the TEDS DSS.

This Appendix is intended to be used to understand the validation results and error report generated in TEDS DSS after validating a file. Relevant edit violations for each data field cited in the TEDS DSS reports are discussed fully in the following tables. This Appendix provides information on type of error, edit (data requirements), description of the violation and its outcome/result, 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 fields, 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. Note, relational edits will not "run" when one of the fields is either *Unknown* or *Not collected*.

The following examples assumed certain hierarchy among fields:

- **Date of Birth** takes precedence over the **Age at First Use**—DOB value is stored.
- **Sex** 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*.

## E.1    TEDS DSS Edit Checks for Admission Records

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| S3 | State Code | Fatal | 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) | Warning | 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 "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) | Warn-ing | 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 "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) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A1d | Age at First Use (Primary) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | Age at First Use (Tertiary) must be *96* | Age at First Use (Tertiary) has a value other than *96 "Not applicable"* | *Records with invalid data should be reviewed and* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | *"Not applicable"* when Substance Use (Tertiary) is reported as *01 "None"*. | 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 "Invalid data"*. | *replaced with valid values specified in the manual. Review both fields and take corrective action.* | |
| A1g | Age at First Use (Primary) | Warn-ing | Relatio-nal | Age at First Use (Primary) should **not** be reported as *96 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*. | Age at First Use (Primary) is reported as *96 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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) | Warn-ing | Relatio-nal | Age at First Use (Secondary) should **not** be reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*. | Age at First Use (Secondary) is reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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) | Warn-ing | Relatio-nal | Age at First Use (Tertiary) should **not** be reported *as 96 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*. | Age at First Use (Tertiary) is reported as *96 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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 |
| A2a | Age at First Use (Primary) | Warn-ing | Relatio-nal | A valid value for Age at First Use (Primary) 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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A2b | Age at First Use (Secondary) | Warn-ing | Relatio-nal | A valid value for Age at First Use (Secondary) 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) | Warn-ing | Relatio-nal | A valid value for Age at First Use (Tertiary) 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 |
| A3a | Age at First Use (Primary) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | 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 "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) | Informa-tional | Relatio-nal | 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* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | | | *take corrective action, if necessary.* | |
| A3e | Age at First Use (Secondary) | Informa-tional | Relatio-nal | 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) | Informa-tional | Relatio-nal | 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 | Warn-ing | 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 "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 | Informa-tional | 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 |
| A4c | Arrests in the Past 30 Days - Admission | Warn-ing | Relatio-nal | Number of Arrests in the past 30 Days - Admission must be *00* when the calculated age at admission is less than *10*. | Arrests in the past 30 Days - Admission has a value that is greater than *00* when the calculated age at admission is younger than 10; the value will be changed to *99 "Invalid data"* and a warning error will be generated. | *If client is under age 10 using the reported Date of Birth, Arrests in the Past 30 Days - Admission must be reported as 00. Review both fields and take corrective action, if necessary.* | All Admissions |
| A5 | Attendance at Self-Help SU Groups in | Warn-ing | Field | Attendance at SU Self-Help Group in Past 30 Days must have a valid | Attendance at SU Self-Help Groups data field is either blank or has an invalid value; record is processed but | *Records with invalid data should be reviewed and* | All Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | Past 30 Days - Admission | | | value. Blank is not accepted. | field value is replaced with the system code 99 "Invalid data". | *replaced with valid values specified in the Manual.* | |
| A6 | Attendance at Self-Help SU Groups in Past 30 Days - Admission | Warn-ing | Relatio-nal | 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 *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 |
| A7 | CGAS/GAF Score | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A8 | CGAS/GAF Score | Warn-ing | Relatio-nal | 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 value (not *996, 997, 998*) but Co-occurring Mental and Substance Use Disorders data field has a value other than *1 "Yes"*; 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 |
| A9 | Client ID | Fatal | 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 | Fatal | 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 | Fatal | 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 | Fatal | Relatio-nal | Codependent and Service Setting are KEY fields.. | Service Setting is coded *96 "Not applicable"* when the Codependent/Collateral field value is | *Service Setting must use codes 01–08 if* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | Codependent/Collateral must conform to the Service Setting. | *2 "Client"*; record is rejected and not processed. | *Codependent/Collateral field value is* 2 "Client". *Review both fields and take corrective action.* | |
| A12 | Co-occurring Mental and Substance Use Disorders | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A13a | Co-occurring Mental and Substance Use Disorders | Warn-ing | Relatio-nal | 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 not 1 *"Yes"* when valid MH diagnostic codes are reported on a SU record; record is processed but field value is replaced with the system code *9 "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 | Warn-ing | Relatio-nal | 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 "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 | Fatal | 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 |
| A15a | Date of Admission | Fatal | System | SU admission record must have a Date of Admission of January 1, 2015, or later. | Date of Admission is before January 1, 2015; record is rejected and not processed. | *Rejected records cannot be processed. Adding, updating, or deleting admission data is not allowed if the Date of Admission is before January 1, 2015.* | SU Admissions |
| A16 | Date of Admission | Fatal | Relatio-nal | 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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A17 | Date of Admission | Fatal | Relatio-nal | 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 |
| A18 | Date of Birth | Fatal | 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 | Warn-ing | Relatio-nal | Date of Birth may be the same or earlier than the current date. | Date of Birth is later than the current date; record is processed but field value is replaced with the system code *01010009 "Invalid date"*. | *Date of Birth may be the same or earlier than the current date.* | All Admissions |
| A19b | Date of Birth | Warn-ing | Relatio-nal | Date of Birth may be the same or earlier than Date of Admission. | Date of Birth is later than the date of admission; record is processed but field value is replaced with the system code *01010009 "Invalid date"*. | *Date of Birth may be the same or earlier than Date of Admission.* | All Admissions |
| A19c | Date of Birth | Informa-tional | Relatio-nal | Date of Birth that gives a calculated age of >95 years at time of admission will be flagged for state verification. | Date of Birth 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 Date of Birth give a calculated age of >95 years at time of admission. Review both fields and take corrective action, if necessary.* | All Admissions |
| A20 | Days Waiting to Enter SU Treatment | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 *996, 997, 998*) but Co-occurring Mental and Substance Use Disorders field value is not 1 *"Yes"* 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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A22 | Detailed Criminal Justice Referral | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 "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 |
| A23b | Detailed Criminal Justice Referral | Warn-ing | Relatio-nal | 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) | Warn-ing | 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 "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) | Warn-ing | 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 "Invalid data". | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A24c | Detailed Drug Code (Tertiary) | Warn-ing | Field | Detailed Drug Code (Tertiary) 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 "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) | Warn-ing | Relatio-nal | Detailed Drug Code (Primary) must be a valid | Invalid subset of the reported Substance Use (Primary); record is processed but field value is replaced | *Records with invalid data should be reviewed and replaced with valid values.* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | subset of the reported Substance Use. | with the system code *9999 "Invalid data"*. | *Detailed Drug Code must be a valid subset of the Reported Substance Use. Review both fields.* | |
| A25b | Detailed Drug Code (Secondary) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | 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 "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 |
| A25d | Detailed Drug Code (Primary) | Warn-ing | Relatio-nal | 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 "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 |
| A25e | Detailed Drug Code (Secondary) | Warn-ing | Relatio-nal | 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 "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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A25f | Detailed Drug Code (Tertiary) | Warn-ing | Relatio-nal | 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 "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 |
| A25g | Detailed Drug Code (Primary) | Warn-ing | Relatio-nal | Detailed Drug Code (Primary) should not be reported as *9996 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*. | Detailed Drug Code (Primary) is reported as *9996 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *9999 "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" *or* 96 "Not applicable". | SU Admissions |
| A25h | Detailed Drug Code (Secondary) | Warn-ing | Relatio-nal | Detailed Drug Code (Secondary) should not be reported as *9996 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*. | Detailed Drug Code (Secondary) is reported as *9996 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *9999 "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" *or* 96 "Not applicable". | SU Admissions |
| A25i | Detailed Drug Code (Tertiary) | Warn-ing | Relatio-nal | Detailed Drug Code (Tertiary) should not be reported as *9996 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*. | Detailed Drug Code (Tertiary) is reported as *9996 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *9999 "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" *or* 96 "Not applicable". | SU Admissions |
| A26a | Detailed Drug Code (Primary) | Warn-ing | Relatio-nal | 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 | 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 | *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.* | MH Admissions, if reported |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | and substance use disorders. | with the reported field value. | *Review both fields and take corrective action.* | |
| A26b | Detailed Drug Code (Secondary) | Warn-ing | Relatio-nal | 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,* or *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) | Warn-ing | Relatio-nal | 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,* or *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 | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A28a | Detailed Not in Labor Force | Warn-ing | Relatio-nal | 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 "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 | Warn-ing | Relatio-nal | 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 | Warn-ing | Field | Diagnostic Code must have a valid value. | Diagnostic Code is either blank or has an invalid value; record is | *Records with invalid data should be reviewed and* | All Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | or ICD) (SuDS 4) | | | Blank is not accepted. | processed but field value is replaced with the system code *999.99 "Invalid data"*. | *replaced with valid values specified in the Manual.* | |
| A29b | Diagnostic Code (DSM or ICD) (SuDS 4) | Informational | Field | States should endeavor to transition to using 'SuDS 19 Substance Use Diagnosis' and 'MHA 1a-c Mental Health Diagnosis'. These diagnostic codes 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 |
| A30 | Diagnostic Code Set Identifier | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 "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 | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A32c | Education | Informational | Relatio-nal | 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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A34a | Employment Status | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A34c | Employment Status | Informa tional | Relatio -nal | If Employment status has a value of either *01, 02, 03,* or *05,* 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 |
| A34d | Employment Status | Informa tional | Relatio -nal | If Employment Status has a value of *96,* the calculated age at admission must be 15 years or younger. | Employment status has a value of *96* when the calculated age at admission is greater than 15 years old; informational message is generated. | *INFORMATIONAL: Review both fields and take corrective action.* | All Admissions |
| A35a | Frequency of Use (Primary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A35b | Frequency of Use (Secondary) | Warn-ing | 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 "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) | Warn-ing | 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 "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) | Warn-ing | Relatio -nal | 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 | *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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | | with the system code *99 "Invalid data"*. | | |
| A35e | Frequency of Use (Secondary) | Warn-ing | Relatio-nal | 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 "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 | Frequency of Use (Tertiary) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | Frequency of Use (Primary) should not be reported as *96 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*. | Frequency of Use (Primary) is reported as *96 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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 |
| A35h | Frequency of Use (Secondary) | Warn-ing | Relatio-nal | Frequency of Use (Secondary) should not be reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*. | Frequency of Use (Secondary) is reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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) | Warn-ing | Relatio-nal | Frequency of Use (Tertiary) should not be reported as *96 "Not applicable"* when | Frequency of Use (Tertiary) is reported as *96 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96* | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*. | *"Not applicable"*; record is processed but field value is replaced with the system code *99 "Invalid data"*. | *Review both fields and take corrective action.* | |
| A36a | Frequency of Use (Primary) | Warn-ing | Relatio-nal | 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,* 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 |
| A36b | Frequency of Use (Secondary) | Warn-ing | Relatio-nal | 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,* 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 |
| A36c | Frequency of Use (Tertiary) | Warn-ing | Relatio-nal | 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,* 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 |
| A37 | Sex | Warn-ing | Field | Sex must have a valid value. Blank is not accepted. | Sex is either blank or has an invalid value; record is processed but field value is replaced with the system code *9 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A38 | Health Insurance | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A39 | Hispanic or Latino Origin (Ethnicity) | Warn-ing | 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 | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | | replaced with the system code *99 "Invalid data"*. | | |
| A40 | Legal Status at Admission to State Hospitals | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | Legal Status must have a valid value when Service Setting is *72 "State psychiatric hospital"*. All other service settings must have a value of *96 "Not applicable"*. | Legal Status at Admission is coded *96 "Not* applicable" when Service Setting field value is *72 "State psychiatric hospital"*; record is processed but field value is replaced with the system code *99 "Invalid data"*. | *Legal Status is for state hospital setting only,* 72. Use 96 *for all Service Setting from* 73 *through* 76. *Review both fields and take corrective action.* | MH Admissions |
| A42a | Living Arrangements | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A42c | Living Arrangements | Informa-tional | Relatio-nal | Living Arrangements should not be reported as codes 72, 03, and 04 when client is under the age of 18. | Living Arrangements has a value of *72* (Private residence) *"Dependent living"* or *03 "Independent living"* or *04 "Private residence"* when client is younger than 18 calculated based on Date of Birth and Date of Admission; informational message is generated. | *INFORMATIONAL: Review all relevant fields and take corrective action.* | All Admissions |
| A43a | Marital Status | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A43b | Marital Status | Warn-ing | Relatio-nal | Marital Status must be reported as code *01 "Never married"* if the client is under 16 years old. | Marital Status has a value other than *01 "Never married"* when client is younger than 16; record is processed but field value is replaced with the system code *99 "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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A44 | Medication for Opioid Use Disorder | Warn-ing | Field | Medication for Opioid Use Disorder must have a valid value. Blank is not accepted. | Medication for Opioid Use Disorder is either blank or has an invalid value; record is processed but field value is replaced with the system code *9 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A45 | Medication for Opioid Use Disorder | Warn-ing | Relatio-nal | 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 for Opioid Use Disorder has a value that is not *6, 7,* or *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 |
| A46a | Mental Health Diagnosis (One) | Warn-ing | 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; For all records (including SU records), a valid diagnosis code or '999.9996' should be provided; record is processed but field value is replaced with the system code *999.9999 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A46b | Mental Health Diagnosis (Two) | Warn-ing | 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; For all records (including SU records), a valid diagnosis code or '999.9996' should be provided; record is processed but field value is replaced with the system code *999.9999 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A46c | Mental Health Diagnosis (Three) | Warn-ing | 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; For all records (including SU records), a valid diagnosis code or '999.9996' should be provided; record is processed but field value is replaced with the system code *999.9999 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A47a | Mental Health | Warn-ing | Relatio-nal | Up to three mental health diagnoses may be | Duplicate. There are at least two reported diagnostic codes that are | *Duplicates exist. At least two diagnoses of the same codes* | MH Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | Diagnosis (Two) | | | reported but must not be of the same diagnostic code or else it will be considered a duplicate. | 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 "Invalid data". | *are reported in MH Diagnoses (One and Two). Take corrective action.* | |
| A47b | Mental Health Diagnosis (Two) | Warn-ing | Relatio-nal | Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or it will be considered 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 "Invalid data". | *Duplicates exist. At least two diagnoses of the same codes are reported in MH Diagnoses (Two and Three). Take corrective action.* | MH Admissions |
| A47c | Mental Health Diagnosis (Three) | Warn-ing | Relatio-nal | Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or it will be considered 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 "Invalid data". | *Duplicates exist. At least two diagnoses of the same codes are reported in MH Diagnoses (One and Three). Take corrective action.* | MH Admissions |
| A48a | Mental Health Diagnosis (One) | Warn-ing | Relatio-nal | 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 *999.9996, 999.9997* or *999.9998* but Co-occurring Mental and Substance Use Disorders data field is not 1 *"Yes"*; 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 |
| A48b | Mental Health Diagnosis (Two) | Warn-ing | Relatio-nal | 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 value other than *999.9996, 999.9997,* or *999.9998* but Co-occurring Mental and Substance Use Disorders data field is not 1 *"Yes"*; 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 | Warn-ing | Relatio-nal | A valid value for a MH data field is accepted on a SU record only when a | For a SU record, Mental Health Diagnosis (Three) has a value other than *999.9996, 999.9997,* or | *This is a MH data field only; Co-occurring Mental and Substance Use Disorders data* | SU Admissions, if reported |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | Diagnosis (Three) | | | client is reported to have co-occurring mental and substance use disorders. | *999.9998* but Co-occurring Mental and Substance Use Disorders data field is not 1 *"Yes"*; record is processed with the reported field value. | *field must be* Yes *to allow reporting on a SU record. Review both fields and take corrective action.* | |
| A49 | Payment Source | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A50 | Pregnant at Admission | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A51a | Pregnant at Admission | Warn-ing | Relatio-nal | If Pregnant at Admission is *1 "Yes"* or *2 "No"*, then Sex must be *2 "Female"*. | Pregnant at Admission has a value of *1* or *2* with sex of *1 "Male"*; record is processed but field value is replaced with the system code *6 "Not applicable"*. | *INFORMATIONAL: Value for Pregnant at admission has been replaced with* 6 "Not applicable" *to conform with Sex* 1 "Male". | All Admissions |
| A51b | Pregnant at Admission | Informa-tional | Relatio-nal | If Pregnant at Admission is *1 "Yes"*, then Age must be 64 or younger. | Pregnant at Admission has a value of *1* with Age of *65 or older*; record is processed with the reported field value. | *INFORMATIONAL: Review both fields and take corrective action.* | All Admissions |
| A52 | Previous SU Treatment Episodes | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 *6, 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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A54 | Race | Warn-ing | 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 "Invalid data". | *Record with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A55 | Referral Source | Warn-ing | 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 "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) | Warn-ing | 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 "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) | Warn-ing | 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 "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) | Warn-ing | 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 "Invalid data". | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A56d | Route of Administration (of Primary Substance) | Warn-ing | Relatio-nal | 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 "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) | Warn-ing | Relatio-nal | Route of Administration—Secondary must be 96 "Not applicable" when Substance Use | 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 | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | (Secondary) is reported as *01 "None"*. | *"None"*; record is processed but field value is replaced with the system code *99 "Invalid data"*. | *Review both fields and take corrective action.* | |
| A56f | Route of Administration (of Tertiary Substance) | Warn-ing | Relatio-nal | 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 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 |
| A56g | Route of Administration (of Primary Substance) | Warn-ing | Relatio-nal | Route of Administration—Primary should not be reported as *96 "Not applicable"* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*. | Route of Administration (of Primary Substance) is reported as *96 Not Applicable* when Substance Use (Primary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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) | Warn-ing | Relatio-nal | Route of Administration—Secondary should not be reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*. | Route of Administration (of Secondary Substance) is reported as *96 "Not applicable"* when Substance Use (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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) | Warn-ing | Relatio-nal | Route of Administration—Tertiary should not be reported as *96 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*. | Route of Administration (of Tertiary Substance) is reported as *96 "Not applicable"* when Substance Use (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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 |
| A57a | Route of Administratio n | Warn-ing | Relatio-nal | A valid value for a SU data field is accepted on | Route of Administration (of Primary Substance) has a value that is not | *This is a SU data field only; Co-occurring Mental and* | MH |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | n (of Primary Substance) | | | a MH record only when a client is reported to have co-occurring mental and substance use disorders. | *96, 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. | *Substance Use Disorders data field must be* Yes *to allow reporting on a MH record. Review both fields and take corrective action.* | Admissions, if reported |
| A57b | Route of Administration (of Secondary Substance) | Warn-ing | Relatio-nal | 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,* 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 |
| A57c | Route of Administration (of Tertiary Substance) | Warn-ing | Relatio-nal | 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,* 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 |
| A58 | School Attendance Status | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A59 | School Attendance Status | Informa-tional | Relatio-nal | 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,* or *01010009*; informational message is generated. | *INFORMATIONAL: Validation using age criteria is not performed. Please review all relevant fields and take corrective action.* | All Admissions |
| A60a | School Attendance Status | Warn-ing | Relatio-nal | A value of *1 "Yes"*, *2 "No"*, or *7 "Unknown"* must be reported only for 3–17 years of age. All other clients, except those protected under the IDEA, must have a value of *6 "Not applicable"*. If this data field is not | School Attendance Status value for clients between 3 and 17 years old must be *1, 2,* or *7*; For clients older than 21 years, it must be *6*; record is processed but field value is replaced with the system code *9 "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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | collected, use *8 "Not collected"*. | | | |
| A60b | School Attendance Status | Warn-ing | Relatio-nal | A value of *1 "Yes", 2 "No"*, or *7 "Unknown"* can be reported for young adults 18–21 years under the IDEA. Those who do not meet the IDEA eligibility criteria must have a value of *6 "Not applicable"*. This data edit assumes that a client 18-21 years old is IDEA eligible if their SMI/SED Status is *2* or *3*. | School Attendance Status value for clients between 18 and 21 years old with an SMI/SED Status value of *2* or *3* (IDEA eligible) can be 1 *"Yes"*, 2 *"No"*, or 7 *"Unknown."* For clients between 18 and 21 years old who are not eligible under IDEA, the value must be *6 "Not applicable"*; record is processed but field value is replaced with the system code 9 "*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 | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A62a | SMI/SED Status | Warn-ing | Relatio-nal | 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 "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 | Warn-ing | Relatio-nal | 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 value does not conform to the guideline on age criteria. Client is older than 21 years; record is processed but field value is replaced with the system code *9 "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 |
| A62c | SMI/SED Status | Informa-tional | Relatio-nal | SMI/SED Status values *02 "SED"* or *03 "At risk for SED"* can only be reported for young adults 18–21 years when protected under the | SMI/SED Status value may conform to the guideline on age criteria if the client meets IDEA eligibility criteria. Client is between 18–21 years; record is processed with the reported | *INFORMATIONAL: SMI/SED Status has a value of* 02 "SED" *or* 03 "At risk for SED" *when client's calculated Age at Admission using the reported Date of Birth is between 18–21* | MH Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | IDEA. SMI/SED Status value for those who do not meet the IDEA eligibility criteria must conform to the guideline on age criteria. | field value and informational message is generated. | *years. Review both fields and take corrective action, if necessary.* | |
| A63 | SMI/SED Status | Warn-ing | Relatio-nal | 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 *6 "Not applicable"* or *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 | Informa-tional | Relatio-nal | To perform the age validation check, both SMI/SED Status and Dat of Birth fields must have valid values. | Age check cannot be performed if reported Date of Birth is either *01010007, 01010008,* or *01010009;* informational message is generated. | *INFORMATIONAL: Validation using age criteria is not performed. Review all relevant fields and take corrective action.* | MH Admissions |
| A65 | Source of Income/Support | Warn-ing | 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 "Invalid data".* | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A66 | State Provider ID | Fatal | 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 | Informa-tional | Relatio-nal | A match of the State Provider ID is conducted with the list of state facilities in the I-TF database and no match was found. | State Provider ID did not find a match in the I-TF database; informational message is generated. | *INFORMATIONAL: This Provider ID did not find a match in the I-TF database. Refer to* **8.3 Information Message of this manual** *for guidance.* | SU Admissions |
| A68 | Substance Use Diagnosis | Warn-ing | 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 | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | | replaced with the system code *999.9999 "Invalid data"*. | | |
| A69 | Substance Use Diagnosis | Warn-ing | Relatio-nal | 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, or 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 |
| A70a | Substance Use (Primary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A70b | Substance Use (Secondary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A70c | Substance Use (Tertiary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A71a | Substance Use (Primary) | Warn-ing | Relatio-nal | 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, 96, 97, or 98*) but Co-occurring Mental and Substance Use Disorders field value is not 1 *"Yes"*, 7 *"Unknown"*, or 8 *"Not collected"* 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 |
| A71b | Substance Use (Secondary) | Warn-ing | Relatio-nal | 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, 96, 97, or 98*) but Co-occurring Mental and Substance Use Disorders field value not 1 *"Yes"*, 7 *"Unknown"*, or 8 *"Not collected"* 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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| A71c | Substance Use (Tertiary) | Warn-ing | Relatio-nal | 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, 96, 97,* or *98)* but Co-occurring Mental and Substance Use Disorders field value is not 1 *"Yes",* 7 *"Unknown",* or 8 *"Not collected"* 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 |
| A72a | Substance Use (Primary) | Warn-ing | Relatio-nal | 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 "Invalid data".* | *Duplicate(s) exist(s). 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 |
| A72b | Substance Use (Secondary) | Warn-ing | Relatio-nal | A record with the same Substance Use and Route of Administration must have different Detailed Drug Code(s) 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 "Invalid data".* | *Duplicate(s) exist(s). 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) | Warn-ing | Relatio-nal | A record with the same Substance Use and Route of Administration must have different Detailed Drug Code(s) across the Primary, Secondary, and | 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) exist(s). 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* | SU Admissions |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | Tertiary Substance Use or else it is a duplicate. | 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 "Invalid data"*. | *action.* | |
| A72d | Substance Use (Secondary) | Warn-ing | Relatio-nal | 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) | Warn-ing | Relatio-nal | 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) | Warn-ing | Relatio-nal | 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 | Fatal | 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 |
| A74 | Service Setting | Fatal | Field | Service Setting is a KEY field. It must have a valid | 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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | value. Blank is not accepted. | | | |
| A75a | Service Setting | Fatal | Relatio-nal | Service Setting must conform to the Client Transaction Type. | Service Setting value does not conform to the reported Client Transaction Type; record is rejected and not processed. | *Service Setting must use codes 01–08 or 96 if Client Transaction Type is either 'A' or 'T.'* | SU Admissions |
| A75b | Service Setting | Fatal | Relatio-nal | Service Setting must conform to the Client Transaction Type. | Service Setting value does not conform to the reported Client Transaction Type; record is rejected and not processed. | *Service Setting must use codes 72–76 if Client Transaction Type is either 'M' or 'X.'* | MH Admissions |
| A76a | Veteran Status | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Admissions |
| A76b | Veteran Status | Warn-ing | Relatio-nal | 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 |
| A77 | Substance Use Diagnosis | Informa-tional | Relatio-nal | 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 | Informa-tional | 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) | Informa-tional | 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* | MH Admissions [and SU Admissions, if reported] |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLIES TO: |
|---|---|---|---|---|---|---|---|
| | | | | | | *Diagnosis (One), use code 999.9996.* | |
| A80 | Mental Health Diagnosis (Three) | Informational | 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] |

## E.2    TEDS DSS Edit Checks for Discharge/Update Record

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D1a | Arrests in the Past 30 Days - Discharge | Warning | Field | Arrests in the 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D1b | Arrests in the Past 30 Days - Discharge | Informational | Field | Arrests 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 |
| D1c | Arrests in the Past 30 Days - Discharge | Warning | Relational | Number of Arrests in the past 30 Days - Discharge must be *00* when the calculated age at admission is less than *10*. | Arrests in the past 30 Days - Discharge has a value that is greater than *00* when the calculated age at admission is younger than 10; the value will be changed to *99 "Invalid data"* and a warning error will be generated. | *If client is under age 10 using the reported Date of Birth, Arrests in the Past 30 Days - Discharge must be reported as 00. Review both fields and take corrective action, if necessary.* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D2 | Attendance at SU Self-Help Groups in Past 30 Days - Discharge | Warning | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D3 | Attendance at SU Self-Help Groups in Past 30 Days - Discharge | Warning | 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 *96* or *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 | Warning | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D5 | CGAS/GAF Score | Warning | 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 *996 "Not applicable", 997 "Unknown",* or *998 "Not collected"* but Co-occurring Mental and Substance Use Disorders data field does not have a value of 1 "Yes"; 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 | Fatal | 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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D7 | Client ID at Admission | Warn-ing | 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 | Warn-ing | 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 | Fatal | 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 | Warn-ing | 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 | Fatal | 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 |
| D11b | Codependent/ Collateral at Discharge | Fatal | Relatio-nal | Codependent and Service Setting are KEY fields. Codependent/Collateral must conform to the Service Setting. | Service Setting is coded *96 "Not applicable"* when the Codependent/Collateral field value is *2 "Client"*; record is rejected and not processed. | *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 | Warn-ing | 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 "Invalid data".* | *Field value should conform to the Admission Record. Review and replace with valid values.* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D13 | Date of Birth at Admission | Warn-ing | 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 "Invalid data"*. | *Field value should conform to the Admission Record. Review and replace with valid values.* | All Discharges and MH Updates |
| D14 | Date of Discharge | Fatal | 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 |
| D15 | Date of Discharge | Fatal | System | Discharge record must have a Date of Admission of January 1, 2015, or later. | Date of Discharge is before January 1, 2015; record is rejected and not processed. | *Rejected records cannot be processed. Adding, updating, or deleting discharge data is not allowed if the Date of Admission is before January 1, 2015.* | SU Discharges |
| D16 | Date of Discharge | Fatal | 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 | Fatal | Relatio-nal | 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 | Fatal | Relatio-nal | 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 |
| D19 | Date of Discharge | Fatal | Relatio-nal | Update means the client has not been discharged from treatment. Date of Discharge field should be *01010006 "Not* | 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* | MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | *applicable".* | | *corrective action taken.* | |
| D20 | Date of Last Contact or Data Update | Fatal | 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. Records with invalid data should be reviewed and take corrective action.* | MH Updates |
| D21 | Date of Last Contact or Data Update | Fatal | 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 | Fatal | Relatio-nal | 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 |
| D23 | Date of Last Contact or Data Update | Warn-ing | 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 "Invalid data".* | *Date of Last Contact or Data Update must be a valid calendar date. Records with invalid data should be reviewed and corrective action taken.* | All Discharges |
| D24 | Date of Last Contact or Data Update | Warn-ing | Relatio-nal | 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 "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 | Warn-ing | Relatio-nal | Date of Last Contact or Data Update must be either the same or later | Date of Last Contact or Data Update is earlier than the Admission date; record is | *Date of Last Contact or Data Update must be the same date* | All Discharges |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | than the Date of Admission. | processed but field value is replaced with the system code *01010009 "Invalid data".* | *or later than the Date of Admission.* | |
| D25b | Date of Last Contact or Data Update | Fatal | Relatio-nal | 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 | Warn-ing | Relatio-nal | 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 "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 | Warn-ing | 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 "Invalid data".* | *Date of Last Contact or Data Update must be January 1, 2000, or later. Records with invalid data should be reviewed and corrective action taken.* | SU Discharges |
| D28 | Date of Last Contact or Data Update | Warn-ing | 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 "Invalid data".* | *Date of Last Contact or Data Update must be January 1, 1920, or later. Records with invalid data should be reviewed and corrective action taken.* | MH Discharges |
| D29 | Date of Last Contact or Data Update | Warn-ing | Relatio-nal | 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 "Invalid data".* | *The Date of Last Contact or Data Update field value was replaced with the system code for invalid data.* | All Discharges |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D30 | Detailed Not in Labor Force at Discharge | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 "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 |
| D31b | Detailed Not in Labor Force | Warn-ing | Relatio-nal | 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 | Warn-ing | 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 "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 | Warn-ing | Relatio-nal | 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 "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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D34a | Education | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D34b | Education | Informati onal | Relatio-nal | If Education has a value of '13 through 71' then the calculated age at discharge 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 | Warn-ning | Relation-nal | Education must have a valid value other than *00 "Less than one school grade or no schooling"* when School Attendance is *1*. | Education is *00 "Less than one school grade or no schooling"* when School Attendance Status is *1*; record is processed but field value is replaced with the system code *99 "Invalid data"*. | *Education field should have a valid value other than* 00 "Less than one school grade or no schooling" *if School Attendance Status has a value of* 1. *Review all relevant fields and take corrective action.* | All MH Discharges and Updates |
| D36a | Employment Status | Warn-ing | 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 "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 | Informati onal | Relatio-nal | If Employment status has a value of either *01, 02, 03,* or *05*, then the calculated age at discharge must be 16 years or older. | Employment status has a value of either *01, 02, 03,* or *05* when the calculated age at discharge is less than 16 years old; informational message is generated. | *INFORMATIONAL*: Review both fields and take corrective action. | All Discharges and MH Updates |
| D36c | Employment Status | Informati onal | Relatio-nal | If Employment status has a value of *96*, then the calculated age at admission must be 15 years or younger. | Employment status has a value of *96* when the calculated age at admission is greater than 15 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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D37a | Frequency of Use (Primary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D37b | Frequency of Use (Secondary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D37c | Frequency of Use (Tertiary) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D37d | Frequency of Use (Primary) | Warn-ing | Relatio-nal | 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 "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.* | All Discharges and MH Updates |
| D37e | Frequency of Use (Secondary) | Warn-ing | Relatio-nal | 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 "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.* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D37f | Frequency of Use (Tertiary) | Warn-ing | Relatio-nal | 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 "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.* | All Discharges and MH Updates |
| D37g | Frequency of Use (Primary) | Warn-ing | Relatio-nal | 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"* or *96 "Not applicable"*. | Frequency of Use (Primary) is reported as *96 "Not applicable"* when Substance Use at Discharge (Primary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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.* | All Discharges and MH Updates |
| D37h | Frequency of Use (Secondary) | Warn-ing | Relatio-nal | 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"* or *96 "Not applicable"*. | Frequency of Use (Secondary) is reported as *96 "Not applicable"* when Substance Use at Discharge (Secondary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is replaced with the system code *99 "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.* | All Discharges and MH Updates |
| D37i | Frequency of Use (Tertiary) | Warn-ing | Relatio-nal | 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* or *96 "Not applicable"*. | Frequency of Use (Tertiary) is reported as *96 "Not applicable"* when Substance Use at Discharge (Tertiary) has a value other than *01 "None"* or *96 "Not applicable"*; record is processed but field value is | *Records with invalid data should be reviewed and replaced with valid values specified in the manual. Review both fields and take corrective action.* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | | replaced with the system code *99 Invalid data*. | | |
| D38a | Frequency of Use at Discharge (Primary) | Warn-ing | Relatio-nal | 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,* 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 and Updates, if reported |
| D38b | Frequency of Use at Discharge (Secondary) | Warn-ing | Relatio-nal | 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,* 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 and Updates, if reported |
| D38c | Frequency of Use at Discharge (Tertiary) | Warn-ing | Relatio-nal | 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,* 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 and Updates, if reported |
| D39 | Sex at Admission | Warn-ing | Field | Sex must be a valid value. | Sex is either blank or an invalid value; record is processed but field value is replaced with the system code *9 "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 | Warn-ing | 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 "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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D41a | Living Arrangements | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| 1c | Living Arrangements | Informational | Relatio-nal | Living Arrangements should not be reported as codes 72, 03, and 04 when client is under the age of 18. | Living Arrangements has a value of *72 "Dependent living", 03 "Independent living",* or *04 "Private residence"* when client is younger than 18 calculated based on Date of Birth and Date of Admission; informational message is generated. | *INFORMATIONAL: Review all relevant fields and take corrective action.* | All Discharges and MH Updates |
| D42a | Mental Health Diagnosis Code (One) | Warn-ing | 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 "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) | Warn-ing | 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 "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) | Warn-ing | 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 "Invalid data"*. | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D43a | Mental Health Diagnosis (Two) | Warn-ing | Relatio-nal | Up to three mental health diagnoses may be reported but they must not | Duplicate. There are at least two reported diagnostic codes that are the same. The first will be | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | use the same diagnostic code or else it is a duplicate. | processed, other(s) will be considered duplicate(s) and the field value is replaced with the system code *999.9999 "Invalid data"*. | *Diagnoses (One and Two). Take corrective action.* | |
| D43b | Mental Health Diagnosis (Three) | Warn-ing | Relatio-nal | 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 "Invalid data"*. | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH Diagnoses (One and Three). Take corrective action.* | All Discharges and MH Updates |
| D43c | Mental Health Diagnosis (Three) | Warn-ing | Relatio-nal | 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 "Invalid data"*. | *Duplicates exist. At least two MH Diagnoses of the same codes are reported in MH Diagnoses (Two and Three). Take corrective action.* | All Discharges and MH Updates |
| D44a | Mental Health Diagnosis Code (One) | Warn-ing | Relatio-nal | 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 *999.9996, 999.9997, or 999.9998* but Co-occurring Mental and Substance Use Disorders data field *is not 1 "Yes"*; 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) | Warn-ing | Relatio-nal | 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 *999.9996, 999.9997, or 999.9998* but Co-occurring Mental and Substance Use Disorders data field  is not 1 | *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.* | SU Discharges, if reported |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | | *"Yes"*; record is processed with the reported field value. | *Review both fields and take corrective action.* | |
| D44c | Mental Health Diagnosis Code (Three) | Warn-ing | Relatio-nal | 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 *999.9996, 999.9997,* or *999.9998* but Co-occurring Mental and Substance Use Disorders data field is not 1 *"Yes"*; 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 |
| D45 | Race at Admission | Warn-ing | 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 "Invalid data".* | *Field value should conform to the Admission Record. Review and replace with valid values.* | All Discharges and MH Updates |
| D46 | Reason for Discharge, Transfer, or Discontinuance of Treatment | Warn-ing | 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 "Invalid data".* | *Records with invalid data must be reviewed and replaced with valid values specified in the Manual.* | All Discharges |
| D48 | Reason for Discharge, Transfer, or Discontinuance of Treatment | Warn-ing | Relatio-nal | 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 "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 |
| D49 | School Attendance Status | Warn-ing | 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 "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 | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D50 | School Attendance Status | Informational | Relational | To perform the age validation check, 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,* or *01010009*; informational message is generated. | *Validation using age criteria is not performed. Review all relevant fields and take corrective action.* | All MH Discharges and Updates |
| D51a | School Attendance Status | Warning | 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 should be 1 "Yes", 2 "No", or 7 "Unknown". Clients between 18 and 21 years old who meet IDEA eligibility requirements can also be 1 "Yes", 2 "No", or 7 "Unknown". For non-school-age clients and clients 18 and older who are not eligible under the IDEA, the value must be 6 "Not applicable"; the record is processed but field value is replaced with the system code *9 "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 |
| D51b | School Attendance Status | Informational | Relational | A value of *1 "Yes", 2 "No",* or *7 "Unknown"* can be reported for young adults under the IDEA, 18–21 years. Those not under the IDEA must have a value of *6 "Not applicable".* | *School Attendance Status value for clients between 18 and 21 years old who are IDEA eligible can be 1 "Yes", 2 "No", or 7 "Unknown". For clients between 18 and 21 years old who are not eligible under IDEA, the value must be 6 "Not applicable"*; record is processed with the reported field value and informational message is generated. | *INFORMATIONAL: 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 |
| D52 | SMI/SED Status | Warning | Field | SMI/SED Status must have a valid value. Blank | SMI/SED Status is either blank or has an invalid value; record is | *Records with invalid data should be reviewed and* | All Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | is not accepted. | processed but field value is replaced with the system code *9 "Invalid data"*. | *replaced with valid values specified in the Manual.* | |
| D53a | SMI/SED Status | Warn-ing | Relatio-nal | 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 the IDEA when either SMI or SED/At Risk of SED is accepted. | SMI/SED Status does not conform to the guideline on age criteria. Client is older than 21 years for SED/At Risk of SED status or younger than 18 for SMI status; record is processed but field value is replaced with the system code *9 "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 |
| D53b | SMI/SED Status | Informati onal | Relatio-nal | SMI/SED Status values *02 "SED"* or *03 "At risk for SED"* can only be reported for young adults 18–21 years when protected under the IDEA. SMI/SED Status value for those not under the IDEA must conform to the guideline on age criteria. | SMI/SED Status does not conform to the guideline on age criteria. Verify that client is 18-21 years and/or protected under IDEA; record is processed, and field value remains unchanged. | *INFORMATIONAL: SMI/SED Status has a value of 02 "SED" or 03 "At risk for SED" when client's calculated Age at Admission using the reported Date of Birth is between 18–21 years. Review both fields and take corrective action, if necessary.* | All MH Discharges and Updates |
| D54 | SMI/SED Status | Warn-ing | Relatio-nal | 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 |
| D55 | SMI/SED Status | Informati onal | Relatio-nal | 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,* or *01010009*; informational message is generated. | *Validation using age criteria is not performed. Please review all relevant fields and take corrective action.* | All MH Discharges and MH Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D56 | State Provider ID at Admission | Warn-ing | 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 | Fatal | 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 | Informati-onal | Relatio-nal | A match of the State Provider ID is conducted with the list of state facilities in the I-TF. | State Provider ID did not find a match in the I-TF; informational message is generated. | *INFORMATIONAL: This State Provider ID did not find a match in the I-TF. Refer to* **Chapter 8.3 Informational Message of the MH-TEDS Manual** *for guidance.* | SU Discharges |
| D59a | Substance Use (Primary) | Warn-ing | 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 "Invalid data".* | *Records with invalid data should be reviewed and replaced with valid values specified in the Manual.* | All Discharges and MH Updates |
| D59b | Substance Use (Secondary) | Warn-ing | 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 "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) | Warn-ing | 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 "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) | Warn-ing | Relatio-nal | When Substance Use (Primary) is *97 "Unknown"*, then Substance Use (Secondary) must also be | Substance Use (Secondary) has a value (not *97* or *98*) but Substance Use (Primary) is reported as *97 "Unknown"*; | *Review both fields and take corrective action.* | SU Discharges [and MH Discharges or Updates, if reported] |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | 97 *"Unknown"* (or *98 "Not collected"* for states that collect only one Substance Use). | record is processed with the reported field value. | | |
| D59e | Substance Use (Tertiary) | Warn-ing | Relatio-nal | 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 Discharges [and MH Discharges or Updates, if reported] |
| D59f | Substance Use (Tertiary) | Warn-ing | Relatio-nal | 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 Discharges [and MH Discharges or Updates, if reported] |
| D60a | Substance Use (Primary) | Warn-ing | Relatio-nal | 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, 96, 97,* or *98)* but Co-occurring Mental and Substance Use Disorders field value is *not 1 "Yes"* 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) | Warn-ing | Relatio-nal | 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, 96, 97,* or *98)* but Co-occurring Mental and Substance Use Disorders field value is *not 1 "Yes"* in a MH | *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.* | MH Discharges or Updates, if reported |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | | | | | record; record is processed with the reported field value. | *Review both fields and take corrective action.* | |
| D60c | Substance Use (Tertiary) | Warn-ing | Relatio-nal | 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, 96, 97,* or *98*) but Co-occurring Mental and Substance Use Disorders field value is *not 1 "Yes"* 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 | Fatal | 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 | Service Setting at Admission | Warn-ing | Field | Service Setting must be a valid value. | 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 | Service Setting | Fatal | Field | Service Setting is a KEY field. It must have a valid value. Blank is not accepted. | 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 | Service Setting | Fatal | Relatio-nal | Service Setting must conform to the Client Transaction Type. | Service Setting does not conform to the reported Client Transaction Type; record is rejected and not processed. | *Service Setting must use codes* 01–08 *or* 96 *if Client Transaction Type is D.* | SU Discharges |
| D64b | Service Setting | Fatal | Relation al | Service Setting must use codes '72-76' if Client Transaction Type is either 'U' or 'E'. | Service Setting does not conform to the reported Client Transaction Type; record is rejected and not processed. | *Service Setting must use codes* 72–76 *if Client Transaction Type is either U or E.* | MH Discharges or Updates |
| D65 | Mental Health Diagnosis (Two) | Informati onal | 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 Discharges or Updates |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| D66 | Mental Health Diagnosis (Three) | Informational | 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 Discharges or Updates |

## E.3    Other Edit Checks During Record Processing

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| O1a | System Transaction Type <br><br> *A (Add)* | Fatal | 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 <br><br> *A (Add)* | Fatal | 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 <br><br> *C (Change)* <br> or <br> *D (Delete)* | Fatal | 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 <br><br> *C (Change)* <br> or | Fatal | 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 |

| EDIT NO. | FIELD NAME | ERROR TYPE | EDIT TYPE | EDIT STATEMENT | VIOLATION; RESULT | CORRECTIVE ACTION | APPLICABLE RECORDS |
|---|---|---|---|---|---|---|---|
| | *D (Delete)* | | | | | | |
| O3a | All KEY fields | Fatal | 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 |
| O3d | All KEY fields | Fatal | 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) | Warn-ing | 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.*<br><br>*Review the admission information on the discharge record (DIS 11–DIS 20) OR*<br><br>*Submit the associated admission record.* | All Discharges and MH Updates |

**Admission** is defined as client's movement into a service setting and marks the beginning of the treatment episode. Note that in the context of MH-TEDS reporting, "admission" is not restricted to an initiation of treatment in an inpatient setting, such as in hospitals, where a client occupies a hospital bed under the care of hospital staff. Admission includes movement into any service setting including outpatient clinics.

**Administrative discharge** refers to an official end-of-service provision at a service setting defined by either the SMHA or the provider. In the context of MH-TEDS reporting, it is used to ensure that a discharge record is created and submitted for every admission record when discharge records are not available, or discharges do not occur when a client drops out of treatment or is transferred to another service setting.

**BHSIS,** or Behavioral Health Services Information System, collects information on nationwide behavioral health treatment systems, including connecting people with substance use and mental health treatment. BHSIS is comprised of the following datasets: Inventory of Substance Use and Mental Health Treatment Facilities (I-TF); FindTreatment.gov; National Substance Use and Mental Health Services Survey (N-SUMHSS); Treatment Episode Data Set (TEDS); Mental Health Treatment Episode Data Set (MH-TEDS), Mental Health Client-Level Data (MH-CLD); and Uniform Reporting System (URS).

**CBHSQ,** or the Center for Behavioral Health Statistics and Quality, is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA), under the U.S. Department of Health and Human Services (HHS). CBHSQ is the lead federal agency for behavioral health data and research. [Source: https://www.samhsa.gov/about-us/who-weare/offices-centers/cbhsq].

**CGAS,** or Children's Global Assessment Scale, is a numeric scale (0–100) widely used by mental health clinicians to measure the overall severity of disturbance among children under the age of 18. A higher score means higher level of functioning in all areas measured by the instrument (i.e., social, psychological, and occupational functioning of a child). This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Third and Fourth Editions.

**CMHS,** or the Center for Mental Health Services, is a center within SAMHSA under HHS, created by Congress. CMHS leads federal efforts to promote the prevention and treatment of mental disorders. [Source: https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs].

**Discharge** is defined as client's movement out of a service setting in the context of MH-TEDS reporting and marks the end of a client's treatment episode. A discharge occurs when services in any service setting are terminated for different reasons, including treatment program completion ("formal discharge"), client drop-out, death, or incarceration, or transfer to another service setting or provider. Similarly to admission, "discharge" is not restricted to the formal release of a client from a hospital after an overnight stay in the context of MH-TEDS reporting.

**Formal Discharge,** as opposed to administrative discharge, is the release of a client determined by the service provider because the client does not need further services.

**GAF,** or Global Assessment of Functioning, is an instrument that produces a numeric scale (0–100) that measures the level of functioning of adults (18 years old and above) in social, occupational, and psychological areas. A higher score means a higher level of functioning. This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Third and Fourth Editions.

**HIPAA,** or Health Insurance Portability and Accountability Act, was enacted by the U.S. Congress in 1996. The Act regulates the use and disclosure of certain information, commonly referred to as protected health information (PHI). This includes the person's health status, medical record, and personally identifying information, such as social security number, birth date, address, name, etc.

**IDEA,** or Individuals with Disabilities Education Act, in which Part B of this federal law governs and protects the rights of students (3 to 21 years of age) with disabilities to free appropriate public education. To qualify for services under IDEA, the child should meet the qualifying disabilities, eligibility criteria, and require special education services because of the disability. [Source: https://sites.ed.gov/idea/statuteregulations/].

**Intellectual disabilities** refer to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affect a child's educational performance. [Source: Sec. 300.8 (c) (6) - Individuals with Disabilities Education Act].

**MH-CLD,** or SAMHSA's Mental Health Client-Level Data, is a compilation of demographic, clinical, and socioeconomic characteristics and National Outcome Measures that are routinely collected by the SMHA in monitoring individuals receiving mental health and support services from programs provided or funded by SMHA. It is comprised of two datasets—Basic Client Information (BCI) and State Hospital Readmission (SHR). The BCI dataset contains client-level data, where each record corresponds to one person who is assigned a unique client identifier. The SHR dataset contains all discharge events from a state hospital during the reporting period, and the clients reported in the SHR data file are a subset of the population reported in the BCI data. It is a reporting requirement under the BHSIS State Agreement with the states, District of Columbia, and U.S. Territories, funded by CBHSQ and administered by the BHSIS Project Office. [Source: 42 USC 300x-52: Requirement of reports and audits by States ].

**MH-TEDS,** or SAMHSA's Mental Health Treatment Episode Data Set, is an alternative to MH-CLD reporting, an approach developed under the SAMHSA-funded Data Infrastructure Grants in 2014. MH-TEDS consists of two separate but linkable datasets of client admission and discharge/update records.

**NOMs,** or SAMHSA's National Outcome Measures, are standardized operational definitions of outcome measures identified by SAMHSA in response to the GPRA (Government Performance and Results Act) of 2010, which is designed to improve government performance management through setting goals, measuring results, and reporting progress. There are 10 NOMs, five of which is collected by MH-CLD. Those NOMs are increased access to service; increased stability in living conditions; reduced use of psychiatric inpatient beds; increased employment for adults, or to stay in or return to school for children; and decreased criminal justice involvement. The remaining five NOMs that CBHSQ collects are in the Uniform Reporting System (URS). [Source: https://www.samhsa.gov/sites/default/files/gpra-fact-sheet.pdf ]

**SAMHSA,** Substance Abuse and Mental Health Services Administration, is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. [Source: https://www.samhsa.gov/about-us]

**SMHA,** or State Mental Health Agency, refers to the state agency that is primarily responsible for providing and facilitating publicly funded mental health and support services to children and adults with mental illnesses.

**SSA,** or Single State Agency, refers to the state agency that is responsible for managing federal funds dedicated to addressing substance use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations and vary in terms of their exact functions, size, and placement with State government. SSA is responsible for SU-TEDS reporting.

**State Data Crosswalk** refers to a document comprised of three parts: (1) one-to-one mapping of state data elements, codes, and categories to the MH-CLD elements, codes, and categories; (2) contextual information section, which is a free-text format that provides context to the reported data; and (3) state reporting characteristics, which provides information regarding the state data universe. Examples of contextual information captured in this section include the state operational definition of specific terms (such as employment, serious mental illness, etc.); state data collection protocol that explains duplication, under/over reporting, and timeliness of data; and other considerations that may affect the appropriate interpretation of the state data.

**SU-TEDS,** or SAMHSA's Substance Use Treatment Episode Data Set, is a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of individuals who are receiving publicly funded substance use treatment services. Similar to MH-TEDS, SU-TEDS consists of two separate but linkable datasets of client admission and discharge records (but not update record). However, while eligible clients for MH-TEDS are those who received any mental health and support services and those who have completed only a screening, assessment, or intake should be reported, eligible clients for SU-TEDS are those who were admitted into substance use treatment; thus, clients who only had screening, assessment, or referral and wait-listed clients should be excluded from the reporting.

**TEDS DSS,** or Data Submission System, is a web-based data preparation and submission system. The TEDS DSS is designed to provide a more interactive and transparent data submission process by minimizing states' and territories' burdens in reporting mental health and/or substance use data to SAMHSA.

**Treatment episode** refers to the cycle from the beginning of a mental health and support service(s) (admission) through to the termination of service(s) (discharge) at one service setting.

**URS,** or Uniform Reporting System, is SAMHSA's data reporting system that compiles and reports annual aggregate data that describe the characteristics, service settings, and mental health National Outcome Measures of clients served by the SMHA in a given 12-month period. It is comprised of 21 tables, which are submitted as part of the states' application package for Community Mental Health Services Block Grant (MHBG). URS is part of an effort to use data in decision support and planning in public mental health systems and in supporting program accountability.

## APPENDIX G    FREQUENTLY ASKED QUESTIONS

### G.1    About MH-TEDS

**Q:** What is MH-TEDS?

**A:** MH-TEDS is an alternative to MH-CLD reporting. States may choose to report MH-TEDS or MH-CLD; however, all states and territories must submit data on clients who receive mental health and support services from programs operated or funded by the SMHAs to fulfill reporting requirements under the terms and conditions of the SAMHSA funded Behavioral Health Services Information System (BHSIS) Agreement and the Community Mental Health Services Block Grant (MHBG) client-level data reporting requirements and as required by Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. §300x–52(a)).

**Q:** Who are the clients that should be included and reported in MH-TEDS?

**A:** Clients included in the MH-TEDS are those who received mental health and support services from programs operated or funded by SMHAs during the 12-month reporting period. Clients who receive screening, assessment, crisis services, and telemedicine services should also be reported. Data should be reported for all clients in the reporting facilities, regardless of individual client funding source—federal block grants, Medicaid, Medicare, private insurance, self-pay, or no charge. In other words, all clients who received mental health and support services should be reported if the provider is part of the SMHA system. However, clients with only a diagnosis of, or receiving only specialty services for, substance use, intellectual disabilities, or developmental disabilities should be excluded from MH-TEDS reporting.

**Q:** Where do the data come from?

**A:** Information on clients who received mental health and support services is collected through state administrative systems and then is reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) by the SMHAs.

**Q:** Who is responsible for MH-TEDS?

**A:** MH-TEDS data is collected by State Mental Health Agencies (SMHAs) and submitted to SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), following the reporting terms and conditions of the Behavioral Health Services Information System (BHSIS) State Agreement. The BHSIS State Agreement requires that states and territories send client data annually. This keeps them compliant with the Community Mental Health Services Block Grant (MHBG) reporting requirements (42 U.S.C. §300x–6).

**Q:** What is the role of State Mental Health Agencies (SMHAs)?

**A:** SMHAs are responsible for facilitating and/or providing publicly funded mental health and support services to children and adults with mental illnesses. They are also responsible for submitting two datasets: Basic Client Information (BCI) and State Hospital Readmission (SHR) per reporting period in accordance with the BHSIS State Agreement.

**Q:** How does SAMHSA use the MH-TEDS?

**A:** SAMHSA uses the MH-TEDS data (along with MH-CLD) to enhance our understanding of publicly funded mental health and support service systems.

Specifically, the data are used to:

- Examine the characteristics of clients served and their changes over time;
- Assess outcomes of services received by clients;
- Inform decisions about SAMHSA's use of its Mental Health Block Grant funds; and
- Better understand the technical assistance and support needs of mental health providers and the communities they serve.

## G.2   Data collection, submission, and timeline

**Q:** Is MH-TEDS state data reporting optional?

**A:** No. All states and territories must submit either MH-TEDS or MH-CLD to fulfill reporting requirements under the terms and conditions of the SAMHSA funded Behavioral Health Services Information System (BHSIS) Agreement and the Community Mental Health Services Block Grant (MHBG) data reporting requirements as mandated by Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. §300x–52(a)).

**Q:** How does my state meet the MH-CLD reporting obligations through MH-TEDS reporting? Do the same MH-CLD submission due dates apply to MH-TEDS?

**A:** MH-TEDS data collected by SMHAs are rolled up to produce two data sets: Basic Client Information (BCI) and State Hospital Readmission (SHR) data. BCI data is due on December 1 and the SHR data is due on March 1 of the following year. To facilitate the production of these data sets, the BHSIS Project Office requires that SMHAs submit all relevant admission, update, and discharge records covering the reporting period by December 1 and the records for admissions that occurred in the 6 months following the end of the reporting period by March 1 of the following year.

**Q:** Why is it important for states and territories to submit their data on time?

**A:** SAMHSA publishes annual reports, public-use files (PUFs), and other ad hoc reports, using the most recent MH-TEDS reporting period data on an annual basis. The preparation of these dissemination materials cannot begin until all states and territories have completed their data submission for that year. CBHSQ must balance the timeliness of reporting and the completeness of the dataset. If a state or territory does not submit complete data on time, they risk not being included in these dissemination materials. It could also generate a lag in publication time. Because of this, CBHSQ does not encourage or guarantee deadline extensions to states and territories.

**Q:** What happens if my state cannot submit MH-TEDS data?

**A:** Failure to comply with these requirements may lead to enforcement actions, potentially resulting in suspension or reduction of block grant payments, as stipulated in 42 U.S.C. 300x-55.

**Q:** How often should my state submit data to MH-TEDS?

**A:** Monthly or quarterly reporting at minimum is strongly recommended. Routine submission of records facilitates data processing at the BHSIS Project Office and to help states ease the burden of reporting very large data files and allow for more timely detection and resolution of data errors or quality issues. It is not necessary to wait until the statutory MH-CLD's due date of December 1 or March 1 each year to submit MH-TEDS files.

If the state is in possession of additional MH-TEDS records pertaining to the previous year's reporting and with an admission date of January 1, 1920, or later, the records may be submitted at any time. The MH-TEDS database will be updated accordingly.

**Q:** How do SMHAs send MH-TEDS data to SAMHSA?

**A:** SMHAs submit MH-TEDS admissions and discharges data through the TEDS Data Submission System (TEDS DSS). The TEDS DSS is a web-based data preparation and submission system designed to provide an interactive and transparent data submission process. These functionalities, along with the overall intuitive design of the TEDS DSS, provide states and territories with easier access to and the means to comply with MH-TEDS reporting requirements.

**Q:** What if a client has multiple admission records on the same day?

**A:** A provider may generate a separate "admission" record for every billable service for the same client (e.g., group therapy, individual therapy, etc.). If these services were delivered within a single service setting (e.g., outpatient), report only the first record to MH-TEDS as the admission record and the last as the discharge record to MH-TEDS for the service setting and the provider.

MH-TEDS does not collect data on the individual services delivered, but only on the general service setting.

**Q:** If a single service provider delivers both mental health and substance use services to clients with co-occurring disorders and generates only one admission record and one discharge record for both services, which should we submit this record to, MH-TEDS as a mental health client or SU-TEDS as a substance use client?

**A:** The same record should be submitted to both MH-TEDS and SU-TEDS to avoid undercounting clients in either of the systems.

**Q:** What technical assistance is offered to states and territories?

**A:** The Behavioral Health Services Information System (BHSIS) Project Office provide technical assistance to help states and territories to prepare the data for submission through conference calls, webinars, virtual discussion board group discussions, and other related activities as needed.

States are highly encouraged to reach out to the BHSIS Project Office for any technical assistance they need for data reporting. They can call the BHSIS office toll-free at 1-833-888-1553 (Mon-Fri 8 a.m. - 6 p.m. ET) or email BHSIS@samhsa.hhs.gov.

## G.3    MH-TEDS and the Community Mental Health Services Block Grant (MHBG)

**Q:** What is the MHBG?

**A:** The MHBG is the principal federal block grant program supporting community-based mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The program makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific Jurisdictions. The MHBG program is authorized by sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (42 U.S.C. §300x - §300x-9). Provisions in Section 1941 – 1958 of the Public Health Service Act (42 U.S.C. §300x-51 – §300x-68 (*except Section 1955, §300x-65*) also apply to the MHBG.

**Q:** How does MH-TEDS align with MHBG?

**A:** MH-TEDS (or alternatively, MH-CLD) is part of the reporting requirements of the MHBG and is aligned with the Uniform Reporting System (URS). The authority for SAMHSA to collect MH-TEDS (or MH-CLD) from states is derived from the MHBG statute. While the targeted populations of the MHBG are adults with SMI and children with SED, grantees are expected to report data on all clients served by SMHAs during the reporting period. Some of the URS tables can be populated using MH-TEDS submitted by states, which are submitted as part of the MHBG application. The block grant statutory provisions outline several requirements for states, including the need for the application to contain each funding agreement, assurances of compliance, submission of required reports, and adherence to the form and manner specified by the Secretary.

**Q:** What is the due date for MH-TEDS data submission to use MH-TEDS data to populate the URS tables?

**A:** States that are requesting population of URS tables from MH-TEDS data must submit a population request by February 28. States need to adhere to the data submission due date of March 1 and ensure all data covering the URS reporting period are received by the BHSIS Project Office. They should also ensure that the state data are successfully accepted and processed by the BHSIS Project Office by March 14, by addressing any data issues identified by the BHSIS Project Office. This will allow the BHSIS Project Office to pre-populate the URS tables in a timely manner. States that are unable to complete updates by this date must populate the affected URS tables themselves.

States must conform to the state's URS reporting period when submitting the data. The URS reporting period can be either the calendar year or the state fiscal year, with or without a lag time. For example, if the state's URS reporting period covers the period from July 1, 2024, through June 30, 2025, then the state should ensure that all MH-TEDS admission and discharge data corresponding to this period should be submitted by the December 1, 2025, due date.

In order to calculate the State Hospital 30-day and 180-day Readmission Rates NOMs, states must submit records for all state hospital 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. This means that records for all state hospital admissions that occurred between July 1, 2024, and December 31, 2024, must be submitted by March 1 of the following year (March 1, 2025).

**Q:** Which URS tables can be populated with MH-TEDS and what is the process for populating the tables?

**A:** The following URS tables can be populated using MH-TEDS:

- URS Tables 2A and 2B (MHBG Tables 8A and 8B): Profile of Persons Served—All Programs by Age, SexRace, and Ethnicity.
- URS Table 3 (MHBG Table 9): Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings.
- URS Tables 4 and 4A (MHBG Tables 15A and 15B): Profile of Adult Clients by Employment Status and Primary Diagnosis.
- URS Tables 5A and 5B (MHBG Tables 10A and 10B): Profile of Persons Served by Type of Funding Support in All Programs by SexRace, and Ethnicity
- URS Tables 14A and 14B (MHBG Tables 13A and 13B): Profile of Persons with SMI/SED served by Age, SexRace, and Ethnicity.

- URS Table 14C (MHBG Table 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 Table 15 (MHBG Table 18): Living Situation Profile.
- URS Tables 20A and 20B (MHBG Tables 23A and 23B): Profile of Non-Forensic/Forensic (Voluntary and Civil Involuntary) 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 populate the tables. The 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.

**Q:** What are the mental health National Outcome Measures (NOMs) captured by MH-TEDS and which data fields are used to assess them?

**A:** The five NOMs that are captured by MH-TEDS and their relevant fields are summarized as followed:

| NOMs | MH-TEDS fields used to derive MH NOMs |
|---|---|
| Access/Capacity: increased access to services (service capacity) | Total unduplicated count of clients who received a service during the reporting period by demographic characteristics (age, sex race, ethnicity). The counts are based on the state file submissions for the reporting period. |
| Employment: increased/retained employment (adults) | **Employment Status** (admission and discharge) |
| Education: return to/stay in school (children) | **School Attendance Status** (admission and discharge) |
| Stability in Housing: increased stability in housing | **Living Arrangements** (admission and discharge) |
| Crime and Criminal Justice: decreased criminal/juvenile justice involvement | **Arrests in Past 30 Days** (admission and discharge) |
| Readmission Rate to Hospitals: reduced utilization of psychiatric inpatient beds | **Date of Admission**, **Date of Discharge**, **Service Setting**, **Legal Status at Admission to State Hospital** |

## G.4   Data availability and privacy

**Q:** Are the MH-TEDS data available to the public and researchers?

**A:** MH-TEDS data are converted and rolled up to MH-CLD. MH-CLD public-use files (PUFs) are available to the general public in SAS, SPSS, Stata, R, and ASCII comma-delimited formats.

To access the PUFs, please visit here: https://www.samhsa.gov/data/data-we-collect/mh-cld-mental-health-client-level-data.

**Q:** Is it possible to identify an individual client through MH-TEDS?

**A:** No. MH-TEDS data are not publicly available to access. However, the data are used to produce MH-CLD data for states that do not currently submit client-level data. Regardless of the specific source of MH-CLD data, it is not possible to identify a client through the MH-CLD. One of the important features of MH-CLD reporting is its use of non-protected health information (non-PHI). No personally identifying information is reported in the data files. The MH-CLD files use a unique client ID, which is used for reporting any information on a particular client within and across reporting periods. However, this client ID does not contain any PHI.

Furthermore, additional measures (such as recoding location and other demographic variables for records with a unique combination of variables) are taken to ensure confidentiality protection.