SAMHSA
Substance Abuse and Mental Health
Services Administration

SUBSTANCE USE

TREATMENT EPISODE DATA SET

(SU-TEDS)

STATE INSTRUCTION MANUAL

Version 1.0

Acknowledgements

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Originating Office

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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,

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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/brc/login, 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 Data Submission System (TEDS DSS), https://dssteds.samhsa.gov/dss/login, 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 about 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 (template and sample), Frequently Asked Questions (FAQs), Annual Reports, Annual Detailed Tables, and data files (PUF—public-use files).

CHAPTER 2 SUMMARY OF UPDATES

This Substance Use Treatment Episode Data Set (SU-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 SU-TEDS file reporting requirements. However, the SU-TEDS system data reporting protocol remains largely intact, and states can continue to submit SU-TEDS and Mental Health Treatment Episode Data Set (MH-TEDS) as one single file or separately. Please refer to the MH-TEDS State Instruction Manual for MH-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 client's funding status.
- Clarified that there is no limit to the age of clients that should be reported to SU-TEDS.

Data fields/categories

- Changed the data field name from Gender to **Sex**.
- Simplified the criteria on how to classify internship for **Employment Status**.
- Added a new data category "Not applicable" for the following data fields: **CGAS/GAF Score** and **SMI/SED Status**. States should use this category for clients who do not have co-occurring mental health and substance use disorders.
- Clarified that the use of code "*Not collected*" should be reserved 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. If the state collects a subset of the categories in a data field, the code "*Unknown*" should be used for clients who do not fit the subset.
- Changed the data field name from Medication-Assisted Opioid Therapy to **Medications for Opioid Use Disorder**.
- Removed the term "Crack" from the data category "Cocaine/Crack" for the data field, **Substance Use (Primary, Secondary, Tertiary)**. However, "Crack" is still a data category in the **Detailed Drug Code (Primary, Secondary, Tertiary)**.
- Added two new drug data categories, *0711 "Fentanyl"* and *1605 "Xylazine,"* to the data field, **Detailed Drug Code (Primary, Secondary, Tertiary)**.
- Replaced the term "detoxification" with "withdrawal management" in data category names for the data field, **Type of Treatment/Service Setting**.
- Added a guideline for the data field: **Diagnostic Code Set Identifier** that states are strongly encouraged 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**.

- Removed the data code/category *08 "Unknown"* from the **Reason for Discharge, Transfer, or Discontinuance of Treatment** data field. States should use the code *97* for clients with unknown value.
- Added a new data category, *96 "Not applicable,"* to the **Employment Status** data field. Clients aged 15 years or younger should be coded *96*.
- Changed the maximum value for **Days Waiting to Enter SU Treatment** from 996 to *995*.
- Clarified that states should report substances for which clients are seeking treatment for the data field **Substance Use (Primary, Secondary, Tertiary)** even if they may not use the substances at the time of submission. If the data category *"None"* is used for any clients, states should describe the circumstances where the category is used in the **State Data Crosswalk**.

Other

- Clarified the SU-TEDS concepts, "treatment episode" and "continuum of treatment episodes" in **Treatment Episode, Admission, and Discharge**.
- Added several examples of how to map SU-TEDS data fields/categories to state data fields/categories, using the data fields: Employment Status and Detailed Not in Labor Force in **STATE DATA CROSSWALK INSTRUCTIONS**.
- Added a new column to the **Admission File Specification** and **Discharge File Specifications** tables to indicate if each field is required or optional reporting.
- States no longer exclude facilities that do not receive Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) funds from SUPTRS BG annual report tables. All records in TEDS will be used to populate the tables. See **APPENDIX F SUPTRS REPORT TABLES**.
- Added new appendix, **APPENDIX G GLOSSARY OF TERMS AND ACRONYMS**.
- Updated the acceptable date ranges for TEDS substance use admission and discharge records to include admission dates of January 1, 2015, or later.
- Editorial and formatting changes.

Administrative and related changes

- Updated the Contracting Officer's Representative (COR) and Alternative 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 SU-TEDS State Instruction Manual describes the process and requirements for reporting admission and discharge data to SAMHSA. SU-TEDS is a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who are receiving substance use treatment services from facilities licensed, certified, and/or funded by Single State Agencies (SSA). 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 SU-TEDS, thereby building a solid foundation for better use of data to improve substance use treatment service delivery.

SU-TEDS is comprised of admission data and discharge data. The National Outcome Measures (NOMs) are collected at admission and at discharge to assess potential changes. While admission records and discharge records are processed and stored as two separate datasets, they are linkable using a unique client identifier that is a key field in both files. This unique client identifier must not contain any personal identifying information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). States should use the web-based TEDS Data Submission System (TEDS DSS) to validate and submit records on a monthly or quarterly 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 TEDS specifications. Familiarity with the guidelines contained in this manual is essential to make sure 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 SSA staff and/or contractors involved in data collection, extraction, and submission of the SU-TEDS files.

The state's role in submitting their data to SAMHSA is critical since SU-TEDS is the only national data source for information on persons who use substance use treatment 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 data set 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 SU-TEDS is summarized in the following steps and illustrated in the diagram below.
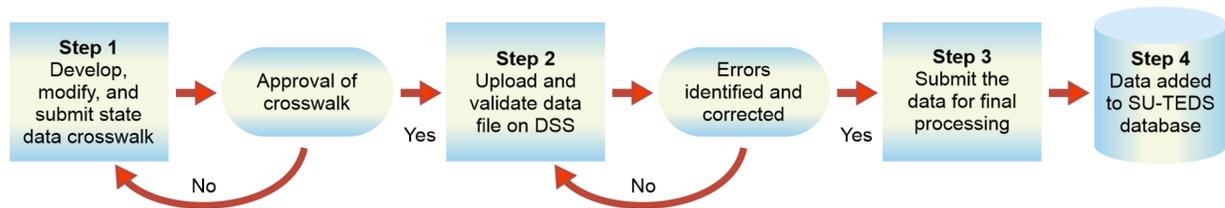
Figure 1: SU-TEDS reporting process

Step 0: Read the SU-TEDS State Instruction Manual. Please request technical support if needed by emailing BHSIS@samhsa.hhs.gov.

Step 1: Develop and submit a State Data Crosswalk to the BHSIS Project Office for review and approval. A State Data Crosswalk contains mapping of the state's data fields, codes, and categories to the SU-TEDS data fields, codes, and categories. It also captures state comments and data footnotes that provide context to the reported data (see **6. State Data Crosswalk** and **Appendix B: TEDS Crosswalk Instructions** of this manual for details). States are expected to review the Crosswalk annually and submit a modified State Data Crosswalk if there are changes in the state data collection protocol and/or data system that impact the way state data are mapped to the SU-TEDS.

Step 2: Prepare, upload, and validate data, using the online TEDS DSS, once the State Data Crosswalk is approved. The TEDS DSS performs validation edits on the uploaded data to check their integrity, accuracy, and structure. States are expected to address any errors generated by the 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 the TEDS DSS) and re-validate the data. Refer to the Data Submission System (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 SU-TEDS database for national reporting and data analysis.

3.2   Federal Data Collection Authority

Section 505 of the Public Health Service Act (42 USC §290aa–4) directs the SAMHSA Administrator to collect data on the number of public and private behavioral health treatment programs and the number and characteristics of individuals seeking treatment through such

programs. In addition, SSA's are required to report to TEDS under the authority of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) as outlined in the Chief Executive Officer's Funding Agreement, Certification and Assurances of the SUPTRS BG annual application. **APPENDIX A** provides additional information on the authority for and history of SU-TEDS.

CHAPTER 4 STATE PARTICIPATION AND QUALITY CONTROL

Both the state and the BHSIS Project Office need to undertake a series of measures regarding SU-TEDS data submission and processing to ensure that the SU-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 SU-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, 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 the State Data Crosswalks for completeness and consistency with the SU-TEDS reporting standards.
• Processing state data submissions timely (generally within two to three 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 SU-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, board group discussions in the BHSIS Resource Center.

CHAPTER 5 REPORTING FRAMEWORK

5.1 Scope of Clients Reported

5.1.1 Eligible facilities/programs

Report data collected from all substance use treatment facilities and programs licensed and funded and/or operated by SSAs. Submit data from privately funded programs if available to the state. The **State Data Crosswalk** should list all applicable facility/program types included or excluded in the state's SU-TEDS reporting; these may include but are not limited to:

- Hospitals operated by state, county, or city
- Residential treatment/rehabilitation centers operated by state, county, or city
- Outpatient clinics operated by state, county, or city
- Outpatient clinics operated by non-profit (Community Health Centers, Federally-Qualified Health Centers, etc.)
- Facilities operated by federal agencies (the Bureau of Prisons, the Department of Defense, the Department of Veterans Affair, or the Indian Health Services)
- State Prisons/local jails
- Community-based correctional programs
- For-profit (private) facilities

5.1.2 Eligible Clients

Eligible clients that should be reported are those who were admitted into substance use treatment. There is no limit to the age of the clients for SU-TEDS reporting. Clients of any age who were admitted into substance use treatment should be reported. Clients who only had screening, assessment, or referral and wait-listed clients should be excluded from the reporting. Data should be reported for all clients in the reporting facilities and programs, regardless of individual client funding source—Federal Block Grants, State General Funds, Medicaid, Medicare, private insurance, self-pay, or no charge.

However, the state may not be provided with data for all clients. Indicate in the State Data Crosswalk which substance use treatment clients are included or excluded in TEDS reporting, for example:

- All clients in the facility, regardless of payer.
- Only clients whose treatment services are paid by SUPTRS BG.
- Medicaid-funded clients are excluded.
- Medicare-funded clients are excluded.
- All clients in the facility except those in DUI/DWI programs.
- State/public-funded clients only are required; data on all clients are requested and received from some facilities.

On April 30, 2025, the BHSIS Project Office archived SU-TEDS 2000–2014 admission and discharge records. Effective May 1, 2025, the BHSIS program only accepts TEDS substance use admission and discharge records with a date of admission of January 1, 2015, or later. The next

archiving is planned for 2030. Please contact the BHSIS Project Office if corrections to archived records need to be made.

5.2   Treatment Episode, Admissions, and Discharge

A treatment episode is defined as a cycle from the beginning of a one type of SU treatment through to its termination. For the purpose of SU-TEDS reporting, there are eight types of treatment (see **Type of Treatment/Service Setting** for more information):

1. Withdrawal management, 24-hour service, hospital inpatient
2. Withdrawal management, 24-hour service, free-standing residential
3. Rehabilitation/residential—hospital (other than withdrawal management)
4. Rehabilitation/residential—short term (30 days or fewer)
5. Rehabilitation/residential—long term (more than 30 days)
6. Ambulatory—intensive outpatient
7. Ambulatory—non-intensive outpatient
8. Ambulatory—withdrawal management

SU-TEDS is set up to collect data at the beginning and at the end of a treatment episode as an admission and discharge record, respectively. 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 an "admission" in the context of SU-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. An admission can occur at an outpatient setting and mark the beginning of treatment. Similarly, a "discharge" is not restricted to the formal release of a client from a hospital after an overnight stay. A discharge marks the end of treatment and similarly to admission, it can occur at both inpatient and outpatient settings. A client can be discharged for different reasons, including, but not limited to, treatment program completion, client drop-out, death, incarceration, or transfer to another service setting or provider.

It is important to note that for SU-TEDS reporting, an admission has occurred if, and only if, the client begins SU treatment. Events such as initial screening, assessment, referral, and wait-listing for substance use treatment are considered to take place before the admission to treatment and should not be reported to SU-TEDS as admissions.[1]

A client may receive just one service or multiple services within each treatment episode. However, SU-TEDS does not collect data on every service delivered, and regardless of the number of services received for each type of treatment/service setting, there should be one admission record and one discharge record for each treatment type. For example, if a separate "admission" record is generated for every billable service (e.g., group therapy, individual therapy, etc.) within each treatment episode (e.g., rehabilitation program at hospital), report only the first of these records as the admission record and the last as the discharge record to SU-TEDS.

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[1] Note, however, that the clients that need to be reported for MH-TEDS include all types of mental health and support services, including screening, evaluation, assessment, referral, etc.

Clients may also receive different types of treatment sequentially (or even concurrently), depending on the unique needs of a person with a substance use disorder and the state service delivery model. In this case, one admission record and one discharge record should be created for each treatment type. For co-occurring substance use and mental health clients, states include all admissions and discharges to mental health treatment settings in MH-TEDS and include all admissions and discharges to substance use service/treatment settings in SU-TEDS.

5.2.1 Continuum of Treatment: Initial Admissions and Transfers

As previously mentioned, a client can engage in multiple treatment episodes, involving different types or levels of treatment sequentially (or even concurrently) for the same substance use disorder(s). For the purpose of SU-TEDS reporting, there should be one admission record and one discharge record for each episode of treatment. There multiple episodes can be grouped into a "continuum of treatment episodes." A continuum of treatment episodes captures the trajectory of multiple treatment episodes that often involves moving between multiple types of treatment or levels of care based on the clients' clinical needs.

To conduct a continuum of treatment, SU-TEDS distinguishes two different types of admissions: initial admission and transfer admission (or simply, transfer). As opposed to initial admission, transfer refers to a subsequent admission into a new treatment episode for a substance use disorder(s) <u>initiated by a provider</u> to ensure continuity of care and management of some or all of a client's needs. Transfer may not involve a change in providers. However, "transfer," for the purpose of SU-TEDS reporting, is restricted to a change in treatment type that is initiated by a provider and not by the client. If a client decides to change the treatment type or provider during the course of treatment or after treatment completion, the beginning of the new treatment episode at the new provider is considered an initial admission and not as a transfer regardless whether the **Type of Treatment/Service Setting** is the same as or different from the previous treatment episode.

When admission records for a client's episodes are chronologically ordered from the earliest to the most recent, the earliest admission is considered an "initial admission," and the rest of the admissions in the same treatment continuum are considered "transfer admissions." States should use the **Client Transaction Type** data field to code the initial admission record ("*A*") or transfer admissions ("*T"*).

An example of one <u>continuum</u> of treatment episodes for a substance use client is illustrated in the following Figure 2.
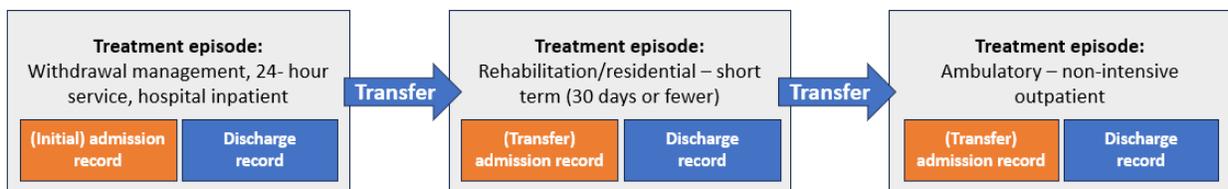
Figure 2. A continuum of treatment episodes

The client is admitted to withdrawal management at a hospital, generating an initial admission record. The client completes withdrawal management at the hospital and is transferred to a short-term residential treatment at a rehabilitation center to continue the treatment. This generates a discharge record from the hospital and a transfer admission record at the rehabilitation center. The client completes the short-term residential treatment and is transferred to an ambulatory treatment at an outpatient clinic, generating a discharge record from the rehabilitation center and a transfer admission record at the outpatient clinic. The client completes the ambulatory treatment and is discharged, without further transfer, completing the continuum of treatment episodes. This treatment continuum consists of three admission/discharge matches (initial admission/discharge, transfer admission/discharge, and transfer admission/discharge) for three different types of treatment.

5.2.2   *How to estimate a proxy admission and discharge date*

Some states 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 dropped out of treatment without officially being discharged by the treatment provider or is transferred to a different type of treatment/service setting or provider. In some state data systems, all billable service (e.g., group therapy, individual therapy, etc.) are recorded as admissions.

In these scenarios, the states need to devise a method for identifying the date(s) when a client was admitted to and/or discharged for each treatment episode and 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-authorization start date or the service start date as a proxy admission date and the end date of the pre-authorized service 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. Or, for the purpose of SU-TEDS reporting, states may develop an operational definition for determining a proxy administrative discharge. If a state establishes a service gap of 30 days as a time marker, for example, all services with a service gap of 29 days or less for each treatment type are considered within the same treatment episode. The service gap of 30 days or more is used to consider that the client is discharged and the treatment episode has ended. The BHSIS Project Office will assist states in developing the operational definition.

Using the same example of 30-day time marker, the services are ordered chronologically from the earliest to the latest, and the earliest service date (with no service provided within the prior 30 days) is considered a proxy admission date. If 30 days or more elapse from the last service/contact with the client, then they are considered "discharged" from this treatment setting and 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. SU-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 SU-TEDS if they were delivered within a single episode. Note that if a client, who is administratively discharged, returns for service after 30 days, this client should be reported as a new admission.
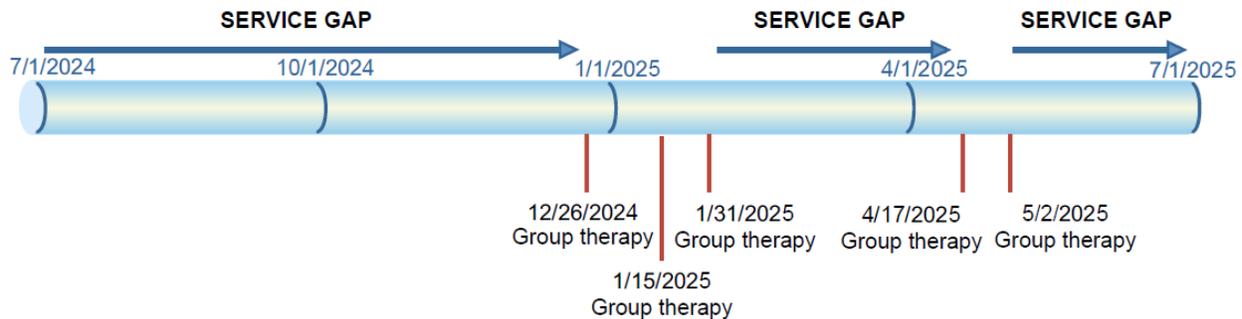
Figure 3: Service gaps in substance use treatment

In the scenario illustrated in Figure 3, there are five records of services at an outpatient clinic (**Type of Treatment/Service Setting**: "*Ambulatory—non-intensive outpatient*"). No information regarding when admissions and discharges occurred was available for this client. Using 30 days as a time marker, the state can construct two admission and discharge matches, 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 5/2/2024.

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 the state program administrators or area experts to determine a reasonable time interval that the state should use as an operational definition.
- Use the state practice/policy on periodic clinical review or assessment of clients (for example, medication management without an office visit or receipt of other services). This length of time can be used as the interval between services. A factor the state should consider with using this element is the percentage of clients who are simply on 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 SSA clients.

Alternatively, the BHSIS Project Office recommends the following time-marker: three days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment. That is, a treatment episode may be assumed to have ended if the client has not received a treatment service in three days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.

In addition to using the time maker, states can use other factors such as the time elapsed between service authorizations, continuity of the types of services covered, client participation in treatment as indicated by service records, and the 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**.

5.3   General Guidelines

5.3.1   Timing of Data Collection

All admission and discharge records must contain field values that were collected at the time of admission and discharge, respectively. 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 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. Any data fields in the discharge records, other than demographics, that cannot be updated or confirmed as unchanged since the admission should be coded as "*Unknown*."

5.3.2   Frequency of Data Submission

States should submit data on a routine basis. SAMHSA strongly recommends <u>monthly or quarterly reporting</u>. 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 SU-TEDS records pertaining to previous year's reporting, the records may be submitted at any time. The SU-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 **Data Quality Check**).

5.3.3   Annual "Freezing" of TEDS Database

Every year, SAMHSA "freezes" the SU-TEDS database on or about October 15. This frozen database file is used to produce annual reports and public-use files. For example, the file that will be frozen as of October 17, 2025, will be used to produce the 2024 TEDS annual report which includes both admissions and discharges, public-use files, and other ad hoc reports during the year. Data received after the October 17, 2025 cut-off date will not be included in the mentioned products. Data submitted after the October 17, 2025 cut-off will be included in subsequent year's reports and public-use files.

5.3.4   Combined Data File Submissions with MH-TEDS

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

A combined file submission may be appropriate when the SSA and SMHA are part of a single agency with an integrated IT system. Separate file submissions may be appropriate when the SSA and SMHA 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 SU-TEDS database maximizes comparability across states. SAMHSA recognizes, however, that some state field definitions and/or categories may not exactly match those in SU-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 SU-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 SU-TEDS data. States in their initial year of SU-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 template on an Excel spreadsheet pre-filled with the SU-TEDS fields, categories, and codes. The template may be accessed from the SAMHSA's official website or from the BHSIS Resource Center. The template includes instructions to complete the crosswalk. See **APPENDIX B** for a sample Crosswalk. The process in preparing and using the Crosswalk for SU-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 SU-TEDS data fields, categories, and codes for each SU-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 SU-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 SU-TEDS format specification, i.e., mapping the state fields/categories/codes to the corresponding SU-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 SU-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 SU-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, please provide explanations. If the state is not collecting or reporting data for a subset of the population, also provide explanations. If the state has concrete plans to collect or report them in the future, 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, 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 SU-TEDS. This includes:

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

Also use the column to provide additional information that are 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 (SPD 15 Directive).
- Describe the state's operational definitions on the following concepts related to **Employment Status**: "*Employed*," "*Unemployed*" and "*Not in labor force*."
- Provide a copy of the state's data dictionary, if available, citing the relevant pages for reference.
- Describe the sources of data for **Arrests in the Past 30 Days** and **School Attendance Status** in the past three months.

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, facilities that are part of the SU-TEDS reporting.
- Indicate whether all clients in the reporting facilities, regardless of individual client funding source, are included in the SU-TEDS reporting.
- If there are any **Types of Treatment** that are not reported by the State, provide an explanation (e.g., "*intensive*" vs "*non-intensive*" cannot be distinguished thus combined and coded as 06 for both ambulatory—intensive and non-intensive outpatient. Some types of treatment are combined and cannot be separated, SSA does not fund "*Rehabilitation/residential—long term (more than 30 days)*," etc.).
- Describe how the distinction between initial admission and transfer is made.

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 SU-TEDS field or category, states are asked to review their Crosswalk for accuracy and relevance in August/September every 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 SU-TEDS data fields, categories, and codes during the data conversion process.

CHAPTER 7 TEDS FILE 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 SU-TEDS by formatting the state data file extracted from their existing database(s) to SU-TEDS specifications. The SU-TEDS databases are maintained on a secure server with ID and password access limited to SAMHSA and authorized BHSIS Project Office staff.[2] The server and back-up files are located in a secure AWS cloud environment.

This chapter provides step-by-step instructions on the SU-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 SU-TEDS File Submission

The following step-by-step instructions should guide the 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 that are responsible for submitting both MH-TEDS and SU-TEDS data may use the same login credential 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) need to request only account access to the TEDS DSS.

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

States can choose to format their state data to SU-TEDS specifications themselves and upload them to the TEDS DSS. SU-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- SU-TEDS formatted data file and convert it to SU-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- SU-TEDS formatted data files. The Data Conversion Crosswalk needs to be prepared and completed for all fields and codes prior to

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[2] 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.

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 update the Data Conversion Crosswalk. Please refer to 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's Data Conversion Crosswalk, states should run the validation edit checks on SU-TEDS-formatted data files on the TEDS DSS to identify issues with data specifications (see **APPENDIX E** 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 SU-TEDS data file for final processing.

Once the full data file has successfully completed the validation process with no further errors, states can submit the data file 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 SU-TEDS database or notifying a rejection of the submission with a brief explanation of the data issue and corrective action required. When the state receives a rejection notification, they are required to make additional corrections to the data file and re-submit it.

Test Files

Whether states format the state data using their own computer program or use the TEDS DSS's 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 SU-TEDS Database

There are instances when a state needs to correct a data field value (e.g., wrong birth date) on a record that has already been submitted, processed by the BHSIS Project Office, and added to the SU-TEDS database.[3] 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 Method 2: Change (Replace) Records.

Key fields are required fields for each record and are used to link admission and 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**, **Codependent/Collateral**, **Client Transaction Type**, **Date of Admission**, **Date of Discharge**, **Date of Last Contact or Data Update**, and **Type of Treatment/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 SU-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 SU-TEDS data reporting by states. The Quarterly Feedback Reports consist of tables that

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[3] The methods to correct the values described in this section can be used for admission and discharge records with admission dates of January 1, 2015 or later. Please contact the BHSIS Project Office, if states need to correct older records, such as Client Identifier.

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 three 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[4] 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 SU-TEDS, and notifying the BHSIS Project Office of any data issues.

Tables included in the Quarterly Feedback Report are based on SU-TEDS admission and discharge data submitted by the last day of every quarter (e.g., April 1st, 2024, for Quarter 1 of 2024 feedback report). States should plan to submit SU-TEDS files for processing at least two 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 the table below.

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 SU-TEDS data reporting by states. They are static SU-TEDS data visualizations that compare year-to-date admissions and discharges submitted by states in the past three 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 highlights instances where no data was reported.

States are asked to review the Data Quality Profiles and provide an explanation for any data fields that have higher than 10% of unknown, not collected, and/or invalid individually and/or any other

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[4] Per the 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 three years.

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 the 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 warning errors 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 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 SU-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 SU-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 **Changing/Correcting Records in the SU-TEDS Database** section for detailed instructions on changing records.

8.2 Warning (Nonfatal Errors)

A warning is generated for nonfatal errors and usually 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 invalid code has already been added to the data, resubmit the corrected record(s) as replacements, using **System Transaction Type** code, *C "Change."*

Warning 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 of 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** and presented as edit checks in **APPENDIX E**.

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 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, **Co-occurring Mental and Substance Use Disorders** is coded *1 "Yes,"* optional metal health data can be reported.

8.3   Informational Message

While the record will be processed and appended to the SU-TEDS database if submitted for final processing, an informational message indicates 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). A common situation that generates this message is when **State Provider ID** cannot be found in SAMHSA's I-TF. When the **State Provider ID** is matched to a facility registered in the I-TF, the facility's additional information

from the I-TF is appended to the record in SU-TEDS.[5] If a match is not found in the I-TF, the record will be added to the SU-TEDS database but no additional information from the I-TF will be appended.

One possible scenario for unmatched State Provider ID may be that the facilities that states have listed in the I-TF may not have the same reporting and functional structure as the entities that report to states for SU-TEDS. For example, a state might use IDs belonging to a Regional Behavioral Health Authority or Local Management Entity for SU-TEDS reporting, which might be different from the set of IDs assigned by the state and used for the I-TF.

Notes on the I-TF:

Additionally, corrective actions to the I-TF may be needed if the unmatched State Provider ID is due to:

- Outdated state facility listing in the I-TF.
- Missing state provider ID in the I-TF.

States are encouraged to regularly review and update their facility list. If the State Provider ID is still unmatched and the facility cannot be found in the updated I-TF, states should determine whether the facility is eligible for inclusion in the I-TF. If the facility is not eligible, the state may ignore the informational message.

SAMHSA strongly encourages states to ensure that all eligible facilities, that is, facilities that provide direct treatment services for mental health conditions (and substance use), are listed in the I-TF and the facility information is correct and up to date. Facilities that provide support services only, those that perform administrative functions only (e.g., referral, intake, screening, claims, etc.), and solo practitioners are excluded from the I-TF. Refer to the I-TF State User Manual and/or contact the BHSIS Project Office for more information on the facility inclusion and exclusion criteria of the I-TF.

The I-TF online system permits state representatives to view, change, add, and update the status of facility listings. The state I-TF representatives can obtain authorization to use the I-TF online system through the BHSIS Project Office.

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

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[5] County, Metropolitan Statistical Area, and, if applicable, the name of the federal agency with which the facility is affiliated (e.g., a VA Medical Center is affiliated with the Department of Veterans Affairs).

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 discharge records, linking discharge and admission records is performed during SU-TEDS validation process of the discharge 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 SU-TEDS database, but not to those in other files pending acceptance to the SU-TEDS database. Therefore, a discharge 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 SU-TEDS database (which usually happens within one 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

A.1   Data Collection Authorization and Requirement

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

Section 505 of the Public Health Service Act (42 USC §290aa–4) is available at https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapIII-A-partA-sec290aa-4.pdf. An excerpt of the full text also follows below.

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

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

(1) the national incidence and prevalence of the various forms of mental illness and substance use; and
(2) the incidence and prevalence of such various forms in major metropolitan areas selected by the Administrator.

(c) Requisite areas of data collection on substance use

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

A) the number of individuals admitted to the emergency rooms of hospitals as a result of the use of alcohol or other drugs;
B) the number of deaths occurring as a result of substance use, as indicated in reports by coroners;
C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;
D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals receiving such treatment, the percentage of individuals who complete such programs, and, with respect to individuals receiving such treatment, the length of time between an individual's request for treatment and the commencement of treatment;
E) the number of such individuals who return for treatment after the completion of a prior treatment in such programs and the method of treatment utilized during the prior treatment;
F) the number of individuals receiving public assistance for such treatment programs;
G) the costs of the different types of treatment modalities for drug and alcohol use and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;

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

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

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

(d) Development of uniform criteria for data collection

After consultation with the States and with appropriate national organizations, the Administrator shall develop uniform criteria for the collection of data, using the best available technology, pursuant to this section.

A.2   Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

In addition, States receiving fundings from SAMHSA's SUPTRS BG utilize SU-TEDS data to meet the Block Grant reporting mandate and requirements, where:

- Section 1935(b)(3) of the Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C.§300x–35(b)(3)) requires a State that receives a new grant, contract, or cooperative agreement, for the purposes of improving the data collection, analysis and reporting capabilities of the State, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States. TEDS assists SUPTRS BG for technical assistance, data collection, and program evaluation. "Data collection" is defined in this section as those activities that carry out the provisions of Section 505 of the Public Health Service Act, as well as data infrastructure development.

- Section 1942(a) of the Title XIX, Part B, Subpart III of the Public Health Service Act Public Health Service Act (42 U.S.C.§300x-52(a)) requires the State, involved in a funding agreement for a grant, to submit a report containing information of 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.

- Section 1943(a) of the Title XIX, Part B, Subpart III of the Public Health Service Act Public Health Service Act (42 U.S.C.§300x-53(a)) requires the State, involved in a funding agreement for a grant, to annually provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved. States also provide to the Secretary any data required by the Secretary pursuant to subsections (c) and (d) of section 290aa–4 of and cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section.

- MHBG and SUPTRS BG Application Guidance and Instructions (or "Combined Block Grant Application," OMB No. 0930-0168) requires states to identify the unmet service needs and critical gaps within the current system. The state's priorities and goals must be supported by data-driven processes, including data that is available through a number of different sources

such as SAMHSA's TEDS. As part of the SUPTRS BG, states are also required to prepare and submit an annual report comprising of performance indicator tables to show progress made over time as measured by SAMHSA's NOMS for substance use (SU) prevention, SUD treatment, and SUD recovery.

A.3   Data Collection History

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

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

The CDS was developed collaboratively by the federal government, states, and national organizations, including the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Important considerations in the development of the CDS were:

a. the need to incorporate and build upon existing state reporting systems, and
b. the need to ensure that CDS would produce data useful for state administrative purposes.

The impetus for CDS was to achieve standardization and comparability of data among state systems in such a way that facilities would not be burdened with additional reporting requirements beyond those already imposed by the states. The resulting data set consisted of a core of 19 demographic and substance use treatment variables and 15 supplemental items, collected at the time of admission for treatment.

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

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

In 2005, the TEDS data system was modified to include data elements for National Outcomes Measures (NOMs). In the TEDS discharge system, 10 NOMs data elements were added. In the TEDS admission system, one new NOMs element was added ("Arrests in Past 30 days") and two existing Supplemental Data Set items were designated as NOMs elements ("Living Arrangements" and "Detailed Not in Labor Force").

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

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 the 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 state "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	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 TEDS reporting. Since a 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 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 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 TEDS code 97.
	97	Unknown			When employment status and school enrollment status are both "Missing", then we use the 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 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 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

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

For Fixed-length ASCII flat files:

- Admission file should have 50 columns and Discharge file should have 32 columns without Mental Health Admission/Discharge Data Set. Admission file should have 57 columns and Discharge file should have 40 columns with Mental Health Admission/Discharge Data Set.
- Fields must occupy the column(s) specified in the file structure tables.
- All fields must have valid values (see **Appendix D**).
- Only printable alphanumeric ASCII characters are valid.
- Numeric fields must be right-justified and filled with zeros.
- 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.
- A field populated with 9s indicating *"Invalid data"* is reserved for use by the BHSIS Project Office.
- The end of a record may be indicated with either LF (line feed) or CR-LF (carriage return-line feed).
- 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)**

   MSD 1–19 include demographic, substance use, and substance use treatment characteristics. All data fields are required reporting.

3. **Supplemental Data Set (SuDS)**

   SuDS 1–20 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 optional mental health fields. However, states are encouraged to submit the information, if available, for SU clients with a co-occurring mental disorder.

C.3   Admission File Specification

Column #	Dataset#	Required vs optional	Data field	Data type	Data length	Data position Begin	Data position 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	**Type of Treatment/Service Setting**	Numeric	2	50	51
10	MDS 6	Required	**Previous SU Treatment Episodes**	Numeric	1	52	52
11	MDS 7	Required	**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	Required	**Substance Use**, Primary	Numeric	2	72	73
19	MDS 15a	Required	**Route of Administration,** Primary	Numeric	2	74	75
20	MDS 16a	Required	**Frequency of Use**, Primary	Numeric	2	76	77
21	MDS 17a	Required	**Age at First Use**, Primary	Numeric	2	78	79
22 NOM	MDS 14b	Required	**Substance Use**, Secondary	Numeric	2	80	81
23	MDS 15b	Required	**Route of Administration,** Secondary	Numeric	2	82	83
24 NOM	MDS 16b	Required	**Frequency of Use,** Secondary	Numeric	2	84	85
25	MDS 17b	Required	**Age at First Use**, Secondary	Numeric	2	86	87
26	MDS 14c	Required	**Substance Use,** Tertiary	Numeric	2	88	89
27	MDS 15c	Required	**Route of Administration,** Tertiary	Numeric	2	90	91
28	MDS 16c	Required	**Frequency of Use**, Tertiary	Numeric	2	92	93
29	MDS 17c	Required	**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	Required	**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 NOM	SuDS 17	Required	**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	Optional	**Mental Health Diagnosis – One**	Alphanumeric	8	148	155
51	MHA 1b	Optional	**Mental Health Diagnosis – Two**	Alphanumeric	8	156	163
52	MHA 1c	Optional	**Mental Health Diagnosis – Three**	Alphanumeric	8	164	171
53	MHA 2	Optional	**SMI/SED Status**	Numeric	1	172	172
54 NOM	MHA 3	Optional	**School Attendance Status**	Numeric	1	173	173
55	MHA 4	N/A	**Legal Status at Admission to State Hospitals**	Numeric	2	174	175
56	MHA 5	Optional	**CGAS/GAF Score**	Numeric	3	176	178

C.4   Discharge Record Structure

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

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 2 and 4–9 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 records, and the remaining fields are used for verification. All DIS fields require reporting.

2. Mental Health Discharge Data Set (MHD)

MDH 1–6 are optional mental health data collected at time of discharge for SU clients with a co-occurring mental disorder.

C.5   Discharge File Specifications

Column #	Dataset#	Required vs optional	Data field	Data type	Data length	Data position	
						Begin	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	Type of Treatment/Service Setting	Numeric	2	41	42
8	DIS 8	Required	Date of Last Contact	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	Type of Treatment/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

Column #	Dataset#	Required vs optional	Data field	Data type	Data length	Data position Begin	Data position End
19	DIS 19	Required	**Race** (at admission)	Numeric	2	112	113
20	DIS 20	Required	**Hispanic or Latino Origin (Ethnicity)** (at admission)	Numeric	2	114	115
21	DIS 21a	Required	**Substance Use at Discharge – Primary**	Numeric	2	116	117
22	DIS 21b	Required	**Substance Use at Discharge – Secondary**	Numeric	2	118	119
23	DIS 21c	Required	**Substance Use at Discharge – Tertiary**	Numeric	2	120	121
24	DIS 22a	Required	**Frequency of Use at Discharge – Primary**	Numeric	2	122	123
25	DIS 22b	Required	**Frequency of Use at Discharge – Secondary**	Numeric	2	124	125
26	DIS 22c	Required	**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	Required	**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 Data Set (MHD)							
33	MHD 1	Optional	**Diagnostic Code Set Identifier**	Numeric	1	139	139
34	MHD 2a	Optional	**Mental Health Diagnosis – One**	Alphanumeric	8	140	147
35	MHD 2b	Optional	**Mental Health Diagnosis – Two**	Alphanumeric	8	148	155
36	MHD 2c	Optional	**Mental Health Diagnosis – Three**	Alphanumeric	8	156	163
37	MHD 3	Optional	**SMI/SED Status**	Numeric	1	164	164
38 NOM	MHD 4	Optional	**School Attendance Status**	Numeric	1	165	165
39	MHD 5	N/A	**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 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 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. 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 they 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   Age at First Use (Primary, Secondary, Tertiary Substances)—Required

For substances other than alcohol, this field identifies the age in years 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. **01-95** **AGE AT FIRST USE** **96** **NOT APPLICABLE** – Use when the value in **Substance Use** is *01 None*. **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated. The Age at First Use field is compared to the Age at Admission, which is a calculated value (Date of Admission minus Date of Birth). If Age at Admission is less than Age at First Use, a warning error will be generated requiring the state to investigate the validity of both the clients Date of Birth and Age at First Use. The state is expected to apply corrective action and submit a corrected record. Meanwhile, the record will be processed, and *99 Invalid* data will replace the reported value in the Age at First Use until a corrected record is submitted.
GUIDELINES	Use also *96* if the value in **Substance Use** is *01 None.*
RELATED FIELD	**Substance Use**, **Route of Administration**, **Frequency of Use**, **Detailed Drug Code**, *Age at Admission* (Calculated)
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: MDS 17a: 78–79; MDS 17b: 86–87; MDS 17c: 94–95

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

D.2   Arrests in Past 30 Days—Required/NOM

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

VALID ENTRIES	00-96 NUMBER OF ARRESTS 97 UNKNOWN – Individual client value is unknown. 98 NOT COLLECTED – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	It is defined by SAMHSA as an outcome measure, and it is collected at admission and at discharge to assess change. • For admission records, the reference period is 30 days prior to admission. • For discharge records, the reference period is 30 days prior to discharge. If the dates of admission and 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 discharge. For example (see Figure 4), the date of admission is February 8, and the date of discharge is February 18, 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. The only arrest that counts toward the number of arrests in the discharge record is the arrest that occurred on February 12. *Figure 4. Example of Arrests in the Past 30 Days* 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
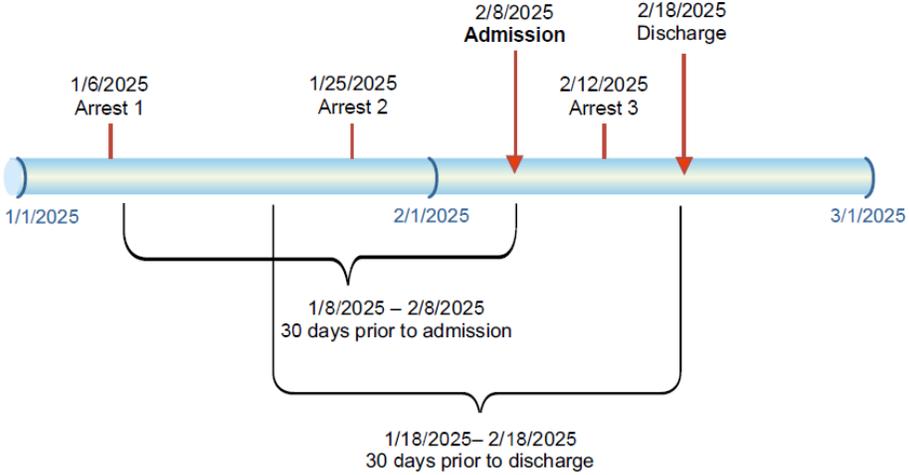
VALID ENTRIES	00-96 NUMBER OF ARRESTS 97 UNKNOWN – Individual client value is unknown. 98 NOT COLLECTED – State does not collect this field.
	within the 30-day preceding the admission or at the start of the reporting period. Describe the source of data or how the data are collected in the State Data Crosswalk.
RELATED FIELD	None
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: SuDS 16: 135–136 Discharge record: DIS 26: 134–135

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

D.3   Attendance at SU Self-Help Groups in Past 30 Days—Required/NOM

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 disorders. It is required reporting both at admission and discharge.

VALID ENTRIES	**01** **NO ATTENDANCE** **02** **LESS THAN ONCE A WEEK** – 1 to 3 times in the past 30 days. **03** **ABOUT ONCE A WEEK** – 4 to 7 times in the past 30 days. **04** **2 TO 3 TIMES PER WEEK** – 8 to 15 times in the past 30 days. **05** **AT LEAST 4 TIMES A WEEK** – 16 to 30 times or more in the past 30 days. **06** **SOME ATTENDANCE** –Number of times and frequency is unknown. **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	For admission records, the reference period is the 30 days prior to admission, and for discharge records, the reference period is the 30 days prior to discharge. Use *06 Some attendance* only if it is known that the client attended a self-help program during the reference period, but there is insufficient information to assign a specific frequency. Use *97 Unknown* when it is not known whether the client attended a self-help program during the reference period.
RELATED FIELD	None
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: SuDS 17: 137–138 Discharge record: DIS 27: 136–137

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

D.4   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 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.

VALID ENTRIES	0–100 **CGAS/GAF Score** 996 **NOT APPLICABLE** 997 **UNKNOWN** – Individual client value is unknown. 998 **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *999 Invalid data* and a warning error will be generated. When this information is reported, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.
GUIDELINES	Reporting of this information is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *996 Not applicable* for clients who do not have co-occurring mental and substance use disorders. Report only if the state is using the **CGAS/GAF**. Report client's score at time of admission and discharge. Use *998 Not collected* if the state does not collect these data for all or a subset of the population. Cite in the State Data 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: 176–178 Discharge: MHD 6: 168–170

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

D.5   Client Identifier—Required/Key Field

This field identifies 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 personal identifying information, 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 Discharge record: DIS 5: 25–39; DIS 12: 76–90

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

D.6   Client Transaction Type—Required/Key Field

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

VALID ENTRIES	A INITIAL ADMISSION T TRANSFER E DISCHARGE
VALIDATION EDITS	If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error). For backward compatibility in substance use reporting, if the record has a length of 137, it will be deemed a value of *D Discharge*.
GUIDELINES	SU-TEDS distinguishes two types of admission: *Initial admission* and *Transfer* see **Continuum of Treatment: Initial Admissions and Transfers**. 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. If *Initial admission* and *Transfer* cannot be identified in a state data system, changes in Provider or Type of Treatment/Service Setting should be reported as *Initial admission*. 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 Discharge record: DIS 14: 92; DIS 28: 138

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

D.7 Codependent/Collateral—Key Field

This field indicates whether treatment is for a primary substance use or arises from the client's relationship with someone with a substance use disorder.

VALID ENTRIES	**1 CODEPENDENT/COLLATERAL** **2 CLIENT**
VALIDATION EDITS	If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error).
GUIDELINES	A codependent or collateral client is a person who has no substance use disorder but because of his relationship with someone with a substance use disorder, suffers from emotional and/or behavioral condition that affects his/her ability to maintain a healthy and mutually satisfying relationship. If they have been formally admitted for service to a treatment unit and have their own treatment record, they should also be reported as codependent/collateral. If the state submits records for codependents/collaterals, the fields **State Code**, **State Provider Identifier**, **Client Identifier**, **Client Transaction Type**, and **Date of Admission** must be reported. Reporting of the remaining fields is optional. For all items not reported, the data field should be coded with the appropriate *Not collected* (if the state does not collect other items for all collateral/codependent clients). If a *Client* with an existing record becomes a *Codependent*, a new admission record for a *Codependent* should be submitted. Conversely, a *Codependent* who becomes a *Client* requires a new admission record as a *Client*. If this field is not collected, use *2 Client* as the default value.
RELATED FIELD	None
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: MDS 3: 40 Discharge record: DIS 6: 40; DIS 13: 91

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

D.8   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.** 2 **NO, CLIENT DOES NOT HAVE CO-OCCURRING MENTAL AND SUBSTANCE USE DISORDERS.** 7 **UNKNOWN** – Individual client value is unknown. 8 **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value or both SU and MH diagnoses are valid (other than *999.9997 Unknown,* or *999.9998 Not collected*), the value will be changed to *9 Invalid data* and a warning error will be generated. The reporting of the optional mental health 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 MH diagnosis, 999.9997 Unknown,* or *999.9998 Not collected* for **Mental Health Diagnosis (One, Two, Three)** or a valid value other than, *Not applicable*, *Unknown* or *Not collected* for any other mental health-related fields identified as optional. Otherwise, a warning error 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 the client also has substance use disorder is utilized across the state or varies by individual providers. If the method is statewide, the Crosswalk should describe the method.
RELATED FIELD	**CGAS/GAF Score, SMI/SED Status, Mental Health Diagnosis (One, Two, Three)**
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: SuDS 5: 115

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

D.9   Date of Admission—Required/Key Field

This field indicates the date when the client receives their first direct treatment service in a new treatment episode.

VALID ENTRIES	MMDDYYYY
VALIDATION EDITS	If this field is blank, uses the wrong date format, or contains an invalid value, the record will be rejected and not processed (fatal error). Records with a **Date of Admission** before January 1, 2015, will be rejected. **Date of Admission** cannot be later than **Date of Last Contact**, **Date of Discharge**, current date, or **Reporting Date**, or else a fatal error will be generated. **Date of Admission** may be the same as **Date of Last Contact**, or **Date of Discharge**.
GUIDELINES	Valid values are 01 through 12 for MM; 01 through 31 for DD; and 2015 or later for YYYY. Use valid calendar dates. For example, February 30 is an invalid value. If the **Client Transaction Type** at Admission is an *Initial Admission*, this field indicates the date when the client receives their first direct treatment or service. If the **Client Transaction Type** at Admission is a *Transfer*, this is the date when the client receives their first direct treatment at the new provider or new **Type of Treatment/Service Setting** they transferred to.
RELATED FIELD	**Date of Last Contact**, **Date of Discharge**
FORMAT*	########
DATASET NO. / POSITIONS*	Admission record: MDS 5: 42–49 Discharge record: DIS 15: 93–100

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

D.10   Date of Birth—Required

This field identifies the client's date of birth.

VALID ENTRIES	**MMDDYYYY** **01010007** UNKNOWN – Individual client value is unknown. **01010008** NOT COLLECTED – State does not collect this field.
VALIDATION EDITS	If this field is blank, uses the wrong date format, or contains an invalid value, the value record will be rejected and not processed (fatal error). If the **Date of Birth** is later than the current date or date of admission, the record will be processed but the field value will be replaced with the system code *01010009* for invalid date. The state should verify the date of birth. If the **Date of Birth** is a valid value but gives a calculated age of > 95 years at time of admission, a warning error is generated. The state should verify if the client's age is in fact > 95 years. **Date of Birth** is used to calculate *Age at Admission,* which must be equal to or greater than **Age at First Use (Primary, Secondary, and Tertiary)**. If not, a warning error will be generated. The **Date of Birth** will be stored as reported but the state is expected to verify this value together with the **Age at First Use** since it cannot be determined which one is incorrect.
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 Discharge record: DIS 17: 10–110

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

D.11 Date of Discharge—Required/Key Field

This field indicates the date when the client was formally discharged from the treatment facility, service, or program.

VALID ENTRIES	MMDDYYYY
VALIDATION EDITS	If this field is blank, uses the wrong date format, or contains an invalid value, or is before January 1, 2015, the record will be rejected and not processed (fatal error). **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**, but cannot be earlier. Or else, warning errors will be generated.
GUIDELINES	Valid values are 01 through 12 for MM; 01 through 31 for DD; and 2015 or later for YYYY. Records with a **Date of Discharge** before January 1, 2015, will be rejected. Use valid calendar dates. For example, February 30 is an invalid value. For clients who discontinued treatment but have no formal discharge date, use the state's policy, or devise a method to determine the administrative discharge date (see **5.2.2. 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	**Date of Admission**, **Date of Last Contact, Reporting Date**
FORMAT*	XXXXXXXX
DATASET NO. / POSITIONS*	Discharge record: DIS 9: 51–58

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

D.12   Date of Last Contact—Required

This field indicates the date of a client's last treatment service.

VALID ENTRIES	**MMDDYYYY** **01010007** **UNKNOWN**– Individual client value is unknown. **01010008** **NOT COLLECTED**– State does not collect this field.
VALIDATION EDITS	If the **Date of Last Contact** is blank, 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, the value for the **Date of Last Contact** will be changed to *01010009 Invalid Data* and a warning error will be generated. **Date of Last Contact** may be the same as **Date of Admission,** but cannot be earlier. **Date of Last Contact** may be the same as **Reporting Date** or **Date of Discharge**, but cannot be later.
GUIDELINES	Valid values are 01 through 12 for MM and 01 through 31 for DD; Use valid calendar dates. For example, February 30 is an invalid value. **Date of Last Contact** is used by SAMHSA in computing the outcome measure *Retention (length of stay)*. States are encouraged to accurately report **Date of Last Contact** in addition to **Date of Discharge** because **Date of Discharge** often reflects an administrative discharge and it is not necessarily the same as the **Date of Last Contact**, depending on the policy and/or definition of administrative discharge adapted by states. **Date of Last Contact** more accurately reflects the length of time the client is engaged in treatment.
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.13 Days Waiting to Enter Substance Use Treatment—Optional

This field 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** **997**　　　　**UNKNOWN**– Individual client value is unknown. **998**　　　　**NOT COLLECTED**– State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value in this data field, the value will be changed to *999 Invalid data* and a warning error will be generated.
GUIDELINES	This item is intended to capture the number of days the client must wait to begin substance use treatment because of program capacity, treatment availability, admissions requirements, or other program requirements. It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation. Data should be entered as, for example, 1 day = 001, 10 days = 010, etc.
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.14   Detailed Criminal Justice Referral—Optional

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

VALID ENTRIES	**01 STATE/FEDERAL COURT** **02 OTHER COURT** – Court other than state or federal court. **03 PROBATION/PAROLE** **04 OTHER RECOGNIZED LEGAL ENTITY** – For example, local law enforcement agency, corrections agency, youth services, review board/agency. **05 DIVERSIONARY PROGRAM** – For example, TASC. **06 PRISON** **07 DUI/DWI PROGRAM** **08 OTHER** **96 NOT APPLICABLE** – Use this code if **Referral Source** is not *07 Court/Criminal justice referral*. **97 UNKNOWN** – Individual client value is unknown. **98 NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated. If **Referral Source** is not *07 Court/Criminal justice referral* this field should be *96 Not applicable* or a warning error will be generated.
GUIDELINES	This field should have a valid value, other than *96 Not applicable*, when **Referral Source** is *07 Court/Criminal justice referral*. Code *96* must be used if **Referral Source** is other than *07 Court/Criminal justice referral*. If the state collects a subset of the categories, clients not fitting the subset should be coded as *97 Unknown*. For example, if the state collects only *07 DUI/DWI program*, all other records, where **Referral Source** is coded *07 Court/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.15   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** 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)

Substance Use		Detailed Drug Code	
		1308	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
		1309	Flunitrazepam (Rohypnol)
		1310	Clonazepam (Klonopin, Rivotril)
14	Other tranquilizers	1401	Meprobamate (Miltown)
		1403	Other non-benzodiazepine tranquilizers
15	Barbiturates	1501	Phenobarbital
		1502	Secobarbital/Amobarbital (Tuinal)
		1503	Secobarbital (Seconal)
		1509	Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives
16	Other sedatives or hypnotics	1601	Ethchlorvynol (Placidyl)
		1602	Glutethimide (Doriden)
		1603	Methaqualone (Quaalude)
		1604	Chloral hydrate and other non-barbiturate sedatives/hypnotics
		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)
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	If this field is blank or contains an invalid value, the value will be changed to *9999 Invalid data* and a warning error will be generated. 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* (a warning error). 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*.
GUIDELINES	**Detailed Drug** should be a valid subset of the corresponding **Substance Use**. A record may not have duplicate **Substance Use** codes with identical **Routes of Administration** *unless* the **Detailed Drug** codes are different. In the following example, a client uses both *Alprazolam* and *Diazepam* orally, which are within a subset of *Benzodiazepines*:

VALID ENTRIES	See above table
	• The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*. • The primary and secondary **Routes of Administration** are both *01 Oral*. • The primary **Detailed Drug Code** is *1301* and the secondary **Detailed Drug Code** is *1304*. 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	**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.16 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** **02** **STUDENT** **03** **RETIRED** **04** **DISABLED** **05** **RESIDENT OF INSTITUTION** – Clients receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc. **06** **OTHER** – Includes volunteer, seasonal worker, other categories used by the state not specified. **96** **NOT APPLICABLE** **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated. This field should be used only when **Employment Status** is *04 Not in the labor force*. For all other **Employment Status** codes, this field should be coded *96 Not applicable*. If this field has a valid value other than *96 Not applicable, 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* and a warning error will be generated.
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 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 coded <u>not</u> *04 Not in labor force* or clients under age 16. If the state does not collect **Detailed Not in Labor Force** for all or for a subset of the population (e.g., clients 16 and 17 years old), the records should be coded *98 Not collected*. 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 Discharge record: DIS 25: 132–133

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

D.17   Diagnostic Code (DSM or ICD)—Optional

States should endeavor to use the **Mental Health Diagnosis** data fields (MHA 1a–c and MHD 2a–c) than **Diagnostic Code** to report mental health diagnosis.

VALID ENTRIES	**XXX.XX** **999.97** UNKNOWN – Individual client value is unknown. **999.98** NOT COLLECTED – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *999.99 Invalid data* and a warning error will be generated.
GUIDELINES	States should use **Mental Health Diagnosis** data fields to report mental health 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.18   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** 2 **ICD-9** 3 **ICD-10** 4 **DSM-5** 5 **DSM-III-R** 7 **UNKNOWN** – Individual client value is unknown. 8 **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated. If **Substance Use Diagnosis** and **Mental Health Diagnosis (One, Two, Three)** 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 a warning error will be generated.
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. 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-V) for both the SU and MH diagnostic codes should be observed for each client. Whenever necessary, the state must perform code conversion. SU-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 Discharge record: MHD 1: 139

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

D.19   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	1st YEAR OF COLLEGE/UNIVERSITY (Freshman)
14	2nd YEAR OF COLLEGE/UNIVERSITY (Sophomore) or ASSOCIATE DEGREE
15	3rd YEAR OF COLLEGE/UNIVERSITY (Junior)
16	4th YEAR OF COLLEGE/UNIVERSITY (Senior) or BACHELOR'S DEGREE
17	SOME POST-GRADUATE STUDY – Degree not completed.
18	MASTER'S DEGREE COMPLETED
19–25	POST-GRADUATE STUDY
70	GRADUATE OR PROFESSIONAL SCHOOL – This code may be used instead of detailed codes 17–25.
71	VOCATIONAL SCHOOL
96	NOT APPLICABLE – Use this code in discharge records.
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* and a warning error will be generated.
	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	It is reported only at time of admission. Use code *96 Not applicable* for discharge records.
	Report *current grade level* for school-age children (3–17 years old) who attended school at any time in the past three months.
	Report the *highest grade level* completed for school-age children who have not attended school at any time within the past three months.
	Report the *highest grade level* completed for all adults, whether currently in school or not.
	For non-school-age children (age less than 3 years), use code *00 Less than one school grade or no schooling*.
	School includes any one or combination of home-schooling, online education,

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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: 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.

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).

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, that 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.

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

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

If the reported value is *98 Not collected*, the state is requested to briefly describe its data collection plan. |
RELATED FIELD	**School Attendance**
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: MDS 12: 68–69 Discharge record: MHD 5: 166–167

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

D.20 Employment Status—Required/NOM

This field identifies the client's employment status and is required both at admission and discharge.

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. **96** **NOT APPLICABLE** **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	**Employment Status** is an outcome measure and is collected for clients aged 16 and older at admission and at discharge to assess change. Do <u>not</u> use the same data source to capture employment status at admission and at discharge. The same employment status can be reported at admission and at discharge only when it is known that there is no change in status from admission to discharge. 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. State definitions are expected to be consistent with the general concept used by the DOL, as follows: • People with jobs are *employed*. • People who are jobless, looking for jobs, and available for work are *unemployed*. • 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. 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*. For more information on how the 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 vs. part time and unemployed vs. 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**.

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.
	96	**NOT APPLICABLE**
	97	**UNKNOWN** – Individual client value is unknown.
	98	**NOT COLLECTED** – State does not collect this field.

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 the 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*.

Example:

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. Mary's interview constitutes looking for work, but her work takes priority, and she is coded as 01 Full time.

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,

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. **96** **NOT APPLICABLE** **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
	which takes priority overlooking for work; therefore, he is counted as 01 Full time. (source: http://www.bls.gov/cps/cps_htgm.htm) **Reporting of a person in an internship program:** The following rules should be observed in determining whether the adult client in an internship program should be reported as *04 Not in labor force*, *01 Full time*, *02 Part time*, or *05 Employed Full/Part-time not specified*. 1. If the internship is a school requirement, whether paid or not, the person should be considered a "student" (**Employment Status** code *04 Not in labor force* and **Detailed Not in Labor Force** code *02 Student*). 2. If the internship is not a school requirement **and** 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*. 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 Discharge record: DIS 24: 130–131

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

D.21 Frequency of Use (of primary, secondary, tertiary substances)—Required/NOM

This field specifies the frequency of use of the corresponding substance identified in **Substance Use (Primary, Secondary, Tertiary)** and is required reporting both at admission and discharge.

VALID ENTRIES	**01** **NO USE IN THE PAST MONTH** **02** **1–3 DAYS IN THE PAST MONTH** **03** **1–2 DAYS IN THE PAST WEEK** **04** **3–6 DAYS IN THE PAST WEEK** **05** **DAILY** **96** **NOT APPLICABLE** **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	This field is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable **Substance Use**, to assess change. If the value in **Substance Use** is *01 None*, this field should be coded *96 Not applicable*.
RELATED FIELD	**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 Discharge record: DIS 22a: 122–123; DIS 22b: 124–125; DIS 22c: 126–127

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

D.22 Health Insurance—Optional

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

VALID ENTRIES	01 PRIVATE INSURANCE (other than Blue Cross/Blue Shield or an HMO) 02 BLUE CROSS/BLUE SHIELD 03 MEDICARE 04 MEDICAID 06 HEALTH MAINTENANCE ORGANIZATION (HMO) 20 OTHER (e.g., TRICARE) 21 NONE 97 UNKNOWN – Individual client value is unknown. 98 NOT COLLECTED – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	This should be reported, if collected, whether or not it covers behavioral health treatment. 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 *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 also be coded as *97 Unknown* for clients who have Medicare or Medicaid. 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.23 Hispanic or Latino Origin (Ethnicity)—Required

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

VALID ENTRIES	**01** **PUERTO RICAN** – Of Puerto Rican origin regardless of race. **02** **MEXICAN** – Of Mexican origin regardless of race. **03** **CUBAN** – Of Cuban origin regardless of race. **04** **OTHER SPECIFIC HISPANIC OR LATINO** – Of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race. **05** **NOT OF HISPANIC OR LATINO ORIGIN**. **06** **HISPANIC OR LATINO—SPECIFIC ORIGIN NOT SPECIFIED** – Of Hispanic or Latino origin, but origin not known or not specified. **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	If a state simply collects Hispanic or Latino origin as "Yes/No," use code *06 Hispanic or Latino–specific origin not specified* for a "Yes" response. If the state collects Hispanic as a race category and does not use a separate question for ethnicity, use code *06 Hispanic or Latino–specific origin not specified* and **Race** should be coded as *97 Unknown*.
RELATED FIELD	**Race**
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: MDS 11: 66–67 Discharge record: DIS 20: 114–115

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

D.24 Legal Status at Admission to State Hospital—Not applicable

This field identifies the client's legal status at the time of admission to a state psychiatric hospital and not applicable to SU-TEDS.

VALID ENTREIS	96 NOT APPLICABLE
VALIDATION EDITS	It is not applicable to SU-TEDS reporting.
GUIDELINES	Use code 96 for all clients.
RELATED FIELD	None
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: MHA 4: 174–175

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

D.25   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 their own. Reporting living arrangements is required reporting both at admission and at discharge.

VALID ENTRIES	**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. **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. **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	This is an outcome measure and is collected at admission and at discharge to assess change. Do <u>not</u> use the same data source to capture living arrangements at admission and at discharge. The same **Living Arrangements** can be reported for admission and discharge only when 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*.
RELATED FIELD	None
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: SuDS 8: 118–119 Discharge record: DIS 23: 128–129

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

D.26 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. **02** **NOW MARRIED** – clients who are legally married and/or those living with a partner as a couple/cohabiting. **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. **04** **DIVORCED** **05** **WIDOWED** **97** **UNKNOWN** – Individual client value is unknown. **98** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated. If the client is under 16 years old and any code other than *01 Never married* is used, a warning error will be generated.
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.27   Medications for Opioid Use Disorder (MOUD)—Required

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

VALID ENTRIES	**1** **YES** **2** **NO** **6** **NOT APPLICABLE** **7** **UNKNOWN** – Individual client value is unknown. **8** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value other than codes mentioned above, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	This data field should only be reported for clients with an opioid use disorder (OUD). Clients with an OUD should have at least one of the **Substance Use (Primary, Secondary, Tertiary)** fields coded *05 Heroin*, *06 Non-prescription methadone*, or *07 Other opiates and synthetics*. However, since the maximum number of substances that can be reported for each admission record is three, clients with an OUD may not have these codes in **Substance Use (Primary, Secondary, Tertiary)**. Therefore, the use of code *6* may not always be appropriate.
RELATED FIELD	**Substance Use (Primary, Secondary, Tertiary)**
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: MDS 19: 96

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

D.28   Mental Health Diagnosis (One, Two, Three)—Optional

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** **999.9996** **NO MENTAL HEALTH DIAGNOSIS–ONE/TWO/THREE** – Individual client does not have any, secondary or tertiary mental health diagnosis. **999.9997** **UNKNOWN** – Individual client value is unknown. **999.9998** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *999.9999 Invalid data* and a warning error will be generated. When this information is reported, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated. Duplicate diagnostic codes across the three **Mental Health Diagnosis** fields are not permitted. If duplicate codes are found, the first occurrence will be processed but succeeding occurrences will be replaced with *999.9999 Invalid data*, and a warning error will be issued.
GUIDELINES	Reporting of this information is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *999.9996 Not applicable* for clients who do not have co-occurring mental and substance use disorders. This field is collected at admission and at discharge to assess change. 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. Both DSM and ICD codes are accepted. The state must use the coding system and version (DSM-III-R, DSM-IV, DSM V, ICD-9, ICD-10) specified in the **Diagnostic Code Set Identifier** field. 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. 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. 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,

VALID ENTRIES	**XXX.XXXX**
	999.9996 **NO MENTAL HEALTH DIAGNOSIS–ONE/TWO/THREE** – Individual client does not have any, secondary or tertiary mental health diagnosis.
	999.9997 **UNKNOWN** – Individual client value is unknown.
	999.9998 **NOT COLLECTED** – State does not collect this field.

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**.

If it is state policy to collect no more than one mental health diagnosis, use code *999.9998 Not collected* for **Mental Health Diagnosis – Two** and **Mental Health Diagnosis – Three**. 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):

1. Report the primary and secondary diagnoses.

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

2. 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 intellectual disability or formally, 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:

3. 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

VALID ENTRIES	**XXX.XXXX** **999.9996** **NO MENTAL HEALTH DIAGNOSIS–ONE/TWO/THREE** – Individual client does not have any, secondary or tertiary mental health diagnosis. **999.9997** **UNKNOWN** – Individual client value is unknown. **999.9998** **NOT COLLECTED** – State does not collect this field.
	(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: 148–155, MHA 1b: 156–163, MHA 1c: 164–171 Discharge record: MHD 2a: 140–147, MHD 2b: 148–155, MHD 2c: 156–163

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

D.29   Payment Source, Primary (Expected or Actual)—Optional

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

VALID ENTRIES	**01 SELF-PAY** **02 BLUE CROSS/BLUE SHIELD** **03 MEDICARE** **04 MEDICAID** **05 OTHER GOVERNMENT PAYMENTS** **06 WORKER'S COMPENSATION** **07 OTHER HEALTH INSURANCE COMPANIES** **08 NO CHARGE** – For example: free, charity, special research, or teaching. **09 OTHER** **97 UNKNOWN** – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category. **98 NOT COLLECTED** – State does not collect this field. This code should also be used when the state collects only a subset of the categories.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	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 *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*. 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.30   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* and a warning error will be generated. 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, a warning error will be generated.
GUIDELINES	Reporting in this field is optional.
RELATED FIELD	**Sex**
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: SuDS 6: 116

C=Character; X=Alphanumeric; #=Numeric

D.31 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* and a warning error will be generated.
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

VALID ENTRIES	See above table
	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. 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*. 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. **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. States may use the following guidelines in the absence of a state business rule or to supplement an existing one: 1. Use the most recent race reported if variation in a person's race was reported by the same provider across time. 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 Discharge record: DIS 19: 112–113

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

D.32 Previous SU Treatment Episodes—Required

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** **5** **5 OR MORE PREVIOUS EPISODES** **7** **UNKNOWN** – Individual client value is unknown. **8** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value other than those mentioned above, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	This field may be self-reported by the client at the time of intake, or it may be derived from the state data system. This field measures the substance use, and not mental health, treatment history of the client only. Changes in **Type of Treatment/Service Setting** or provider (transfer) for the same continuum of treatment episode should not be counted as separate previous episodes. The number of prior treatments for a **Codependent/Collateral** record should include only treatments as a codependent.
RELATED FIELD	None
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: MDS 6: 52

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

D.33 Reason for Discharge, Transfer, or Discontinuance of Treatment—Required

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

VALID ENTRIES	**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 SSA REPORTING SYSTEM**
	05 **INCARCERATED OR RELEASED BY OR TO COURTS**
	06 **DEATH**
	07 **OTHER**
	97 **UNKNOWN**
	98 **NOT COLLECTED**

VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated. The code *08 Unknown* has been discontinued. If this code is used, the value will be changed to *99 Invalid data* (warning).
GUIDELINES	This field is for discharge records only. 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 that is not in the SSA reporting system* 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 responsibility for the client. The client's release can be revoked for failure to comply with the treatment and supervision requirements and 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

VALID ENTRIES	**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 SSA REPORTING SYSTEM**
	
	05 **INCARCERATED OR RELEASED BY OR TO COURTS**
	
	06 **DEATH**
	
	07 **OTHER**
	
	97 **UNKNOWN**
	
	98 **NOT COLLECTED**

	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] 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. Code *07 Other* is used when clients transferred or discontinued treatment because of change in life circumstances. For example, change of residence, illness or hospitalization, "aging out" of children's services, etc.
RELATED FIELD	None
FORMAT*	XX
DATASET NO. / POSITIONS*	Discharge record: DIS 10: 59–60

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

D.34 Referral Source—Required

This field describes the person or agency referring the client to treatment.

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 Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as "on parole." Includes clients referred through civil commitment. Clients in this category are further defined in Detailed Criminal Justice Referral.
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* and a warning error will be generated.
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.35 Reporting Date—Required

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

VALID ENTRIES	MMYYYY
VALIDATION EDITS	If the **Reporting Date** on the first record of the file does not match the reporting date entered in TEDS DSS, the file will be rejected and not uploaded for processing. An error message will be displayed on TEDS DSS. Note that the **Reporting Date** must be a valid calendar date. It cannot be blank or contain an invalid value. If the file is uploaded for processing but the second and succeeding records do not match the **Reporting Date** entered in TEDS DSS, these records will be rejected and not processed (fatal error).
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 Discharge record: DIS 3: 4–9

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

D.36 Route of Administration (of primary, secondary, tertiary substances)—Required

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

VALID ENTRIES	01 **ORAL** 02 **SMOKING** 03 **INHALATION** 04 **INJECTION (INTRAVENOUS, INTRAMUSCULAR, INTRADERMAL, OR SUBCUTANEOUS)** 20 **OTHER** 96 **NOT APPLICABLE** 97 **UNKNOWN** – Individual client value is unknown. 98 **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.
GUIDELINES	Use code *96* if the value in **Substance Use** is *01 None*.
RELATED FIELD	**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.37   School Attendance Status—Optional

This field specifies the school attendance status of school-age children and adolescents (3–17 years old).

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* and a warning error will be generated. 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. 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).
GUIDELINES	It is optional and collected for all school-aged children (3-17 years) at admission and at discharge. Do not use the same data source for School Attendance Status at admission and at discharge status. The same School Attendance Status can be reported at admission and at discharge only when it is known that there is no change in status from admission to discharge. Use code *1 Yes* if client has attended at least one day of school in the three 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 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 before and at the time of discharge should be captured in the discharge record although the reference period is not three months prior to discharge. The following figure illustrates a client who was admitted in 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 *1 Yes* in the admission record, but *2 No* in the discharge record.

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.
	 Figure 5. 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 two years old) and all persons who have reached the age of 18.
RELATED FIELD	**Date of Birth**
FORMAT*	#
DATASET NO. / POSITIONS*	Admission record: MHA 3: 173 Discharge record: MHD 4: 165

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

D.38 Sex—Required

This field identifies the client's biological sex.

VALID ENTRIES	**1** **MALE** **2** **FEMALE** **7** **UNKNOWN** – Individual client value is unknown. **8** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.
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 Discharge record: DIS 18: 111

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

D.39 SMI/SED Status—Optional

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** 2 **SED** 3 **AT RISK FOR SED (OPTIONAL)** 4 **NOT SMI/SED** 6 **NOT APPLICABLE** 7 **UNKNOWN** – Individual client value is unknown. Includes clients undergoing evaluation for SMI or SED eligibility pending any decision. 8 **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated. When this information is reported, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated. An age check will be performed. *01 SMI* should be used for adults 18 years and older. *02 SED* or *03 At Risk for SED* should be used for children and adolescents 17 years old and younger. An exception is given to young adults, 18-21 years old, who are protected under the Individuals with Disabilities Education Act (IDEA) and continue to receive mental health services from the state's Children Mental Health System.
GUIDELINES	Reporting of this information is optional and should only be reported for clients with co-occurring mental and substance use disorders. Use code *6 Not applicable* for clients who do not have co-occurring mental and substance use disorders. This data field is collected at admission and at discharge to assess change. 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. Code *3 At risk for SED* is an optional reporting code. If used, cite the state operational definition of "At risk for SED" in the Crosswalk. Use code *4 Not SMI or SED* if the client has not been found eligible for SMI or SED services. Use code *7 Unknown* for a client undergoing evaluation for SMI or SED eligibility 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: 172 Discharge record: MHD 3: 164

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

D.40 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* and a warning error will be generated.
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, 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 18 years old, 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.41   State Code—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). 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 Discharge record: DIS 2: 2–3

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

D.42 State Provider Identifier—Key Field

This field identifies the provider of the substance use treatment 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). The **State Provider ID** is compared to the *ID* fields contained in the Inventory of Substance Use and Mental Health Treatment Facilities (I-TF). If a match is found, the I-TF *ID*, *County*, *MSA*, and *Agency* from the I-TF are appended to the SU-TEDS record. If no match is found, the record will be processed, but an informational message that no match was found in the I-TF will appear on the report. The state must add the facility's **State Provider ID** in the I-TF if it meets the I-TF inclusion criteria.
GUIDELINES	**State Provider ID** may be any existing ID assigned to the provider. In the absence of an existing ID, a constructed 15 digits alphanumeric descriptor of the provider may be used to establish its unique identity (e.g., Region1RehabA12). This descriptor must be used consistently for any reporting of a service record associated with the specified provider within and across years. 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. See **Informational Message** for more detail.
RELATED FIELD	None
FORMAT*	XXXXXXXXXXXXXXX (left-justified and filled with blank spaces)
DATASET NO. / POSITIONS*	Admission record: MDS 1: 10–24 Discharge record: DIS 4: 10–24; DIS 11: 61–75

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

D.43   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 IIIR, IV, and 5, ICD-9, and ICD-10.

VALID ENTRIES	XXX.XXXX 999.9997 UNKNOWN – Individual client value is unknown. 999.9998 NOT COLLECTED – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *999.9999 Invalid data* (warning).
GUIDELINES	Both DSM and ICD codes are accepted. The state must use the coding system and version (DSM-III-R, DSM-IV, DSM V, ICD-9, ICD-10) specified in the **Diagnostic Code Set Identifier** field. 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. 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. 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	**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.44   Substance Use (Primary, Secondary, Tertiary) — Required/NOM

This field identifies the substance the client is seeking treatment for. States can report up to three substances for each admission record, which should be 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.
97	**UNKNOWN** – Individual client value is unknown.
98	**NOT COLLECTED** – State does not collect this field.

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

VALID ENTRIES	
	A record may not have duplicate **Substance Use** codes with identical **Route of Administration** unless the **Detailed Drug Codes** are different; otherwise, a warning error will be generated. For example: • The primary and secondary **Substance Use** codes are both *13 Benzodiazepines*. • The primary and secondary **Routes of Administration** are both *01 Oral*. If **Detailed Drug Code** is *Unknown* or *Not collected*, the primary and secondary substances are considered duplicates, and the secondary **Substance Use** and **Route of Administration** codes will be set to *99 Invalid data* (warning error). 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 error). However, given the example above, if the primary **Detailed Drug Code** is *1301 Alprazolam (Xanax)* and the secondary code is *1304 Diazepam (Valium)*, the primary and secondary substances would be considered as different substances.
GUIDELINES	**Substance Use** is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable **Frequency of Use**, to assess change. Report the substance clients are seeking treatment for (even if clients are not currently using the substance). If clients are being treated for multiple substances, list them in the order of use. Even if they were not using the substance(s) at the time of admission. If code *01 None* is used for any clients, states should describe the circumstances where *01* is used in the State Data Crosswalk. 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	**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 Discharge record: DIS 21a: 116–117; DIS 21b: 118–119; DIS 21c: 120–121

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

D.45   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. **C** **CHANGE** – Change values in a record already in the database. **D** **DELETE** – Delete an existing record from the database.
VALIDATION EDITS	If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error). 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). 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:
	
	    Method 1: Submitting a *C Change* record, which replaces the existing record, or
	
	    Method 2: Submitting a *D Delete* record and then an *A Add* record that replaces the deleted record.
	
	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.
	
	Actions are performed in the order listed below:
	
	1. *D* records will delete records with matching key fields.
	2. *A* records will be added to the database unless the key fields match a record already in the SU-TEDS database.
	3. *C* records will change records with matching key fields by replacing the records.
	
	(See **Changing/Correcting Records in SU-TEDS Database**.)

RELATED FIELD	None
FORMAT*	C
DATASET NO. / POSITIONS*	Admission record: SDS 1: 1 Discharge record: DIS 1: 1

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

D.46 Type of Treatment/Service Setting—Required/Key Field

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

Code	Type of Treatment/Service Setting
01	**WITHDRAWAL MANAGEMENT, 24-HOUR SERVICE, HOSPITAL INPATIENT** – 24 hours per day medical acute care services in hospital setting for persons with severe medical complications associated with withdrawal. (Similar to ASAM-3 Levels IV-D, *medically managed intensive inpatient detoxification*, and III.7-D, *medically monitored inpatient detoxification*).
02	**WITHDRAWAL MANAGEMENT, 24-HOUR SERVICE, FREE-STADING RESIDENTIAL** – 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. (Similar to ASAM-3 Level III.2-D, *clinically managed residential detoxification or "social setting" detoxification.*)
03	**REHABILITATION/RESIDENTIAL–HOSPITAL (OTHER THAN WITHDRAWAL MANAGEMENT)** – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Levels IV, *medically managed intensive inpatient treatment*, and III.7, *medically managed-monitored intensive inpatient treatment.*)
04	**REHABILITATION/RESIDENTIAL–SHORT TERM (30 DAYS OR FEWER)** – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency. (Similar to ASAM-3 Level III.5, *clinically managed high-intensity residential treatment, typically 30 days or less.*)
05	**REHABILITATION/RESIDENTIAL–LONG TERM (MORE THAN 30 DAYS)** – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses. (Similar to ASAM-3 Levels III.1, clinically managed low-intensity residential treatment, and III.3, *clinically managed medium-intensity residential treatment, typically more than 30 days.*)
06	**AMBULATORY–INTENSIVE OUTPATIENT** – At a minimum, treatment lasting two or more hours per day for three or more days per week (includes partial hospitalization). (Similar to ASAM-3 Level II.5, *intensive outpatient/*partial hospitalization, *20 or more hours per week.*)
07	**AMBULATORY–NON-INTENSIVE OUTPATIENT**– Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies. (Similar to ASAM-3 Level I, *outpatient treatment, non-intensive.*)
08	**AMBULATORY–WITHDRAWAL MANAGEMENT**– Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological). (Similar to ASAM-3 Levels I-D, *ambulatory detoxification without extended on-site monitoring*, and II-D, *ambulatory detoxification with extended on-site monitoring.*)
96	**NOT APPLICABLE –** Codependent/collateral only

VALID ENTRIES	See above table
VALIDATION EDITS	If this field is blank or contains an invalid value, the record will be rejected and not processed (fatal error).

VALID ENTRIES	See above table
GUIDELINES	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. Since some substance use providers may be more familiar with the American Society of Addiction Medicine (ASAM)'s level-of-care terminology than with the **Type of Treatment/Service Setting** categories used in TEDS, a notation in the parentheses indicating the corresponding ASAM level of care is added to each SU-TEDS category. References to ASAM levels-of-care are from The ASAM Criteria, Third Edition. Since the development of this manual, ASAM released an updated set of criteria which may differ from those referenced here. For more information on ASAM's updated criteria please refer to the ASAM Criteria, Fourth Edition. Cite if the State reports clients from all eight types of treatment in the State Data Crosswalk. If not, please provide an explanation for exclusion for each Type of Treatment/Service Setting not included in reporting. In some states, a client may be admitted to (enrolled in) more than one substance use treatment setting on the same day, with the same or different providers. This may generate multiple client admissions on the same day. However, TEDS requires that a continuum of treatment episodes have only one initial admission. Using the following prioritized list of TEDS substance use treatment categories, states should select as the TEDS initial admission the one with the highest priority. Admissions to treatment services/settings with lower priorities may be submitted to TEDS as transfer admissions. 1. Withdrawal management, 24-Hour Service, Hospital Inpatient 2. Withdrawal management, 24-Hour Service, Free-standing residential 3. Ambulatory—Withdrawal Management 4. Rehabilitation/Residential—Hospital 5. Rehabilitation/Residential—Long Term (more than 30 days) 6. Rehabilitation/Residential—Short Term (30 days or fewer) 7. Ambulatory—Intensive Outpatient 8. Ambulatory—Non-Intensive Outpatient However, if after the rehabilitation program is concluded and the client is transferred to a long-term rehabilitation program, two admission records—one coded *04* and another coded *05*—should be created with corresponding discharge records. **Type of Treatment/Service Setting** may change during or after the course of treatment. For example, a client was initially admitted to a rehabilitation program for a period less than 30 days, thus this client was coded *04*; however, if the stay was extended beyond 30 days at the same program, the code selected in the admission record needs to be corrected to *05* to reflect the actual number of days in the program. States should ensure that this client's treatment type is coded the same for the admission and discharge record. See **Changing/Correcting Records in the SU-TEDS Database** for correcting the code in **Type of Treatment/Service Setting**.
RELATED FIELD	None

VALID ENTRIES	See above table
FORMAT*	##
DATASET NO. / POSITIONS*	Admission record: MDS 18: 50–51 Discharge record: DIS 7: 41–42; DIS 16: 101–102

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

D.47   Veteran Status—Optional

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

VALID ENTRIES	**1** **VETERAN** **2** **NOT A VETERAN** **7** **UNKNOWN** – Individual client value is unknown. **8** **NOT COLLECTED** – State does not collect this field.
VALIDATION EDITS	If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* (warning).
GUIDELINES	A veteran is a person 16 years or over who has served (even for a short time), but is not serving now, on active duty in the U.S. Army, Navy, Air Force, 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

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 SU-TEDS. Incorporating and programming these edits in the state's computer programs to prepare SU-TEDS files would be beneficial as it will allow for real-time feedback. States can immediately apply corrective actions on their files. As a result, it will help minimize the number of data errors identified when testing the state SU-TEDS files using the TEDS DSS.

This Appendix is intended to be used with the Validation Results report generated in TEDS DSS after validating a file. Relevant edit violations for each data field cited in the TEDS DSS Validation Results and Error Report are discussed fully in the succeeding tables. It provides information on the edit (correct data submission), type of error, explanation of the violation, outcome or result of violating the edit, and the recommended corrective action.

When addressing errors involving relational edits, the state must review all relevant data fields irrespective of whether the reported field value was stored or replaced with an invalid value. The nature of these edits is such that it is not clear which field violated the expected relationship. In some cases, the edit assumes a certain level of hierarchy between variables, which causes some field values to be stored while others are replaced with an invalid value or an expected value. This assumption, however, should not be taken to mean that the stored value is correct. The state should verify and validate that assumption. Relational edits will not "run" when one of the fields is either *Unknown* or *Not collected*.

The following cases assumed certain hierarchy among variables:

- **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*.

Edits involving age check on substance use records will use age calculated at time of admission.

APPENDIX E   LIST OF EDIT CHECKS

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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
A1f	Age at First Use (Tertiary)	Warn-ing	Relatio-nal	Age at First Use (Tertiary) must be *96 "Not applicable"* when Substance Use (Tertiary) is reported as *01 "None"*.	Age at First Use (Tertiary) has a value other than *96 "Not applicable"* or *98 "Not collected"* when Substance Use (Tertiary) is reported as *01 "None"*; record is processed but field value is replaced with the system code *99 "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
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)	Informational	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)	Informational	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	Informational	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 Past	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:
	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 Codependent/ Collateral field value is 2 "Client". Review both fields*	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.	*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
A17	Date of Admission	Fatal	Relatio-nal	Date of Admission must be either the same date or earlier than the current	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*	All Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				date or the Reporting Date.		*current date or the Reporting Date.*	
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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 subset of the reported Substance Use.	Invalid subset of the reported Substance Use (Primary); record is processed but field value is replaced with the system code 9999 "Invalid data".	Records with invalid data should be reviewed and replaced with valid values. Detailed Drug Code must be a valid subset of the Reported Substance Use. Review both fields.	SU Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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
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	*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"*.		
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 and substance use disorders.	Detailed Drug Code (Primary) has a value (not *9996, 9997, 9998*) but Co-occurring Mental and Substance Use Disorders field value is *2 "No"* in a MH record; record is processed with the reported field value.	*This is a SU data field only; Co-occurring Mental and Substance Use Disorders data field must be* Yes *to allow reporting on a MH record. Review both fields and take corrective action.*	MH Admissions, if reported
A26b	Detailed Drug Code (Secondary)	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	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	*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*	MH Admissions, if reported

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				mental and substance use disorders.	the reported field value.	*record. Review both fields and take corrective action.*	
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 or ICD) (SuDS 4)	Warn-ing	Field	Diagnostic Code must have a valid value. Blank is not accepted.	Diagnostic Code is either blank or has an invalid value; record is processed but field value is replaced with the system code *999.99 "Invalid data"*.	*Records with invalid data should be reviewed and replaced with valid values specified in the Manual.*	All Admissions
A29b	Diagnostic Code (DSM or ICD) (SuDS 4)	Informa-tional	Field	States should endeavor to transition to using 'SuDS 19 Substance Use Diagnosis' and 'MHA 1a-c Mental	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,*	SU Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				Health Diagnosis'. These diagnostic codes fields can accept any version of the DSM and ICD.		1b, 1c Mental Health Diagnosis).	
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	Informa tional	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
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,*	Employment status has a value of either *01, 02, 03,* or *05* when the calculated age at admission is less	*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:
				the calculated age at admission must be 16 years or older.	than 16 years old; informational message is generated.		
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 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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 Substance Use (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 (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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 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
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	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*	*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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				have a value of *96 "Not applicable"*.	*data"*.		
A42a	Living Arrangements	Warning	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	Informational	Relational	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	Warning	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	Warning	Relational	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
A44	Medication for Opioid Use Disorder	Warning	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	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.	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.*	All Admissions
A46a	Mental Health Diagnosis (One)	Warning	Field	Mental Health Diagnosis must have a	Mental Health Diagnosis (One) is either blank or has an invalid value; For all records (including SU records),	*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:
				valid value. Blank is not accepted.	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"*.	*replaced with valid values specified in the Manual.*	
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 Diagnosis (One)	Warn-ing	Relatio-nal	Up to three mental health diagnoses may be reported but must not be of the same diagnostic code or else 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 Two). Take corrective action.*	MH Admissions
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	Duplicate. There are at least two reported diagnostic codes that are the same; the first will be processed,	*Duplicates exist. At least two diagnoses of the same codes are reported in MH*	MH Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				of the same diagnostic code or it will be considered a duplicate.	other(s) will be considered duplicate(s) and the field value is replaced with the system code *999.9999 "Invalid data"*.	*Diagnoses (One and Three). Take corrective action.*	
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 Diagnosis (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 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
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	Pregnant at Admission has a value of *1* or *2* with sex of *1 "Male"*; record is	*INFORMATIONAL: Value for Pregnant at admission*	All Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				2 "No", then Sex must be *2 "Female"*.	processed but field value is replaced with the system code *6 "Not applicable"*.	*has been replaced with 6 "Not applicable" to conform with Sex 1 "Male".*	
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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 (Secondary) is reported as 01 "None".	Route of Administration (of Secondary Substance) has a value other than 96 "Not applicable" or 98 "Not collected" when Substance Use (Secondary) is reported as 01 "None"; record is processed but field value is replaced with the system code 99 "Invalid data".	*Records with invalid data should be reviewed and replaced with valid values specified in the Manual. Review both fields and take corrective action.*	SU Admissions
A56f	Route of Administration (of Tertiary Substance)	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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 Administration (of Primary 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 Primary 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
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	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	*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*	MH Admissions, if reported

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				mental and substance use disorders.	reported field value.	*record. Review both fields and take corrective action.*	
A58	School Attendance Status	Warning	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	Informational	Relational	School Attendance Status and Date of Birth fields must have valid values.	Age check cannot be performed if reported Date of Birth is either *01010007, 01010008,* 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	Warning	Relational	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 collected, use *8 "Not collected"*.	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
A60b	School Attendance Status	Warning	Relational	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	Warning	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	*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:
					system code *9 "Invalid data".*	*replaced with valid values specified in the Manual.*	
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 IDEA. SMI/SED Status value for those who do not meet the IDEA eligibility criteria must conform to the guideline on age criteria.	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 field value and informational message is generated.	*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.*	MH Admissions
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
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 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 Secondary and Tertiary). Review these fields and take corrective action.*	SU Admissions
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*	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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				"Unknown" (or *98 "Not collected"* for states that collect only one or two Substance Use).			
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	Type of Treatment/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 and not processed.	*Must report a field value using only the valid codes specified in the Manual.*	All Admissions
A75a	Type of Treatment/Service Setting	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	Type of Treatment/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	Informa-tional	Warn-ing	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	No Substance Use Diagnosis. Substance Use Diagnosis has a value	*INFORMATIONAL: No Substance Use Diagnosis but*	MH Admissions

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLIES TO:
				than *999.9996, 999.9997, or 999.9998* when a client is reported as Co-occurring Mental and Substance Use Disorders.	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.	*the Co-occurring Mental and Substance Use Disorders field value is* 1 "Yes".	
A78	Substance Use Diagnosis	Informational	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)	Informational	Field	Mental Health Diagnosis (Two) has a value that is *999.9997* or *999.9998*.	Mental Health Diagnosis (Two) has a value that is *999.9997* or *999.9998*; record is processed with the reported field value.	*INFORMATIONAL: If the client has only one Mental Health Diagnosis which has been reported in MH Diagnosis (One), use code* 999.9996.	MH Admissions [and SU Admissions, if reported]
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	Warn-ing	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	Warn-ing	Relatio-nal	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
D2	Attendance at SU Self-Help Groups in Past 30 Days - Discharge	Warn-ing	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	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.	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	Warn-ing	Field	CGAS/GAF Score must have a valid value. Blank	CGAS/GAF Score is either blank or has an invalid value;	*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.	record is processed but field value is replaced with the system code 999 "Invalid data".	*replaced with valid values specified in the Manual.*	
D5	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 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
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	Codependent/Collateral is either blank or has an invalid value;	*Must report a field value using only the valid codes specified in the Manual.*	All Discharges and MH Updates

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
				value. Blank is not accepted.	record is rejected and not processed.		
D11b	Codependent/ Collateral at Discharge	Fatal	Relatio-nal	Codependent and Type of Treatment Service/Setting are key fields. Codependent/Collateral must conform to the Type of Treatment Service/Setting.	Type of Treatment Service/Setting is coded *96 "Not applicable"* when the Codependent/Collateral field value is *2 "Client"*; record is rejected and not processed.	*Type of Treatment Service/Setting must use codes 01–08 if Codependent/ Collateral field value is 2 Client. Review both fields and take corrective action.*	All SU Discharges
D12	Date of Admission	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
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 Admission	Fatal	System	Discharge 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 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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
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 applicable".*	Date of Discharge is invalid; record is rejected and not processed.	*Date of Discharge must be 01010006 when Client Transaction Type is U Update. Records with invalid data should be reviewed and corrective action taken.*	MH Updates
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
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 than the Date of Admission.	Date of Last Contact or Data Update is earlier than the Admission date; record is processed but field value is replaced with the system code *01010009 "Invalid data".*	*Date of Last Contact or Data Update must be the same date or later than the Date of Admission.*	All Discharges
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	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	*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
				System Transaction Type is *D Delete* or *C Change*.	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"*.		
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*	*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
					"Invalid data".		
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	Informational	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	Informational	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	Informational	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
D37a	Frequency of Use (Primary)	Warn-ing	Field	Frequency of Use (Primary) must have a	Frequency of Use (Primary) is either blank or has an invalid value; record is processed but	*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
				valid value. Blank is not accepted.	field value is replaced with the system code *99 "Invalid data"*.	*replaced with valid values specified in the Manual.*	
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
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	*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"*.		
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 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
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	Warn-ing	Relatio-nal	A valid value for a SU data field is accepted on a	Frequency of Use (Secondary) has a value that is not *96, 97,* or	*This is a SU data field only; Co-occurring Mental and*	MH Discharges and Updates, if

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
	Discharge (Secondary)			MH record only when a client is reported to have co-occurring mental and substance use disorders.	*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.*	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
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
D41c	Living Arrangements	Informati onal	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	*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
					system code *999.9999 "Invalid data".*		
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 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 Two). Take corrective action.*	All Discharges and MH Updates
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
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 *"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
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	Warn-ing	Relatio-nal	Reason for Discharge, Transfer, or Discontinuance of	Reason for Discharge, Transfer, or Discontinuance of Treatment is not *96* on MH update record;	*Reason for Discharge, Transfer, or Discontinuance of Treatment must be 96 when*	MH Updates

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
	Discontinuance of Treatment			Treatment must be *96 "Not applicable"* on MH update records.	record is processed but field value is replaced with the system code *99 "Invalid data"*.	*Client Transaction Type is U Update.* Records with invalid data should be reviewed and take corrective action.	
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
D50	School Attendance Status	Informati onal	Relatio-nal	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	Warn-ing	Relatio-nal	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	Informati onal	Relatio-nal	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	*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*	*INFORMATIONAL: Records with invalid data should be reviewed and replaced with valid values consistent with the coding guideline in the Manual.*	All MH Discharges and Updates

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
				have a value of 6 *"Not applicable"*.	*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.	*Review all relevant fields and take corrective action.*	
D52	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 Discharges and MH Updates
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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
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
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 **Informational Message** 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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
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 *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 Discharges [and MH Discharges or Updates, if reported]
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	*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.*	
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 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
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	Type of Treatment/ Service Setting at Admission	Warn-ing	Field	Type of Treatment Service/Setting must be a valid value.	Type of Treatment Service/Setting at Admission is either blank or has an invalid value; record is processed with the reported field value.	*Field value should conform to the Admission Record. Please review and replace with valid values.*	All Discharges and MH Updates
D63	Type of Treatment/Service Setting	Fatal	Field	Type of Treatment Service/Setting is a key field. It must have a valid value. Blank is not accepted.	Type of Treatment Service/Setting is either blank or has an invalid value; record is rejected.	*Must report a field value using only the valid codes specified in the Manual.*	All Discharges and MH Updates
D64a	Type of Treatment/Service Setting	Fatal	Relatio-nal	Type of Treatment Service/Setting must conform to the Client Transaction Type.	Type of Treatment Service/Setting does not conform to the reported Client Transaction Type; record is rejected and not processed.	*Service Setting must use codes 01–08 or 96 if Client Transaction Type is D.*	SU Discharges
D64b	Type of Treatment/Service Setting	Fatal	Relational	Type of Treatment Service/Setting must	Type of Treatment Service/Setting does not conform to the reported Client	*Service Setting must use codes 72–76 if Client Transaction Type is either U or E.*	MH Discharges or Updates

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
				conform to the Client Transaction Type.	Transaction Type; record is rejected and not processed.		
D65	Mental Health Diagnosis (Two)	Informational	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
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 *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 *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 *C* (*Change*) or *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

EDIT NO.	FIELD NAME	ERROR TYPE	EDIT TYPE	EDIT STATEMENT	VIOLATION; RESULT	CORRECTIVE ACTION	APPLICABLE RECORDS
O2d	System Transaction Type C (*Change*) or D (*Delete*)	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
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.* *Review the admission information on the discharge record (DIS 11–DIS 20) OR* *Submit the associated admission record.*	All Discharges and MH Updates

#	Table title	Inclusion/Exclusion	Denominator	Numerator at Admission	Numerator at Discharge	Other data preparation
14	Employment/ education status at Admission vs Discharge	• Include clients whose Type of Treatment is classified as Short-term Residential, Long-term Residential, Outpatient, and Intensive Outpatient. • Exclude clients for whom Medication for Opioid Use Disorder is planned at admission • Exclude client for whom Reason for Discharge is "Death" or "Incarceration."	Employment status at admission and at discharge are not missing	Employment Status at Admission is either "Employed full-time," "Employed part-time," or "Student"	Employment Status at Discharge is either "Employed full-time," "Employed part-time," or "Student"	Recode Employment status/Detailed Not in Labor Force: If Employment Status is Not in Labor Force and Detailed Not in Labor Force is student, then assign new value "Student" to Employment Status
15	Stability of Housing at Admission vs Discharge		Living Arrangement at admission and discharge are either "Independent living" or "Dependent living"	Living arrangement at admission is "Independent living"	Living arrangement at discharge is "Independent living"	
16	Criminal Justice Involvement at Admission vs Discharge	• Include clients whose Type of Treatment is classified as Short-term Residential, Long-term Residential, Outpatient, and Intensive Outpatient. • Exclude clients for whom Medication for Opioid Use Disorder is planned at admission • Exclude client for whom Reason for Discharge is "Death"	Arrests in past 30 days at Admission and at Discharge are not missing	Arrested in Past 30 Days at Admission	Arrested in Past 30 Days at Discharge	"Arrested" include any clients with a number of arrest other than zero.
17a	Alcohol Abstinence among All Clients – Change in Abstinence at Admission vs Discharge		All clients	"Alcohol abstinence" at admission	"Alcohol abstinence" at discharge	Create a new variable "alcohol use/abstinence" coded "Alcohol used" when one of the Substance Use field is "Alcohol" and its corresponding Frequency of Use is "Daily" to "1-3 Times in the Past Month," otherwise code "Alcohol abstinence." Only include clients with at least one valid Substance Use (code 01-18 or 20) reported as Primary, Secondary, and Tertiary with their corresponding Frequency of Use (Primary, Secondary, Tertiary) coded 01-05 or 96 "Not applicable" for this variable.
17b	Alcohol Abstinence at Discharge among Alcohol users at Admission		"Alcohol used" at admission	N/A	"Alcohol used" at discharge	
17c	Alcohol Abstinence at Discharge among		"Alcohol abstinence" at admission	N/A	"Alcohol abstinence" at discharge	

#	Table title	Inclusion/Exclusion	Denominator	Numerator at Admission	Numerator at Discharge	Other data preparation
	Alcohol abstinent at Admission					
18a	Drug abstinence among all clients		All clients	Drug abstinence at admission	"Drug abstinence" at discharge	Create a new variable "drug use/abstinence" coded "Drug used" when one of the Substance Use field is other drug and its corresponding Frequency of Use is "Daily" to "1-3 Times in the Past Month," otherwise code "Drug abstinence." Only include clients with at least one valid Substance Use (code 01-18 or 20) reported as Primary, Secondary, and Tertiary with their corresponding Frequency of Use (Primary, Secondary, Tertiary) coded 01-05 or 96 "Not applicable" for this variable.
18b	Drug abstinence at discharge among drug users at admission		"Drug used" at admission	N/A	"Drug used" at discharge	
18c	Drug abstinence at discharge among drug abstinent at admission		"Drug abstinence" at admission	N/A	"Drug abstinence" at discharge	
19	Social support of recovery – Clients participating in self-help groups (e.g., AA, NA, etc.) prior 30 days at admission vs discharge		Attendance at SU Self-Help Group in Past 30 days at Admission and at Discharge are <u>not</u> missing	Attended at SU Self-Help Groups in past 30 days at Admission	Attended at SU Self-Help Groups in past 30 days at Discharge	"Attended" at SU Self-Help Groups in the Past 30 days includes frequency between 02 "Less than once a week" to 06 "Some attendance."
20	Retention – Length of Stay (in days) of clients completing treatment	None	N/A	N/A	N/A	Create a new variable (MOUD setting) coded "MOUD for withdrawal management" when Medication for Opioid Disorder is planned at admission and Type of Treatment is "Withdrawal Management (codes 01, -2 and 08)" and coded "MOUD outpatient" when Medication for Opioid Disorder is planned at admission and Type of Treatment is "Outpatient (codes 06 and 07)

Notes
- Clients whose age is less than 12 years or unknown and codependent/collateral clients are excluded from all tables.
- Missing includes "*Unknown (codes 7 and 97)*," "*Not collected (codes 8 and 98)*," and "*Invalid (codes 9 and 99)*."

Admission is defined as the beginning of one type of SU treatment and marks the beginning of a treatment episode. Note that in the context of SU-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 the beginning of treatment at an outpatient setting.

Administrative discharge refers to an official end of one type of treatment defined by either the SSA or the provider. In the context of SU-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 type of treatment or provider.

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 data collection systems: Inventory of Substance Use and Mental Health Treatment Facilities (I-TF); FindTreatment.gov; National Substance Use and Mental Health Services Survey (N-SUMHSS); Substance Use Treatment Episode Data Set (SU-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/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 a 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 Center for Mental Health Services, is a center within the SAMHSA under the 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].

CSAT, or Center for Substance Abuse Treatment, is a center with the SAMHSA under the HHS. CSAT provides national leadership to improve access, reduce barriers, and promote high-quality, life-saving, and effective treatment and recovery support services. [Source: https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat]

Discharge is defined as the end of one type of treatment and marks the end of a treatment episode. A discharge occurs when the treatment is 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 SU-TEDS reporting.

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

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 personal identifying information such as social security number, birth date, address, name, etc.

IDEA, or Individuals with Disabilities Education Act. 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 affects a child's educational performance. [Source: https://sites.ed.gov/idea/regs/b/a/300.8/c/6]

MHBG, or Mental Health Service Block Grant, is a noncompetitive, formula grant mandated by the U.S. Congress and authorized by sections 1911-1920 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act. The target populations of the MHBG are adults (ages 18 and older) with serious mental illness (SMI) and children (ages 0-17) with serious emotional disturbances (SED). MHBG supports grantees in carrying out plans for providing comprehensive community mental health services. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding. [Source: https://www.samhsa.gov/grants/block-grants]

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 comprises 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: https://www.samhsa.gov/data/data-we-collect/mh-cld-mental-health-client-level-data].

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, of six which SU-TEDS has data for. Those NOMs are employment/student status, stability in housing, criminal justice involvement, abstinence of alcohol and drug use, social support for recovery, retention of clients completing treatment.
[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, 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 SU-TEDS 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 includes the state operational definition of specific terms (such as employment, administrative discharge, 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.

SUPTRS BG, or Substance Use Prevention, Treatment, and Recovery Services Block Grant, is a fund provided to all 50 states, the District of Columbia, five territories (the Commonwealth of Puerto Rico, Virgin Islands, American Samoa, Commonwealth of the Northern Marianas Islands, and Guam), three Freely Associated States (FAS—the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), and the Red Lake Band of Chippewa Indians to help plan, implement, and evaluate activities that prevent and treat substance use. The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the HHS to create regulations as

a precondition to making funds available to the states and other grantees under the SUPTR. Title 45 Code of Federal Regulations Part 96 was published on March 31, 1993, and the Tobacco Regulations for Substance Use Prevention, Treatment, and Recovery Services Block Grant; Final Rule, 61 Federal Register 1492 was published on January 19, 1996. SAMHSA's Center for Substance Abuse Treatment's (CSAT) State Systems Partnership Branch (SSPB), in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of Primary Prevention (DPP), administers the SUBG. [Source: https://www.samhsa.gov/grants/block-grants/subg]

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 persons who are receiving substance use treatment services from facilities licensed, certified, and/or funded by SSAs. 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. The link is https://dssteds.samhsa.gov/

Treatment episode is defined as a cycle from the beginning of a SU treatment through to its termination for each type of treatment. In the context of SU-TEDS reporting, it consists of one admission record and one discharge record (which can be linked using a unique client ID).

WebBGAS, or Web Block Grant Application System, serves as the electronic application system and data platform for several of SAMHSA's grant programs, including SUPTRS BG and MHBG. SSAs and SMHAs use WebBGAS to submit biennial applications, plans, and annual reports for their federal block grants.

H.1   About SU-TEDS

Q: What is SU-TEDS?

A: SU-TEDS is a national data system of admissions to and discharges from substance use treatment facilities that are licensed and funded and/or operated by Single State Agencies (SSAs). The data reported are a compilation of demographic, substance use, clinical, legal, and socioeconomic characteristics of all admissions and discharges.

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

A: Clients who were admitted into substance use treatment at facilities licensed and/or funded by SSAs should be included and reported in SU-TEDS. Submit data from privately funded programs if available to the SSA. Clients who only had screening, assessment, or referral and wait-listed clients should be excluded from the reporting. Data should be reported for all clients in the reporting facilities and programs, regardless of individual client funding source—federal block grants, State General Funds, Medicaid, Medicare, private insurance, self-pay, or no charge.

Q: Does SU-TEDS represent individual clients?

A: SU-TEDS records represent admission and discharge records rather than individual clients. A client may be admitted to and discharged from treatment more than once in a year, resulting in multiple admissions and discharge records in a single-year public-use files.

Q: Where do the data come from?

A: Information on admissions to and discharges from substance use treatment are collected through state administrative systems and then reported to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) by the SSAs in accordance with the reporting terms and conditions of the Behavioral Health Services Information System (BHSIS) Agreement funded by SAMHSA. Currently, SU-TEDS data are reported by SSAs from all 50 states, the District of Columbia, and Puerto Rico.

Q: What is the role of the SSA?

A: SSAs are state entities with a primary responsibility of providing and facilitating publicly funded substance use prevention, treatment, and recovery services to children and adults with substance use disorders. The state role in submitting SU-TEDS to SAMHSA is critical since SU-TEDS is the only national data source on admissions to and discharges from substance use treatment.

Q: What factors were taken into consideration in developing the reporting specifications for SU-TEDS?

A: SU-TEDS reflects SAMHSA's interest in increasing correspondence to the behavioral health model within the healthcare reform. Several factors were taken into consideration in developing

reporting specifications, such as measures and categories that continue to be important for SAMHSA, appropriate reporting of outcomes for substance use treatment clients, and state feedback on the feasibility and burden of reporting specific data elements. SAMHSA considered the reporting burden on states by limiting the required data elements to only the essential information for National Outcome Measures (NOMs) reporting, which serve as performance targets for substance use treatment services.

Q: How does SAMHSA use SU-TEDS?

A: SAMHSA uses SU-TEDS to enhance their understanding of publicly funded substance use treatment service systems. The data are used to examine these service systems over time, to inform decisions about SAMHSA's use of its substance use block grant funds, to assess treatment outcomes for clients, and to better understand the technical assistance and support needs of substance use providers and the communities they serve.

H.2   Data collection, submission, and timeline

Q: Is SU-TEDS state data reporting optional?

A: No. All states and territories must submit their data to fulfill reporting requirements under the terms and conditions of the SAMHSA funded Behavioral Health Services Information System (BHSIS) Agreements and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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: What happens if my state cannot submit TEDS data?

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

Q: What data are collected by SSAs and reported to SAMHSA?

A: The SU-TEDS comprises two major components: an admission file and a discharge file. Both files collect information on demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who were admitted to substance use treatment. Many of the substance use and substance use treatment characteristics as well as data fields designated as NOMs are collected both at admission and at discharge to assess change.

Q: How frequently should the data be submitted by SSAs?

A: Monthly or quarterly reporting at minimum is strongly recommended. Submitting files more often will help ease the burden of reporting very large data files and will allow for more timely detection and resolution of data problems. SSAs can also submit additional SU-TEDS records with admission dates in the past approximately 10 years at any time. The SU-TEDS database will be updated accordingly.

Q: What is the due date for data submission?

A: SAMHSA "freezes" the SU-TEDS database on or about October 15. This frozen database file is used to produce annual reports and public-use files every year. For example, the file that will be frozen as of October 15, 2025, will be used to produce the 2024 TEDS annual report, 2024 public-use files, and other ad hoc reports during the year. Data received after the October 15, 2025, cut-off date will not be included in the mentioned products. Public-use files are annually updated, incorporating data submitted after the October 15 cut-off date.

Q: Can my state request extension for data submission?

A: Requests for extensions are not encouraged or always granted. Since the preparation of data for the annual report and public-use files cannot begin until states have completed their data submission for that year, late submission and/or incomplete submission may delay their publications. CBHSQ must balance the timeliness of publications and the completeness of the dataset in producing these dissemination products. If a state does not submit complete data for the reporting year, the state risks not being included in these products.

Q: What admission and discharge dates can be reported in SU-TEDS?

A: On April 30, 2025, the BHSIS Project Office archived the SU-TEDS 2000–2014 admission and discharge records. Effective May 1, 2025, the BHSIS program only accepts TEDS substance use admission and discharge records with a date of admission of January 1, 2015, or later. The next archiving is planned for 2030. Please contact the BHSIS Project Office if corrections to archived records need to be made.

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

A: A client may receive a separate admission record for every billable service (e.g., group therapy, individual therapy, etc.). If these services were delivered within the same treatment episode (e.g., short term rehabilitation/residential), report only one of these records to SU-TEDS. SU-TEDS does not collect data on the individual services delivered.

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: How is SU-TEDS data submitted?

A: SSAs submit SU-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 SU-TEDS reporting requirements.

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

A: Behavioral Health Services Information System (BHSIS) Project Office provides technical assistance to the states and territories to prepare the data for submission through conference calls, webinars, virtual 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.

H.3   SU-TEDS and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

Q: What is the SUPTRS BG?

A: SUPTRS BG is a fund provided to all 50 states, the District of Columbia, five territories (the Commonwealth of Puerto Rico, Virgin Islands, American Samoa, Commonwealth of the Northern Marianas Islands, and Guam), three Freely Associated States (FAS—the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), and the Red Lake Band of Chippewa Indians to help plan, implement, and evaluate activities that prevent and treat substance use. The targeted populations of the SUPTRS BG are pregnant women, women with dependent children, and people who inject drugs. The service areas include tuberculosis services, early intervention services for HIV/AIDS, and primary prevention services.

The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the HHS to create regulations as a precondition to making funds available to the states and other grantees under the SUPTRS. Title 45 Code of Federal Regulations Part 96 was published on March 31, 1993, and the Tobacco Regulations for Substance Use Prevention, Treatment, and Recovery Services Block Grant; Final Rule, 61 Federal Register 1492 was published on January 19, 1996. SAMHSA's Center for Substance Abuse Treatment's (CSAT) State Systems Partnership Branch (SSPB), in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of Primary Prevention (DPP), administers the SUPTRS BG.

Q: What is the relationship between SU-TEDS and SUPTRS BG?

A: The SUPTRS BG application requires that the state reports a "core data set," specified by SAMHSA, on clients receiving substance use disorder treatment through the SUPTRS BG in the previous calendar year. SU-TEDS serves as this core data set. SU-TEDS data are used to populate SUPTRS BG application tables 14-20 that capture SAMHSA's National Outcome Measures (NOMs) for the Block Grant.

While the data from SU-TEDS are used to populate SUPTRS BG application tables, states are required to report on all clients, regardless of funding source, who were admitted into substance use treatment at facilities and programs licensed and funded and/or operated by SSAs.

Q: What is populated with SU-TEDS data on the SUPTRS BG application?

A: SU-TEDS data are used to populate Tables 14-20 in the federal SUPTRS BG annual report. These tables comprise SAMHSA's National Outcome Measures (NOMs) and include:

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

However, it is important to note that while the data from SU-TEDS are used to populate SUPTRS BG application tables, clients that need to be reported are not restricted to those whose services are funded by SUPTRS BG. Furthermore, the following clients are further excluded from tables in the SUPTRS BG application:

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

APPENDIX F SUPTRS REPORT TABLES should assist states in understanding SAMHSA's coding requirements. If you have any questions or need additional information on how the SU-TEDS records are used to populate the SUPTRS BG application tables, please contact the BHSIS Project Office at BHSIS@samhsa.hhs.gov.

Q: What is the due date for SU-TEDS data submission to use SU-TEDS data to populate the SUPTRS BG tables?

A: SUPTRS BG Tables 14-20 are based on admission and discharge data reported by the states for the most recently completed calendar year (CY) for which TEDS is available. The BHSIS Project Office supplies three iterations of calendar year data to SAMHSA through its WebBGAS contractor. For example, the cut-off dates for TEDS CY 2024 data inclusion in the SUPTRS BG fiscal year 2026 application tables are April 30, 2025; November 30, 2025; and January 31, 2026. Data not received by the first two cut-off date will appear in the next iteration of the application

tables. Data not received by the last cut-off date will not be accounted for in the state's SUPTRS BG annual report to SAMHSA. Therefore, the state should ensure that all SU-TEDS admission and discharge data corresponding to the CY should be submitted by January 31, 2026.

H.4   Data availability and privacy

Q: Is the SU-TEDS data available to the public and researchers?

A: Public-use files (PUFs) are available to the general public in SAS, SPSS, Stata, R, and ASCII comma-delimited formats. To download SU-TEDS PUFs and codebooks, visit https://www.samhsa.gov/data/data-we-collect/teds/datafiles. TEDS-A contains all admission records with the admission date of a given year. TEDS-D contains both admission and discharge records that were linked with the discharge date of a given year.

Q: What demographic data are available in SU-TEDS?

A: Both TEDS-A and TEDS-D have age, sex, race, and ethnicity as required data fields and marital status and veteran status as optional data fields.

Q: What substances are collected in SU-TEDS?

A: SU-TEDS allows up to three substances to be listed on the admission and discharge record, respectively, as a primary, secondary, and tertiary substance. These represent the substances that led to the admission to treatment; however, they do not necessarily account for all drugs used at the time of admission. SU-TEDS collects data for the following substances along with the route of administration, frequency of use, age at first use, and detailed drug code: Alcohol, Cocaine, Marijuana/Hashish, Heroin, Non-Prescription Methadone, Other Opiates and Synthetics, PCP, Hallucinogens, Methamphetamine/Speed, Other Amphetamines, Other Stimulants, Benzodiazepines, Other non-Benzodiazepine, Other Tranquilizers, Barbiturates, Other Sedatives or Hypnotics, Inhalants, Over-the-Counter drugs, and Other drugs.

Q: Do TEDS data represent the national population?

A: No, SU-TEDS data do not represent the national demand for substance use treatment services or describe the substance use status of the national population. SU-TEDS represents admission to and discharge from treatment of clients at facilities licensed and funded and/or operated by SSAs.

Q: Are the SU-TEDS data files comparable across states?

A: State-to-state comparisons should be made with extreme caution due to differences in state licensure practices, disbursement of public funds, state data systems, and data collection practices and methodologies. Additional information outlining state reporting characteristics is included in Appendix C of the Annual Report.

Q: Are all the data received from states and territories included in the SU-TEDS Annual Reports?

A: While SSAs are required to submit data from all eligible facilities, some states' data would not be included in the SU-TEDS reports for a given year if the submitted data counts are less than 50% of the prior 3-year average.

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

A: No. An important feature of SU-TEDS reporting is its use of non-protected health information (non-PHI). No personally identifiable information, or PII, as defined under the Health Insurance Portability and Accountability Act (HIPAA) rule for PHI, is reported in the data files. The data files use a unique, non-PHI ID for reporting the required and optional information.