Washington State
Health Care Authority

Behavioral Health Data System

Behavioral Health Supplemental Transaction Data Guide

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Behavioral Health Data System 1

Behavioral Health Supplemental Transaction Data Guide 1

Summary of changes: 5.5 – 5.6 4

Data guide overview 5

Overview 5

Terminology guide 5

Document use guide 6

Navigation 6

Nationally Accepted Health Information Technology (HIT) Code Crosswalk: 6

General considerations of this guide 8

Reporting organization 8

Effective Dates 8

Service Episodes 11

Data File Format 11

Key Fields 11

MFTP Accounts 12

Blanks/Unknowns/Not Collected 12

Add/Change Status 12

Special Characters 12

Appendices 12

Transaction definitions 13

Summary of transactions 13

Data element definitions 35

Identifiers 35

Cascade merge 40

Client Demographics 020.08 43

Client Address 022.03 57

Client Profile 035.10 66

Service Episode 170.06 85

Program Identification 060.06 95

Co-occurring Disorder 121.05 108

ASAM Placement 030.03 114

DCR Investigation 160.05 119

ITA Hearing 162.05 131

Mobile Crisis Response 165.02 138
Substance Use 036.04 158
Funding 140.02 165
Appendix A: Document History 168
Appendix B: Error Codes 171
Appendix C: Entity Relationship Diagram (ERD) 175
Appendix D: Process Flow Chart 176
Appendix E: Submission Instructions 177
Appendix F: Instructions for submitting License Number in P1 179
Appendix G: Primary Language Code List 182
Appendix H: Nationally Accepted HIT Code References 183
Appendix I: Provider Entry Portal (PEP) 184
Appendix J: Criminal Justice Treatment Account (CJTA) (150.01) 185
Appendix K: Guidance attachments 186
BHDS Glossary 187

Summary of changes: 5.5 – 5.6

- Updated Funding transaction language
- Added language under the effective date section
- Updated Summary of Transactions Table
- Updated language to service episode section
- Added batch file limitation language under submission instructions
- Added historic code value language

Data guide overview

Overview

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

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

The BHDS includes data from two legacy systems:

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

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

This data guide can be found on the **HCA contractor and provider resources webpage**.

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

This data guide does not address ProviderOne encounter data submission; however, it can be found in the **Service Encounter Reporting Instructions (SERI) guide**.

Terminology guide

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

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

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

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

The providers or entities providing services directly to clients in the community will be referred to as Provider Agencies or agency. These agencies collect and pass data on to contractor for ultimate submission into the

BHDS. The people in the community needing and receiving behavioral health services to include SUD and mental health will be referred to as clients.

There are differences between clinical terms in the Mental Health and SUD field to describe the same item. An example of this is in the SUD field; clinical evaluation of the patient for the purposes of forming a diagnosis and plan of treatment is called an assessment, but in the Mental Health field it is called an intake evaluation. All terminology is defined in the glossary.

Document use guide

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

Navigation

To easily navigate through a PDF document simply open the document in its default PDF reader, press CTRL +F and a search box will appear, enter your search term and the first match will be highlighted.

Historic Code Values

Defines the list of previously accepted code values that are now disabled for use. Each historic code value table identifies the effective start and end date of the code value that is disabled. If a data element is submitted with a code value that is in the historic table then the effective date in the transaction must be between the start and end date of the code value.

Nationally Accepted Health Information Technology (HIT) Code Crosswalk:

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

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

Each data element contains the following information:

Content	Information	Example
Data Element Name	Name of data element	ASAM Level Indicated
Effective Date	Date data element became effective for use	4/1/2017
Category/ Section	This is the transaction that the element is submitted in.	

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

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

General considerations of this guide

Reporting organization

The Managed Care Organizations (MCOs) and Behavioral Health-Administrative Services Organizations (BH-ASOs) are required to collect behavioral health supplemental data transactions from their contracted BH providers of mental health and/or substance use disorder services. Each contractor must work with their provider agency to ensure all service encounters (based on services provided to the individual client) are reported through ProviderOne and all related service information is reported as per this BH Data Guide (e.g., service episode transactions, client demographics, etc.).

The following are not required to submit supplemental data at this time:

- Fee For Service
- Tribal
- Long Term Beds
- Hospitals
- ABA Providers

The follow are required to submit supplemental data at this time:

- BHAs contracted with BH-ASO or MCO to provide BH services
- Freestanding E&Ts
- Non-hospital Secure Withdrawal management
- Stabilization facilities

Effective Dates

Each supplemental data transaction has a data element that identifies a specific date as it relates to the transaction and the client's current treatment event.

Submitters must use the submitter ID that was active during the date reported in the supplemental data transaction.

Not all dates in the supplemental data transactions are identified as "effective dates". The following list identifies and defines each transaction`s date field and how it corresponds to the encounters.

If an assessment/intake evaluation has been completed, HCA will link the encounter (line level) submitted for the completed assessment (SUD) or intake evaluation (MH) to the required supplemental transactions due at assessment/intake.

The "effective date" in the supplemental data transactions must be within 45 days of (before or after) the "from date of service" on the completed assessment/intake encounter.

The purpose of the +/- 45-day requirement for linking encounters and supplemental data is to ensure required supplemental data transactions are submitted to BHDS in a timely and consistent manner for BH services. The combined 90-day (+/-45) date perimeter allows for clinical staff to collect and submit the required supplemental data that corresponds to the behavioral health services the client is receiving. HCA's ability to receive timely BH supplemental data and match it to the service encounters is critical for HCA to meet SAMHSA reporting requirements.
A completed assessment/intake is a service, and it is NOT considered treatment. Assessment/intakes are used to formulate the client's treatment plan so that treatment may be provided to meet the client's needs. If an assessment/intake has been completed, the following transactions are required:

- Client demographic
- Client address
- ASAM
- Co-Occurring
- Funding

Once the client receives their first treatment service, the following transactions are required:

- Service Episode
- Client profile
- Program ID
- Substance use

If the assessment/intake has been completed (per the encounter) and client did not return to begin treatment, then only report the transactions for the completed assessment/intake.

CLIENT DEMOGRAPHIC (Based on Effective date)

- Indicates the date the client's demographic information was collected and is associated with the client's current assessment/intake encounter.
- The client demographic transaction is required to be collected and reported at assessment/intake and updated upon change.
- The Client demographic transaction is required before the submission of any other transaction (including crisis supplemental data transactions) to BHDS.
- The Effective date reported on the client demographic must be within 45 days of (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.

CLIENT ADDRESS (Based on Effective date)

- Indicates the date the client's address was collected and is associated with the client's current assessment/intake encounter.
- The Effective date reported on the client address transaction must be within 45 days (before or after) of the "from date of service" reported on the completed Assessment/Intake encounter.

ASAM (Based on Assessment date)

- Indicates the date the client was provided the assessment; this must be within 45 days of (before or after) the "from date of service" on the completed assessment/intake encounter.
- This transaction is not required for completed MH intakes.

CO-OCCURRING DISORDER (Based on GAIN-SS date)

- Indicates the date the clients assessment/GAIN-SS was completed.
- The GAIN-SS date reported in the transaction must be within 45 days of (before or after) the "from date of service" on the completed assessment/intake encounter.

FUNDING (Based on Effective date)

- Indicates the date the funding elements were collected and is associated with the client's current assessment/intake encounter.
- The effective date reported on the funding transaction must be within 45 days of (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.
- If the client`s funding source changes during the course of treatment, this transaction must be updated to reflect that change.
- This transaction is collected by the provider agency and indicates the type of funding being used for the clients services.

After the assessment/intake evaluation has taken place and the client begins the suggested treatment plan, the first encounter submitted for the client's MH/SUD treatment indicates acceptance into the treatment modality and the start of treatment. The service episode start date is used in reporting as the clients admission date.

HCA will link the client`s first SUD/MH treatment encounter to the required supplemental transactions due at the start of SUD/MH treatment. Encounters submitted after the admission (start or beginning) of treatment will indicate ongoing treatment.

Note:

- At admission (start of treatment) = First treatment encounter for the client's current treatment episode.
  - Supplemental data transactions required at admission for SUD include the service episode, client profile, program ID and substance use transactions. Transactions required at admission for MH include the service episode, client profile and program ID if enrolled in a program in the program ID table.
  - For SAMHSA reporting purposes, the service episode transaction service episode start date in used as the admission date.
  - Admission in this context is not derived from the Admission Date submitted on the encounter.
- At discharge = The client's treatment has ended at the provider agency.
  - The end date in the service episode transaction is the discharge date. The end date must be reported if the client is no longer receiving treatment at the provider agency.
  - Appendix K provides guidance on closing a service episode (treatment episode).
  - If a program ID transaction was submitted because the client is either in SUD treatment or in a program listed in the program ID table, then an end date in the program ID transaction must be reported when the client completes the program. The program ID start and end dates must be between or equal to the service episode start and end dates.
  - A client can be enrolled in more than one program at a time.
  - The service episode end date (discharge date) is required when the client completes or ends treatment at the provider agency.

SERVICE EPISODE (Based on Begin date)

- Indicates the date the client began SUD/MH treatment at the provider agency.
- This transaction is required for all clients receiving SUD or MH outpatient treatment.
- A service episode is not required for crisis events; refer to the Summary of Transactions for crisis service requirements.

CLIENT PROFILE (Based on Effective date)

- Indicates the date the information was collected and is associated with the client's current treatment event.
- Client profile is required to be collected and reported at admission (start of treatment), at discharge, and upon change.

PROGRAM ID (Based on Begin Date)

- Indicates the date the client started treatment in a program listed in the program ID transaction.
- The program ID transaction is NOT required if the client is enrolled in a program that is not listed in the program ID table. For example, MH outpatient treatment is not a program listed in the program ID table and does not require a program ID transaction. The program ID is required for clients receiving SUD treatment.

SUBSTANCE USE (Based on Effective date)

- Indicates the date the information was collected and is associated with the client's current treatment event.
- The Substance Use transaction is required to be collected and reported at admission, at discharge and upon change.
- This transaction is not required for clients receiving MH treatment.

- The 3 Substances reported at admission into treatment must also be reported at discharge (whether they are still using the substance or not).

Service Episodes

The service episode transaction collects treatment milestone data for clients receiving behavioral health services. It is used to meet SAMHSA reporting requirements as well as other outcomes/measures listed in the State Plan.

A service episode is required for all clients receiving SUD treatment, MH outpatient treatment, or is enrolled in a program listed in the program ID table.

Linking Supplemental Data to Encounter Data:

HCA will link service encounters, including residential and evaluation and treatment services, to supplemental data transactions using the submitter ID, client ID and Billing Provider NPI.

HCA will identify BH encounters using the criteria outlined in the SERI: CPT/HCPC, modifiers and diagnosis codes.

If an assessment/intake evaluation has been completed, HCA will link the encounter submitted for the assessment (SUD) or intake evaluation (MH) to the supplemental transactions required at assessment/intake.

After the assessment/intake evaluation has taken place and the client begins the suggested treatment plan, the initial encounter submitted for the MH/SUD treatment indicates acceptance (admission) into the treatment modality.

The required supplemental data transaction for when a client begins treatment for MH/SUD are described below in the transaction definitions/ summary of transactions section. Encounters submitted after the beginning of treatment will indicate ongoing treatment.

The treatment modality for either MH or SUD should be reported in the program ID transaction along with the encounter if it is listed in the program ID table. If the program is not listed, do not report the program ID transaction (this would include MH outpatient). A client can be enrolled in more than one program/modality at a time. When a client completes the program or is no longer receiving treatment for that program/modality the program end date is reported in the program ID transaction along with the end reason.

When the treatment plan has been completed or has ended, the client`s current service episode must be submitted with the end date (discharge). This indicates the client is no longer receiving treatment or has completed the episode of treatment.

Data File Format

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

Key Fields

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

start date be contained in the primary key. This same concept applies to all fields with key in the field name.

MFTP Accounts

Effective March 15, 2023 all submitters must us their MFT accounts.

Each reporting organization will be given two accounts, one is test (hca-organizationname-test) and the other is production (hca-organizationname). There must be one or two specific individuals accountable for the security of these accounts. These individuals will be the ones receiving the password reset emails, and able to reset passwords for these accounts. These accounts are used to log into the two corresponding MFTP sites (test and prod). Passwords may be updated at the web site (mft.wa.gov or mft-test.wa.gov) or with any MFTP tool to which one is accustomed. Account password resets are to be sent as a service request to HCA service desk by authorized individuals.

Blanks/Unknowns/Not Collected

Please follow any guidance provided in Transactions or Elements regarding the use of "unknown" or leaving fields blank. Even though an element may specify that it is a required element in the summary of transactions it may be listed as optional for a particular treatment.

Add/Change Status

Effective April 06, 2022, action codes will function as follows:

- Action code "A" (Add) will only function as an add. If the record already exists in BHDS, the transaction will
- reject with error code 30405-Duplicate record, transaction not posted.
- Action code "C" (Change) will only function as a change. If the record to change does not exist, BHDS will reject the record with error code 30406- Record to change could not be found, transaction not posted.
- Action code "D" (delete) will continue to function as a delete. If the record does not exist, then BHDS will reject the record with error code 30407- Record to delete could not be found, transaction not posted.

Note: Demographic records may not be deleted directly. CascadeDelete or CascadeMerge must be used to delete Demographic records. This will also delete child records in other tables to retain the integrity of the system.

Primary Keys cannot be updated. If a primary key was reported incorrectly, the transaction must be deleted and resubmitted with action code A (Add) with the correct information.

Special Characters

Please follow any guidance provided in Transactions or Elements regarding the use of special characters. Except when specified, avoid using special characters. BHDS does not allow special characters except Dash (-), Underscore (_), and Period(.).

Appendices

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

Transaction definitions

Summary of transactions

Definition:

This section summarizes all the transactions the contractor is required to send to HCA based on the scope of their service delivery.

R = Required, Blank = Not Required

Table heading definitions:

Transaction: Name of Behavioral Health Supplemental Transaction

- Assessment/Intake evaluation: Transactions required when an Assessment for SUD or Intake Evaluation for MH has been completed.
  - *R Co-Occurring: Co-Occurring Disorder is required to be collected and reported at assessment/intake for all clients, thirteen (13) and above.
- Treatment MH: Transactions required for clients receiving Mental Health Treatment. These transactions are required when the client begins MH treatment. An intake is not considered treatment.
  - *R = Program ID transaction is required for MH treatment if the client is enrolled in a program listed in the program ID table. The program ID transaction is NOT required if the client is enrolled in a program that is not listed in the program ID table. For example, MH outpatient treatment is not a program listed in the program ID table and does not require a program ID transaction.
- Treatment SUD: Transactions required for clients receiving Substance Use Disorder Treatment (includes outpatient, intensive outpatient, and all types of residential). These transactions are required when the client begins SUD treatment. An assessment is not considered treatment.
- Discharge: These transactions must be updated when the client is discharged, or treatment has ended at the provider agency.
  - *Program End: If the client has completed treatment in the program they are enrolled in but continues to receive treatment at the provider agency, update the existing program ID transaction with the program end date and end reason.
  - *R = Required if the Program ID transaction was reported and the client's enrollment in the program has ended.

Summary of Transactions

TRANSACTION	ASSESSMENT/ INTAKE	TREATMENT		DISCHARGE
		MH	SUD	
HEADER	R	R	R	
CASCADE DELETE				
CASCADE MERGE				
CLIENT DEMOGRAPHIC	R			
CLIENT ADDRESS	R			
CO-OCCURRING DISORDER	*R			
ASAM PLACEMENT	R- For assessments only			

FUNDING	R			R
CLIENT PROFILE		R	R	R
PROGRAM IDENTIFICATION		*R	R	*R
SERVICE EPISODE		R	R	R
SUBSTANCE USE			R	R-For SUD only

Crisis Summary of Transactions

TRANSACTION	DCR	ITA	MCR
HEADER	R	R	R
CLIENT DEMOGRAPHIC	R	R	R
DCR	R	R	
ITA		R	
MCR			R

Header – 000.01

Definition:

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

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

Rules:

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

Validation:

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

Notes:

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

Example:

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

Cascade Merge – 130.04

Definition:

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

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

Rules:

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

Notes:

- There is no action code in this transaction.
- This transaction will void the CLIENT ID TO VOID; the merge will update records to the new CLIENT ID TO KEEP.

Example:

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

Cascade Delete – 131.04

Definition:

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

Full Cascade Delete:

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

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

Rules:

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

Validation:

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

Notes:

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

Example:

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

Client Demographics – 020.08

View details of transaction

Definition:

This is the transaction for full demographic data using the Client Unique ID (CUID). The CUID is used by DBHR to link that person's records across various systems.

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

Rules:

- The Client demographic transaction is required before the submission of any other transaction to BHDS and must be updated upon change.
- The client demographic transaction is required to be collected and reported at assessment/intake and updated upon change.
- It is understood that the values in data elements Gender, Hispanic Origin, Primary Language, Race, and Sexual Orientation may change based on what the client reports to each provider agency and the changes will be passed to the BHDS without the provider agency identified.

Notes:

Example:

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

Client Address – 022.03

View details of transaction

Definition:

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

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

Rules:

- Client Address is required to be collected and reported at assessment/intake and updated upon change.
- Client’s address of residency is most preferred.
- If address of residency is not available, then submit the client’s mailing address; if mailing is not available,
- report address elements available; at a minimum report county, city, and state or zip.
- If client is homeless or unable to provide an address of residency or mailing address, report what is available, including city, county, and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.
- Follow detail instructions for Address Line 1 outlined in Address Line 1 data element.
- If the client is staying at a facility, submit the facility address with the facility flag as Y.
- If the client’s address of residency is not in U.S., then all body elements are optional (can be left blank),
- except “STATE” must be reported as “OT” for Other.

Notes:

Example:

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

Client Profile – 035.10

View details of transaction

Definition:

Additional client characteristics required for all clients

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

Rules:

- Client profile is required to be collected and reported at admission, at discharge and upon change.

Notes:

Example:

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

Service Episode – 170.06

View details of transaction

Definition:

The service episode transaction collects treatment milestone data for clients receiving behavioral health services.

The service episode transaction is used to meet SAMHSA reporting requirements as well as other outcomes/measures listed in the State Plan.

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

Rules:

- Service Episode is required to be collected and reported at admission, at discharge and upon change.
- A service episode is required for all clients receiving SUD treatment, MH outpatient treatment, or is enrolled in a program listed in the program ID table.
- Only one service episode transaction can be open for a client at an agency at one time.
- Once the treatment has ended or has been completed the service episode is closed (end date reported). If the client comes back for services, a new service episode can be opened for that treatment episode.

Notes:

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

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

See Appendix K: Closing Service Episode of Care Guidance

Example:

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

Program Identification – 060.06

View details of transaction

Definition:

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

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

Rules:

- Program Identification is required to be collected and reported at admission and discharge.
- The program ID transaction is required for all SUD clients and those clients who are enrolled in a program listed in the Program ID table.
- The program ID transaction is NOT required if the client is enrolled in a program that is not listed in the program ID table. For example, MH outpatient treatment is not a program listed in the program ID table and does not require a program ID transaction.
- A client can be accepted/enrolled in more than one program at the same provider agency at a time.
- The program start and end dates must be within the clients associated service episode transaction start and end dates.

Notes:

Example:

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

Co-occurring Disorder – 121.05

View details of transaction

Definition:

Co-occurring disorder and screening assessment/intake.

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

Rules:

- Co-Occurring Disorder is required to be collected and reported at assessment/intake for all clients, thirteen (13) and above using DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
- This transaction will not process if the values for the CO-OCCURRING DISORDER SCREENING (IDS), CO-OCCURRING DISORDER SCREENING (EDS), CO-OCCURRING DISORDER SCREENING (SDS) or CO-OCCURRING
- DISORDER ASSESSMENT are missing or invalid.
- The Co-Occurring disorder assessment is required if the client screens high (2 or higher) on either the IDS, or EDS, and on SDS.

Example:

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

ASAM Placement – 030.03

View details of transaction

Definition:

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

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

Rules:

- ASAM Placement is required to be collected and reported at assessment.
- Required for all SUD clients, including SUD clients receiving Withdrawal Management Services where an assessment was provided.
- Must collect and report ASAM when there is a level of care change.

Notes:

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

Example:

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

DCR Investigation – 160.05

View details of transaction

Definition:

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

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

This transaction identifies all investigations by the DCR, even if the DCR is also classified as a crisis worker. An investigation can result in a detention, which is 120 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary in-patient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

Transaction ID:	160.05	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	SUBMITTER ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	INVESTIGATION START DATE	Date	CCYYMMDD	N
	INVESTIGATION START TIME	Varchar	4 (HHMM)	N
Body	INVESTIGATION COUNTY CODE	Varchar	5	N
	INVESTIGATION OUTCOME (*Code value from table below)	Varchar	2	N
	DETENTION FACILITY NPI	Varchar	10	Y
	LEGAL REASON FOR DETENTION/COMMITMENT (*Code value from table below)	Varchar	4	N
	RETURN TO INPATIENT/REVOCATION AUTHORITY (*Code value from table on DCR Investigation Outcome)	Varchar	2	Y
	DCR AGENCY NPI	Varchar	20	N
	INVESTIGATION REFERRAL SOURCE	Varchar	2	N
	INVESTIGATION END DATE	Date	CCYYMMDD	N
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- DCR Investigation is required to be collected and reported ONLY for persons being investigated under the Involuntary Treatment Act.
- This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the "Involuntary Treatment Investigation" service modality, is expected to be received in an "837P transaction."
- There are some code value dependencies based on the Investigation Outcome (required). Please see the DCR Investigation outcome table to clarify those dependencies on page 146.

Notes:

Example:

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

ITA Hearing – 162.05

View details of transaction

Definition:

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

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

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

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

Rules:

- ITA hearing is required to be collected and reported ONLY for persons being investigated under the Involuntary Treatment Act.
- Hearing outcome code value dependencies for the Detention facility NPI are listed in the details of the ITA hearing outcome table.
- Concurrent Transactions: DCR Investigation 160.05

Example:

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

Mobile Crisis Response – 165.02

View details of transaction

Definition:

This transaction documents mobile crisis response encounters.

Transaction ID:	165.02	Type	Length	Allow Null
ACTION CODE:	"A" Add "C" Change "D" Delete	Varchar	1	N
Primary Key:	SUBMITTER ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	MOBILE CRISIS RESPONSE TYPE	Varchar	2	N
	EVENT START DATE	Date	CCYYMMDD	N
	EVENT START TIME	Varchar	4 (HHMM)	N
Body	MOBILE CRISIS RESPONSE REFERRAL SOURCE	Varchar	2	N
	RESPONSE TIME	Varchar	2	N
	NEEDS INTERPRETER	Varchar	2	N
	TIME OF DISPATCH	Varchar	4 (HHMM)	Y
	TIME OF ARRIVAL/TIME OF TELEHEALTH ENCOUNTER	Varchar	4 (HHMM)	N
	PRESENTING PROBLEM	Varchar	4	N
	CO-RESPONDER INVOLVEMENT	Varchar	2	N
	MOBILE CRISIS RESPONSE OUTCOME	Varchar	2	N
	REFERRAL GIVEN	Varchar	40	N
	EVENT END DATE	Date	CCYYMMDD	N
	EVENT END TIME	Varchar	4 (HHMM)	N
	SOURCE TRACKING ID	Varchar	40	Y
	COUNTY	Varchar	5	N
	MCR AGENCY NPI	Varchar	10	N
	MCR SERVICING PROVIDER NPI	Varchar	10	N

Rules:

- MCR is required to be collected and reported ONLY for persons involved in a Mobile Crisis Response.

Note:

Example:

Substance Use – 036.04

View details of transaction

Definition:

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

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

Rules:

- Substance Use is required to be collected and reported at admission, at discharge and is updated upon change for all SUD clients.
- SUD inpatient Provider Agencies are not exempt from reporting.
- The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. This rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3).
- The 3 Substances reported at admission into treatment must also be reported at discharge (whether or not they are still using the substance).
- The following must be included for each substance being reported:
  - AGE AT FIRST USE (report only at admission into SUD treatment)
  - FREQUENCY OF USE
  - PEAK USE
  - METHOD
  - DATE LAST USED
- Substance (1) cannot be reported as "none" (Code value 1).
- If there is no substance 2 or 3, then report "none" (code 1) for SUBSTANCE (2) and/or SUBSTANCE (3) and leave the respective fields AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD and DATE LAST USED blank. Substances 2 and 3 can be updated later if the admission substances were inaccurately reported or not disclosed by the client; however, must be reported consistently (admission to discharge).
- If Substance 2 and 3 are reported, all elements are required, except Source Tracking ID.

Notes:

Example:

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

Funding – 140.02

View details of transaction

Definition:

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

Transaction ID:	140.02	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	SUBMITTER ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	EFFECTIVE DATE	Date	CCYYMMDD	N
	BLOCK GRANT FUNDING	Varchar	2	N
Body	TYPE OF FUNDING	Varchar	2	N
	SOURCE OF INCOME	Varchar	2	N
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Funding is required to be collected and reported at assessment/intake, upon change and discharge.
- The effective date Indicates the date the funding elements were collected and is associated with the client’s current assessment/intake encounter.
- The effective date reported on the funding transaction must be within 45 days of (before or after) the “from date of service” reported on the completed Assessment/Intake encounter.
- If the client`s funding source changes during the course of treatment, this transaction must be updated to reflect that change.
- The funding transaction is collected by the provider agency.

Notes:

Example:

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

Data element definitions

Data element definitions are classified into sections.

Identifiers

SUBMITTER ID

Section: Identifier

Definition:

The unique identifier assigned to each contractor by ProviderOne. It is the same identifier used for sending 837 encounters to ProviderOne.

Code Values Not Applicable Rules:

- The submitter ID is the 7-digit ProviderOne ID plus the 2-digit location code.

Frequency:

- Collected for each record as identifying record information.

Data Use:

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

Validation:

- Unique by contractor.
- 30201 Inactive Submitter ID for the date in transaction. Transaction not posted. Must use current/active Submitter ID.

History:

Notes:

- SUBMITTER ID applies to all contractors.

Client ID

Section: Identifier

Definition:

A unique identifier assigned to each client. The Client ID is used in 837 encounter data file submissions to ProviderOne.

Code Values Not Applicable Rules:

- Required for all clients.
- The ProviderOne Client ID is to be used for all Medicaid clients.
- The non-Medicaid Client ID is to be used when there is no ProviderOne ID.
- A non-Medicaid Client ID must be unique to the Submitter, regardless of the location identifier.

Frequency:

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

Data Use:

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

Validation:

- Unique by client, by contractor.

History:

Notes:

Provider NPI

Section: Identifier

Definition:

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

Code Values Not Applicable Rules:

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

Frequency:

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

Data Use:

- Provider NPI is used to join BHDS data with ProviderOne data.

Validation:

- Must be valid in ProviderOne.

History:

Notes:

Batch Number

Section: Header

Definition:

A sequential number assigned to the batch file by the submitting contractor.

Code Values Not Applicable Rules:

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

Frequency:

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

Data Use:

- Batch number is for identifying unique batches by contractor.

Validation:

- Cannot be blank.
- Required for each submission.
- Must be in sequential order.

History:

Notes:

Batch Date

Section: Header

Definition:

Date a batch file of transactions was created by a submitting contractor.

Code Values Not Applicable Rules:

Frequency:

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

Data Use:

- Batch identification

Validation:

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

History:

Notes:

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

Cascade merge

Client ID to Keep

Section: Cascade Merge

Definition:

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

Code Values Not Applicable Rules:

- Required for a cascade merge.

Frequency:

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

Data Use:

- Used for cascade merge.

Validation:

- Checks whether ID has been previously voided.

History:

Notes:

Client ID to Void

Section: Cascade Merge

Definition:

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

Code Values Not Applicable Rules:

- Required for a cascade merge.

Frequency:

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

Data Use:

- Used for cascade merge.

Validation:

- Checks whether ID has been previously voided.

History:

Notes:

Source Tracking ID

Section: All Transactions

Definition:

This field is found in all transactions and indicates the record ID from the source system for subcontractors to reconcile data to their systems. This is a field and was added at the request of the contractor.

Code Values Not Applicable Rules:

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

Frequency:

- Collected for each record as identifying record information for a record in the subcontractors' source system.

Data Use:

- Reconcile data to subcontractors' systems.

Validation:

- No validation exists in this element.

History:

Notes:

Client Demographics 020.08

First Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

- Required for all clients.

Data Use:

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

Validation:

- Required field.

History:

Notes:

Middle Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

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

Data Use:

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

Validation:

- None

History:

Notes:

Last Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

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

Data Use:

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

Validation:

- Required field

History:

Notes:

Alternate Last Name

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

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

Data Use:

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

Validation:

- None

History:

Notes:

Social Security Number

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

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

Frequency:

- Whenever possible or upon change

Data Use:

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

Validation:

- Does not allow obvious invalid number such as:
- 9 digits of the same number
- 9 sequential ascending or descending numbers
- Must be 9 characters in length

History:

Notes:

Birthdate

Section: Client Demographics

Definition:

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

Code Values Not Applicable Rules:

- If DOB is not available, enter 29991231.

Data Use:

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

Validation:

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

History:

Notes:

Gender

Section: Client Demographics

Definition:

Indicates a person's self-identified gender.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

Rules:

- Only one option allowed.
- Required for all clients.

Data Use:

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

Validation:

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

History:

Notes:

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

Hispanic Origin

Section: Client Demographics

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

Value	LOINC® Answer ID	LOINC Comment	SNOMED CT®	SNOMED Comment	CDC/PHIN	CDC Comment
Cuban					2182-4	Cuban
Hispanic - Specific Origin Unknown					2135-2	Hispanic or Latino
Mexican					2148-5	Mexican
Not of Hispanic Origin					2186-5	Not Hispanic or Latino
Other Specific Hispanic (e.g., Chilean, Salvadoran, Uruguayan)					Specific Hispanic codes	
Puerto Rican					2180-8	Puerto Rican
Unknown						

Rules:

- Only one option allowed.

- Required for all clients.

Data Use:

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

Validation:

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

History:

Notes:

Primary Language

Section: Client Demographics

Definition:

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

Code Values:

See Appendix G

Rules:

- Only one option allowed.
- Required for all clients. Submit "eng" if the primary speaking language of the client is English.

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code if reported.

History:

Notes:

- Source for ProviderOne language list
- Primary language is contained in Appendix G.

Race(s)

Section: Client Demographics

Definition:

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

Code Values:

Code	Value	Definition
021	American Indian/ Alaskan Native	
031	Asian Indian	
040	Black or African American	
604	Cambodian	
605	Chinese	
608	Filipino	
660	Guamanian or Chamorro	
032	Native Hawaiian	
611	Japanese	
010	White	

612	Korean	
613	Laotian	
801	Middle Eastern	
034	Other Asian	
033	Other Pacific Islander	
050	Other Race	
999	Not Provided	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

Value	LOINC® Answer ID	LOINC Comment	SNOMED CT®	SNOMED Comment	CDC/PHIN	CDC Comment	OMB	OMB Comment
American Indian/ Alaskan Native					1735-0 1002-5 1004-1	Alaskan Native - 1735-0 American Indian/Alaskan Native - 1002-5 American Indian - 1004-1	1002-5	American Indian/ Alaskan Native
Asian Indian					2029-7	Asian Indian	2028-9	Asian
Black or African American					2058-6	African American	2054-5	Black or African American
Cambodian					2033-9	Cambodian	2028-9	Asian
Chinese					2034-7	Chinese	2028-9	Asian
Filipino					2036-2	Filipino	2076-08	Native Hawaiian or other Pacific Islander
Guamanian or Chamorro					2086-7	Guamanian or Chamorro	2076-08	Native Hawaiian or other Pacific Islander

Native Hawaiian					2079-2 2076-8	Native Hawaiian (2079-2) Native Hawaiian or other Pacific Islander (2076-8)	2076-08	Native Hawaiian or other Pacific Islander
Japanese					2039-6	Japanese	2028-9	Asian
White					2106-3	White	2106-3	White
Korean					2040-4	Korean	2028-9	Asian
Laotian					2041-2	Laotian	2028-9	Asian
Middle Eastern					2118-8	Middle Eastern or North African		
Other Asian					2028-9	Asian	2028-9	Asian
Other Pacific Islander					2500-7 2076-8	Other Pacific Islander (2500-7) Native Hawaiian or other Pacific Islander (2076-8)	2076-08	Native Hawaiian or other Pacific Islander
Other Race					2131-1	Other Race		
Unknown								

Rules:

- Select one or more categories, if a person selects more than 1 code, enter each one in sequence.
- If client does not identify with any of the listed races, then code "050" for Other Race.
- If information is not available or unknown, then code "999".
- Data submitted must be a multiple of 3 and up to 6 race codes can be submitted.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Sexual Orientation

Section: Client Demographics

Definition:

Indicates a client's voluntarily stated sexual orientation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- Cannot be blank.
- Must be valid code.

History:

Notes:

Client Address 022.03

Address Line 1

Section: Client Address

Definition:

Indicates the street address where the client currently resides.

Code Values Not Applicable Rules:

- Required for all clients.
- Use US Postal Addressing Standards for address
- If unknown, write "unknown" in this field (ADDRESS LINE 1). Do not put unknown in any of the other Address fields, leave them blank.
- If address of residency is not available, then submit the client's mailing address; if mailing is not available,
- report address elements available; at a minimum report county and city.
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

Data Use:

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

Validation:

- None

History:

Notes:

Address Line 2

Section: Client Address

Definition:

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

Code Values Not Applicable Rules:

- Use US Postal Addressing Standards for address
- If unknown, write “unknown” in the (ADDRESS LINE 1) field. Do not put unknown in any of the other Address fields including this one, rather keep the rest of the Address fields blank.
- If address of residency is not available, then submit the client’s mailing address; if mailing is not available,
- report address elements available; at a minimum report county and city.
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

Data Use:

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

Validation:

- None

History:

Notes:

City

Section: Client Address

Definition:

Indicates the client's current city of residence.

Code Values Not Applicable Rules:

- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

Data Use:

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

Validation:

- None

History:

Notes:

County

Section: Client Address

Definition:

Indicates the county where the client currently resides.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county, and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

Data Use:

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

Validation:

- Must be a valid code.
- If client is from out of state, must use code value 40050 for county.

History:

Notes:

State

Section: Client Address

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Use US Postal Addressing Standards for address
- Required for all clients.
- If address of residency is not available, then submit the client's mailing address; if mailing is not available,
- report address elements available; at a minimum report county and city.
- If client is homeless or unable to provide a street address, report what is available, including city, state, or zip code. In the case of residence in a tent in the woods, report closest city, state, or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.
- For addresses from other countries select OT and other address field elements can be left blank

Data Use:

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

Validation:

- Must be a valid code.

History:

Notes:

Zip Code

Section: Client Address

Definition:

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

Code Values Not Applicable Rules:

- Use US Postal Addressing Standards for address
- If client is homeless or unable to provide a street address, report what is available, including city, state, or zip code. In the case of residence in a tent in the woods, report closest city, state, or zip code (or the closest by proximity).

Data Use:

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

Validation:

- Must be a valid 5-digit zip code.

History:

Notes:

Facility Flag

Section: Client Address

Definition:

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

Code Values:

Code	Value
Y	Yes
N	No

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

- Identify the facility.
- Community Mental Health Services Block Grant (MHBG)
- Substance Abuse Prevention and Treatment Block Grant (SABG)

Validation:

- None

History:

Notes:

Client Profile 035.10

Profile Record Key

Section: Client Profile

Definition:

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

Code Values Not Applicable Rules:

- Required for all clients.

Data Use:

Validation:

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

History:

Notes:

Education

Section: Client Profile

Definition:

Indicates the client's highest level of education achieved.

Code Values:

Code	Value	Definition
1	No formal schooling	
2	Nursery school, pre-school, head start	
3	Kindergarten, less than one school grade	
4	Grade 1	
5	Grade 2	
6	Grade 3	
7	Grade 4	
8	Grade 5	
9	Grade 6	
10	Grade 7	
11	Grade 8	
12	Grade 9	
13	Grade 10	
14	Grade 11	
15	Grade 12	
16	High School Diploma or GED	
17	1st Year of College/University (Freshman)	
18	2nd Year of College/University (Sophomore) or Associate Degree	
19	3rd Year of College/University (Junior)	
20	4th Year of College (Senior)	
21	Bachelor's Degree	
22	Graduate or professional school - includes master's and Doctoral degrees, medical school, law school, etc.	
23	Vocational School – includes business, technical, secretarial, trade, or correspondence courses, which provide specialized training for skilled employment.	
97	Unknown	

Nationally Accepted HIT Code Crosswalk:

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

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

LOINC answer list

Rules:

- Only one option allowed.
- Required for all clients.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

- If the client is in the 11th grade, then the highest level of education achieved is 10th grade.
- If the client has completed the 12th grade but did not receive a high school diploma or GED, then the highest level achieved (completed) is code value 15 (12th grade).

Employment

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Required for all clients.
- "Highest level of employment or activity" corresponds to the value code (i.e., code 01, FULL TIME is a higher level than code 02, PART TIME).

- Only use Code 98 (NOT COLLECTED) if unable to collect because crisis phone service or pre-intake service was provided.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Marital Status

Section: Client Profile

Definition:

Indicates the current marital status of the client.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

LOINC social connection and isolation panel

Rules:

- Only one option allowed.
- Required for all clients.
- Must be a valid code.

Parenting

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Required for female substance use disorder clients only, optional for all other clients.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Pregnant

Section: Client Profile

Definition:

Indicates whether a client is pregnant.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

LOINC pregnancy status

Rules:

- Only one option allowed.
- Required for female substance use disorder clients only.
- Optional for mental health clients.

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code.

History:

Notes:

Smoking Status

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Nationally Accepted HIT Code Crosswalk:

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

LOINC tobacco smoking status

Rules:

- Only one option allowed.
- Required for all clients.

Validation:

- Must be valid code.

History:

Notes:

Residence

Section: Client Profile

Definition:

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

Code Values:

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

12	Homeless with housing	Individual does not have a fixed regular nighttime residence and typically stays ("couch surfs") at the home of family or friends.
97	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

Validation:

- Must be valid code.

History:

Notes:

School Attendance

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Required for all clients.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Self Help Count

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Required for substance use disorder, optional for mental health clients.
- For admission records, the reference period is the 30 days prior to admission.
- For discharge records, the reference period is the 30 days prior to discharge.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Used Needle Recently

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Required for substance use clients, optional for mental health.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Needle Use Ever

Section: Client Profile

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Required field for all substance use disorder clients, optional for mental health clients.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Military Status

Section: Client Profile

Definition:

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

Code Values:

Code	Value	Definition
1	Yes	
2	No	
3	Refuse	
4	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

SMI/SED Status

Section: Client Profile

Definition:

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

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

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

Note: The above definitions are the current Federal definitions. HCA expects that contractors' and their providers will use the appropriate DSM 5, DC:0-5 and/or ICD 10 diagnostic coding conventions.

Code Values:

Numeric (1 character)

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

Rules:

- Community-based and state hospital or other inpatient populations
- Required for all clients.
- Use code *4 (Not SMI or SED)* if the client has not been found eligible for SMI or SED services.
- Use code 97 *(Unknown)* for client undergoing evaluation for SMI or SED eligibility pending any decision.

Data Use:

- SAMHSA MH-CLD Field Number C-08

Validation:

- May not contain NULL/BLANK values.
- When client's age is 17 years or younger, code 1 cannot be used.

- When client’s age is 18 years or older, code 2 and 3 cannot be used. Exception: codes 2 or 3 may be used for young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state’s children mental health system.
- When MHBG Funded Services = 1, SMI/SED Status (C-08) must either = 1 or 2

History:

Notes:

Service Episode 170.06

Episode Record Key

Section: Service Episode

Definition:

Unique identifier for the service episode.

Code Values Not Applicable Rules:

- Required for all clients.
- Must be unique for each transaction.

Frequency:

Data Use:

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

Validation:

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

History:

Notes:

Service Episode Start Date

Section: Service Episode

Definition:

Indicates the date the client began SUD/MH treatment at the provider agency.

Code Values Not Applicable Rules:

- This is provider agency specific.
- Required for clients receiving substance use disorder, mental health outpatient treatment, or clients who are enrolled in a special program.
- A client cannot have more than one service episode open at the provider agency at one time.
- The begin date must match the date of service on the clients first treatment encounter, along with the submitter ID, Client ID, and Provider NPI.

Frequency:

- Collected on date of first treatment service.

Data Use:

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

Validation:

- Must be valid date.

History:

Notes:

Service Episode End Date

Section: Service Episode

Definition:

Indicates the date the client stopped receiving SUD/MH treatment at the provider agency.

Code Values Not Applicable Rules:

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

Frequency:

- Collected at discharge or end of treatment at the provider agency.

Data Use:

Validation:

- Must be valid date.

History:

Notes:

Service Episode End Reason

Section: Service Episode

Definition:

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

Code Values:

Code	Value	Definition
01	Treatment completed	All parts of the treatment plan or program were completed.
02	Dropout	Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for administrative purposes.
03	Terminated by facility	Treatment terminated by action of facility, generally because of client non-compliance with treatment or violation of rules, laws, policy, or procedures.
04	Transferred client showed	Client was transferred to another treatment program, provider, or facility for continuation of treatment.
05	Incarcerated	Clients whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement, or has been released by or to the courts.
06	Death by Suicide	Death by Suicide
07	Death Not by Suicide	Death Not by Suicide
08	Other	Client transferred or discontinued treatment because of change in life circumstances. Examples: change of residence, illness, or hospitalization, "aging out" of children's services, completion of MH assessment or evaluation that did not result to referral for a treatment service.
09	Lost to Contact	Client who has received outpatient services and the provider agency is unable to contact.
10	Administrative Closure	No client activity >= 45 days (SUD) or >=90 days (MH). Primarily used for opened service episodes and program identification transactions with begin dates prior to 20200101.
14	Transferred Client no show	Transferred to another treatment program or facility but client is no show. Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for treatment.
24	Transferred to non SSA or SMH facility	Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system for example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance abuse/behavioral health agency. The

		receiving facility is outside the purview of the Substance Use Agency (SSA) or State Mental Health Agencies (SMHA).
34	Discharge from SH	Discharged from the State hospital to an acute medical facility for medical services
96	Not applicable	Should be used only when submitting a Mental Health update record (i.e., Client Transaction Type = U Update).
97	Unknown	Individual client value is unknown.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
98	Not Collected	2020-01-01	2022-09-05

Rules:

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

Frequency:

- Collected and report at service episode end.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Service Referral Source

Section: Service Episode

Definition:

Indicates the client's primary referral source to treatment.

Code Values:

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

Historical Code Values:

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

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code.
- May not be Null or Blank.

History:

Notes:

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

Date of Last Contact

Section: Service Episode

Definition:

Any contact with a response is considered a last contact.

Code Values Not Applicable Rules:

- If a Service Episode End Date has been reported, then a date of last contact is required.

Frequency:

Data Use:

Validation:

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

History:

Notes:

Source: **Treatment and Assessment Report Generation Tool** (page F-4)

Date of First Offered Appointment

Section: Service Episode

Definition:

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

Code Values Not Applicable Rules:

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

Frequency:

Data Use:

Validation:

- The record must have a valid date.
- Must not contain Null/Blank values.
- MM must be 01 through 12.
- DD must be 01 through 31.
- YYYY must be 2001 or later.

History:

Notes:

Source: **Treatment and Assessment Report Generation Tool** (page F-4)

Medication-Assisted Opioid Therapy

Section: Service Episode

Definition:

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

Code Values:

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

Rules:

- Substance abuse reporting: If the client is not in treatment for an opioid problem (codes 05 Heroin, 06 Non-prescription methadone, or 07 Other opiates and synthetics) in one of the Substance Abuse Problem fields, this field may be coded 3 Not applicable. This is not mandatory because it is possible that the client is being treated with opioid therapy for a substance abuse problem not among the maximum of three that can be listed.
- Mental health reporting: Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance abuse problems.

Data Use:

- SAMHSA TEDS Field Number MDS 19 (admission)

Validation:

- May not contain NULL/BLANK values.

History:

Notes:

Program Identification 060.06

Program ID Key

Section: Program Identification

Definition:

Unique identifier for the program instance.

Code Values Not Applicable Rules:

- Required for all substance use disorder clients and clients who are in a program with a Program ID.
- This transaction is not required for clients receiving MH outpatient treatment as MH outpatient is not a program listed in the program ID table.
- Must be unique for each transaction.

Data Use:

Validation:

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

History:

Notes:

Program ID

Section: Program Identification

Definition:

Indicates the program in which a client is enrolled.

Code Values:

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

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

28	Wraparound with Intensive Services (WISe): A range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community-based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school, or with peers requiring: The involvement of the mental health system and other child-serving systems (i.e., Juvenile justice, child-protection/welfare, special education, developmental disabilities), Intensive care collaboration; and Ongoing intervention to stabilize the child and family to prevent more restrictive or institutional placement. WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community-based services, and mobile crisis outreach services based on the individual's need and the cross-system care plan* developed by the Child and Family Team (CFT). Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization, and community integration to ensure that youth and families can live successfully in their homes and communities. **Cross System Care Plan: An individualized, comprehensive plan created by a CFT that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant but may supplement the official treatment plan that each system maintains in the client record.*
29	Housing and Recovery through Peer Services (HARPS): Services intended to support individuals in the housing of their choice, with leases in their name. Services are focused on assisting the individual to achieve stability and maintain their tenancy, including engagement and care coordination for the individual's whole health and rehabilitative needs to live independently in the community. Identifying housing options, contacting prospective landlords, scheduling interviews, assisting with applications, and assistance with subsidy applications and supporting the individual once housed in collaboration with or on behalf of an individual. Mediate landlord-tenant, roommate, and neighbor issues. Skills training on interpersonal relations and landlord tenant rights/laws. These services should be client specific.
30	Supported Employment Program: Services that support individuals with behavioral health issues, who desire to be employed in the community. Services follow the principles of the SAMHSA evidence-based practice also known as Individual Placement and Support. Competitive employment is the goal. Supported employment is integrated with treatment. Eligibility is based on the individual's choice; people are not excluded because of their symptoms or current substance usage. Attention to the individual's job preferences. Benefits counseling is important. Rapid job search after the individual expresses their desire to work. Job development through the development of employer relationships. Time-unlimited support.
34	CJTA (DC):

	Substance Use Disorder treatment funded through the Criminal Justice Treatment Account (CJTA) and Drug Court (DC). (RCW 70.96A, RCW 70.96A.055: Drug Courts, RCW 2.28.170; Drug Courts) Drug court funding is provided to the following counties: Clallam; Cowlitz; King; Kitsap; Pierce; Skagit; Spokane; and Thurston/Mason. The Contractor must ensure the provision of SUD treatment and support services in accordance with RCW 70.96A and RCW 2.28.170.
35	CJTA (NDC): Criminal Justice Treatment Account Non-Drug Court
36	Diversion Program: To improve the state's forensic mental health system, a prosecutor uses their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The client/defendant is referred for a mental health, substance abuse, or developmental disability assessment to determine the appropriate service needs of the client/defendant. The intent is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization, into needed behavioral health treatment. Note: Active only for King, Benton/Franklin, and Spokane as of 12/21/2020.
38	New Journeys: New Journeys is an evidenced based, multi-disciplinary Coordinated Specialty Care (CSC) model for youth and young adults, ages 15-40, who are experiencing first episode psychosis (FEP). This early intervention approach offers real hope for clinical and functional recovery. Core interventions of CSC model include: Coordinated team approach providing intensive outpatient services in the home, community, or office Assertive community outreach and education Screening of referrals and differential diagnosis of FEP Behavioral health intake evaluations and assessments Therapeutic psychoeducation Individual treatment services-psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training) Supported Employment/Education (SEE) Family psychoeducation Psychiatry/medication management Case management Peer Support Primary care coordination Other New Journey services such a psychoeducational group and/or multifamily groups. • Interpreter Services New Journeys Admission Criteria: Age range: 15-40 years old Diagnosis: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Brief Psychotic Disorder, Delusional Disorder or Other Specified Schizophrenia Spectrum and Other Psychotic Disorder Duration of illness/Onset of Illness: Greater than or equal to (>) 1 week Less than or equal to (<) 2 years IQ over 70 Symptoms are not known to be caused by mood disorder with psychotic features, pervasive developmental disorder and/or autism spectrum disorder, psychotic disorder due to another medical condition, substance/medication induced psychotic disorder.

39	BEST: The Becoming Employed Starts Today (BEST) project is designed to transform service delivery through promoting sustainable access to evidence-based Supported Employment. BEST provides consumers with meaningful choice and control of employment and support services. BEST utilizes Peer Counselors, reduces unemployment, and supports the recovery and resiliency of individuals with serious mental illness including co-occurring disorders. The Department of Social and Health Services (DSHS) secured the $3.9 million federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The grant will provide services to 450 people over five years. North Central MCO and its provider Grant Mental Health and Columbia River Mental Health in Clark County are implementing the (BEST) project. Individuals with behavioral health issues, who desire to be employed, can access an approach to vocational rehabilitation known as Supported Employment (SE). This evidence-based practice adopted by SAMHSA assists individuals to obtain competitive work in the community and provides the supports necessary to ensure their success in the workplace.
42	Peer Bridger Program – Hospital & Community This program ID is used to enroll individuals who are receiving peer bridger services. These services are provided under the BHASO contract and can be provided in the state hospitals or local inpatient settings.
43	Peer Respite - This program ID is associated with the Governor's Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. See HB1394 (2019)
44	Intensive Residential Teams- This program ID is associated with the Governor's Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. It is intended to provide intensive services to individuals enrolled in ALTSA adult family homes or assisted living facilities.
45	Intensive Behavioral Health Facilities- This program ID is associated with the Governor's Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. See HB1394 (2019)
51	Substance Use Disorder – Outpatient: Individual and group treatment services of varying duration and intensity according to a prescribed plan. ASAM Level 1: less than 9 hours per week (adults) less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies.
52	Substance Use Disorder – Intensive Outpatient: Intensive Outpatient: A concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 2.1: 9 or more hours per week (adults) 6 or more hours per week (adolescents) to treat multidimensional instability.
54	Substance Use Disorder – Intensive Inpatient: A 24-hour care concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 3.3-3.7: Hours of treatment service to be defined by program and individual treatment plan to treat multidimensional instability.
55	Substance Use Disorder – Long Term Residential: A program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health. ASAM level 3.1: 24-hour structured program with available personnel; at least 5 of clinical services/week (WAC 246-341-1114 defines services as a minimum of 2 hours each week individual or group counseling and minimum of 2 hours each week education regarding alcohol, other drug, and addiction).
56	Substance Use Disorder – Recovery House:

	A program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. (WAC 246-341-1114 defines Recovery House services as 4 hours of individual, group counseling and education per week).
57	Substance Use Disorder – Withdrawal Management (aka Detox): Chemical dependency detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with American Society of Addiction Medicine Criteria level Withdrawal Management (WM)-3.2-3.7.
58	Substance Use Disorder – Opiate Substitution: Services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These programs must also meet outpatient treatment service requirements.
59	Substance Use Disorder – Housing Support Services Provide housing support services for woman who are pregnant, postpartum, or parenting, and for their children, in drug and alcohol-free residences for up to 18 months. Housing support services are classified as support services rather than treatment.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
40	1115 Waiver Supportive Housing	2016-01-01	2019-12-31
41	1115 Waiver Supportive Employment	2017-04-01	2019-12-31
10	Children’s Evidenced Based Pilot:	2016-01-01	2022-08-11
31	Ticket to Work	2016-01-01	2023-01-20
32	TANF Supported Employment	2016-01-01	2023-01-20
37	Roads to Community Living (RCL)	2016-01-01	2023-01-20

Rules:

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

Data Use: Validation:

- Must be valid code.

History:

Notes:

Program Start Date

Section: Program Identification

Definition:

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

Code Values Not Applicable Rules:

- Required for substance use disorder and mental health clients who are enrolled in a special program.
- A client can be enrolled in more than one program at a time.
- Program ID must exist to have a program start date.
- The begin date must match the first date of service on the submitted encounter, along with the submitter ID, Client ID, and Provider NPI.

Frequency:

- Collected on date of program start.

Data Use: Validation:

- Must be valid date.

History:

Notes:

Program End Date

Section: Program Identification

Definition:

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

Code Values Not Applicable Rules:

- Required for substance use disorder and mental health clients who are enrolled in a special program.

Frequency:

- Collected on program end.

Data Use: Validation:

- Must be valid date.

History:

Notes:

Entry Referral Source

Section: Program Identification

Definition:

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

Code Values:

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

Historical Code Values:

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

Rules:

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

Frequency:

- Collected on entry into a special program.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

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

Program End Reason

Section: Program Identification

Definition:

- Indicates the primary reason the client is being discharged from program.

Code Values:

Code	Value	Definition
1	Treatment Completed	
2	Left against advice, including dropout	Termination of treatment initiated by the client, without the Provider Agency's concurrence.
3	Terminated by facility	Termination of treatment services that is initiated by the provider agency in response to a client's continued violation of the provider agency's established rules or in response to a client's inability to continue participating in treatment (i.e., medical reasons, transfer of job, etc.).
4	Transferred to another SA treatment or Mental Health program	
5	Incarcerated	
6	Death by Suicide	
7	Death NOT by Suicide	
8	Other	
9	Lost to Contact	Used for outpatient clients who did not get back to the provider agency and are not able to be contacted.
10	Administrative Closure	No client activity >= 45 days (SUD) or >=90 days (MH).

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

- Collected at program end.

Data Use: Validation:

- Must be valid code.

History:

Notes:

Co-occurring Disorder 121.05

GAIN-SS Date

Section: Co-occurring Disorder

Definition:

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

Code Values Not Applicable Rules:

- Required for all clients thirteen (13) and above using DBHR provided Global Appraisal of Individual Needs –
- Short Screener (GAIN-SS).
- Required at assessment for all clients thirteen (13) and above using DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).

Data Use:

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

Validation:

- Must be valid date.

History:

Notes:

Screen Assessment Indicator

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Rules:

- Only one option allowed.
- Required for all clients, thirteen (13) and above using DBHR provided Global Appraisal of Individual Needs –

Short Screener (GAIN-SS)

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Co-Occurring Disorder Screening (IDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Co-Occurring Disorder Screening (EDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Co-Occurring Disorder Screening (SDS)

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Co-Occurring Disorder Quadrant Placement

Section: Co-occurring Disorder

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

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

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

ASAM Placement 030.03

ASAM Record Key

Section: ASAM Placement

Definition:

A Unique value for the ASAM placement.

Code Values Not Applicable

Rules:

- Required for all SUD clients after the assessment is complete.

Data Use:

- This creates a unique record in the ASAM table for when there is a subsequent evaluation from the same provider.

Validation:

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

ASAM Assessment Date

Section: ASAM Placement

Definition:

Date the assessment was completed.

Code Values Not Applicable

Rules:

- Required for all substance use disorder clients.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

ASAM Level Indicated

Section: ASAM Placement

Definition:

Clinician placement of client ASAM Level.

Code Values:

Code	Adolescent	Adult	Definition
0			Place holder for people who are truly not at any risk.
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder.
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
1-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM without Extended On- Site Monitoring	Level of Withdrawal Management (WM) for Adults . Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery.
2-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM with Extended On-Site Monitoring	Level of Withdrawal Management (WM) for Adults. Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management.
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of services/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours clinical services/week
3.2-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Clinically Managed Residential WM	Level of Withdrawal Management (WM) for Adults. Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery

3.3	This level of care not designated for adolescent populations.	Clinically Managed Population Specific High Intensity Residential Services	24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3. 16 hour/day counselor availability
3.7-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Monitored Inpatient WM	Level of Withdrawal Management (WM) for Adults. Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24-hour nursing care daily physician care for severe, unstable problems in Dimension 1, 2, or 3. Counseling available to engage patient in treatment.
4-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Managed Intensive WM	Level of Withdrawal Management (WM) for Adults. Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.
OTP	Some OTPs not specified for adolescent populations.	Opioid Treatment Program (LEVEL 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

Validation:

- Must be valid code.

History:

Notes:

DCR Investigation 160.05

Investigation Start Date

Section: DCR Investigation

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date.

History:

Notes:

Investigation Start Time

Section: DCR Investigation

Definition:

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

Code Values Not Applicable

Rules:

- Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.

Data Use:

Validation:

- Must be submitted in 24-hour clock format.

History:

Notes:

Investigation County Code

Section: DCR Investigation

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Validation:

- Must be valid code.

History:

Notes:

Investigation Outcome

Section: DCR Investigation

Definition:

Indicates the outcome of a DCR investigation.

Code Values:

Investigation Outcome* CODE Meaning		Legal Reason for Detention/Commitment* (Up to 4 Characters)	Return to Inpatient/Revocation Authority*	Inpatient NPI
1	Initial Detention - ITA MH Detention to Mental Health facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1, 2021, and after).	A-D at least one required	9	Required
2	Referred to voluntary Outpatient mental health services.	Z	9	Blank/Null
3	Referred to voluntary Inpatient mental health services.	Z	9	Blank/Null
4	Returned to Inpatient facility/filed revocation petition.	A-D or X at least one required	1 or 2 Required	Required
5	Filed petition recommending LRA extension.	A-D or X at least one required	9	Blank/Null
6	Referred to non-mental health community resources.	Z	9	Blank/Null
7	Initial Detention - ITA SUD Detention to Substance Use Disorder facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1, 2021, and after).	A-D or X at least one required	9	Required
9	Other	Z	9	Blank/Null
10	Referred to acute detox.	Z	9	Blank/Null
11	Referred to sub-acute detox.	Z	9	Blank/Null
12	Referred to sobering unit.	Z	9	Blank/Null
13	Referred to crisis triage	Z	9	Blank/Null
14	Referred to SUD intensive outpatient program.	Z	9	Blank/Null
15	Referred to SUD inpatient program.	Z	9	Blank/Null
16	Referred to SUD residential program.	Z	9	Blank/Null
17	No detention – E&T provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null

18	No detention – Unresolved medical issues	A-D or X at least one required	9	Blank/Null
19	Non-emergent detention petition filed	Z	9	Blank/Null
20	Did not require Mental Health or Substance Use Disorder services	Z	9	Blank/Null
22	Petition filed for outpatient evaluation	A-D or X at least one required	9	Blank/Null
23	Filed petition recommending AOT extension	Z	9	Blank/Null
24	No detention –Secure Withdrawal Management and Stabilization provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
21	Referred for hold (under RCW 71.05 on April 1, 2018)	2009-10-01	2021-12-02

Rules:

- Only one option allowed.
- Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2, 3, or code 10 – 16)
- Only collected for persons being investigated under the Involuntary Treatment Act
- The contractor may change outcome of detention if the outcome of detention is for another AOT (assisted outpatient treatment) – if outcome changes, the contractor will send an update record.

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Detention Facility NPI

Section: DCR Investigation

Definition:

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

- DCR INVESTIGATION
- ITA HEARING

Code Values Not Applicable

Rules:

- Required if the client is detained, referred to voluntary inpatient, or returned to inpatient facility.
- If the investigation outcome is code value 1,4 or 7 then Detention Facility NPI is required.
- Only collected for persons being investigated under the Involuntary Treatment Act.

Validation:

- Must be valid 10-digit NPI.

History:

Notes:

Legal Reason for Detention/Commitment

Section: DCR Investigation

Definition:

Indicates the reason for detention/commitment.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Return to Inpatient/ Revocation Authority

Section: DCR Investigation

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

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

DCR Agency NPI

Section: DCR Investigation

Definition:

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

Code Values Not Applicable Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid 10-digit NPI.

History:

Notes:

Investigation Referral Source

Section: DCR Investigation

Definition:

Indicates the source of the referral for an ITA investigation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Validation:

- Must be valid code.

History:

Notes:

- Referral from Mobile Crisis Response to Designated Crisis Responder (MCR to DCR): This selection refers the individual from a lower level of care to that of a higher level of care, normally due to the inability of the MCR service provider to reduce feelings of anxiety, ensure safety need, transfer to a crisis stabilization or crisis triage facility, or otherwise provide services needed to provide an appropriate intervention of care for the individual.

Investigation End Date

Section: DCR Investigation

Definition:

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

Code Values Not Applicable

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid date.

History:

Notes:

ITA Hearing 162.05

Hearing Date

Section: ITA Hearing

Definition:

Indicates the date of an Involuntary Treatment Act court hearing.

Code Values Not Applicable

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid date.

History:

Notes:

Hearing Outcome

Section: ITA Hearing

Definition:

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

Code Values:

Code	Value	Definition	Facility NPI
0	Dismissed	Dismissal by a court order	
1	14 Day MH Subsequent Commitment	Court order for up to 14 days treatment MH Inpatient	Required
2	90 Day MH Subsequent Commitment	Court order for up to 90 days treatment MH Inpatient	Required
3	180 Day MH Subsequent Commitment	Court order for up to 180 days treatment MH Inpatient	Required
4	90 Day MH LRA	Court order for 90 days of MH Less Restrictive Treatment	
5	180 Day MH LRA	Court order for 180 days of MH Less Restrictive Treatment	
6	Agreed to Voluntary Treatment	Person agrees to voluntary treatment	
7	Revoke MH LRA	Court order revocation of a MH LRA court order	Required
8	Reinstate MH LRA	Discharge of person on the original or modified MH LRA order	
9	5 Day Commitment under Joel's Law	Court order for 120 hours Treatment from a Joel's law petition	Required
10	Dismissal of petition filed under Joel's Law	Court order dismissing a Joel's law petition	
14	14 Day SUD Subsequent Commitment	After 4/1/18 court order for up to 14 days treatment SUD Treatment	Required
19	90 Day SUD LRA	Court order for 90 days of less restrictive alternative SUD treatment	
23	90 Day MH LRA Extension	Court ordered extension of a MH LRA order for up to 90 days of MH Less Restrictive Treatment	
24	180 Day MH LRA Extension	Court ordered extension of a MH LRA order for up to 180 days of MH Less Restrictive Treatment	
27	90 Day SUD LRA Extension	Court ordered extension of a SUD LRA order for up to 90 days of SUD less restrictive alternative treatment	
28	180 Day SUD LRA Extension	Court order extension for 180 days of SUD less restrictive Alternative treatment	
30	14 Day MH LRA	Court order for 14 days of MH Less Restrictive Treatment	
31	365 Day MH LRA	Court order for 365 days of MH Less Restrictive Treatment	

32	18-month MH AOT Order	Court order for up to 18 months of Assisted Outpatient MH Treatment	
33	Revoke MH AOT	Court order revocation of MH AOT order	Required
34	Reinstate MH AOT	Discharge of person on the original or modified MH AOT order	
35	Revoke SUD LRA	After 4/1/18 court order revocation of a SUD LRA order	Required
36	Reinstate SUD LRA	Discharge of person on the original or modified SUD LRA order	
37	14 Day SUD LRA	Court order for up to 14 days of less restrictive alternative SUD treatment	
38	18-month SUD AOT Order	Court order for 18 months of Assisted Outpatient SUD Treatment	
39	Revoke SUD AOT	Court order revocation of SUD AOT order	Required
40	Reinstate SUD AOT	Discharge of person on the original or modified SUD AOT order	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
11	Order for outpatient evaluation within 72 hours for Assisted Outpatient Treatment	4/1/2016	9/13/2021
12	90 Day Assisted Outpatient Treatment Order	4/1/2016	02/08/2023
13	365 Day Assisted Outpatient Treatment Order	4/1/2016	4/1/2018
15	90 Day SUD Subsequent Commitment	4/1/2018	02/08/2023
16	180 Day SUD Subsequent Commitment	4/1/2018	02/08/2023
17	90 Day SUD revocation	4/1/2018	02/08/2023
18	180 Day SUD revocation	4/1/2018	02/08/2023
20	180 Day SUD LRA	4/1/2018	02/08/2023
21	90 Day MH Subsequent Commitment	7/29/2021	02/08/2023
22	180 Day MH Subsequent Commitment	7/29/2021	02/08/2023
25	90 Day SUD Subsequent Commitment	7/29/2021	02/08/2023
26	180 Day SUD Subsequent Commitment	7/29/2021	02/08/2023
29	180 Day Assisted Outpatient Treatment Order	9/16/2021	02/08/2023

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code.

History:

Notes:

Detention Facility NPI

Section: ITA Hearing

Definition:

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

- DCR INVESTIGATION
- ITA HEARING

Code Values Not Applicable

Rules:

- Only one option allowed.
- Required if the client is detained, referred to voluntary inpatient, or returned to inpatient facility.
- If the hearing outcome is code value 1, 2, 3, 7, 9, 14, 15, 16, 17, 18, 21, 22, 25, or 26 then Detention Facility NPI is required.
- Only collected for persons being investigated under the Involuntary Treatment Act.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Hearing County Code

Section: ITA Hearing

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code.

History:

Notes:

Mobile Crisis Response 165.02

Mobile Crisis Response Type

Section: Mobile Crisis Response

Definition:

Mobile Crisis Response are community services provided to individuals experiencing, or are at imminent risk of experiencing, a behavioral health (BH) crisis. The goals of these services are engagement, symptom reduction, and stabilization.

Mobile Crisis Response is intended to:

- De-escalate crisis situations.
- Relieve the immediate distress of individuals experiencing a crisis.
- Reduce the risk of individuals in a crisis doing harm to themselves or others; and
- Promote timely access to appropriate services for those who require ongoing mental health or co-occurring mental health and substance abuse services. Mobile crisis response (on-site, in-person)
- Mobile crisis response follow-up.
- Telehealth Service (virtual, in-person, excludes crisis call center responses).
- Telehealth follow-up.

Only submit this transaction if it is a mobile crisis response service.

Code Values:

Code	Value	Definition
01	Mobile Crisis Response	
02	Mobile Crisis provided via Telehealth	

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Event Start Date

Section: Mobile Crisis Response

Definition:

The date the request is sent to the mobile crisis response team, including both traditional MCR teams and those responding via telehealth.

Code Values Not Applicable Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid date.
- Cannot be a future date.
- The event start date and event end date cannot exceed 1 day (24hours).

History:

Notes:

Event Start Time

Section: Mobile Crisis Response

Definition:

Time of day the mobile crisis team gets the referral from the referral source, this includes teams who respond using telehealth services as well. This is used to separate multiple crisis event for the same person on the same day.

Code Values Not Applicable Rules:

- Only one option allowed.
- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:

- Must be valid time.

History:

Notes:

Mobile Crisis Response Referral Source

Section: Mobile Crisis Response

Definition:

Indicates the source of the referral for an MCR.

Code Values:

Code	Value	Definition
1	Family or Friend: Spouse, parent, child, sibling	
2	Hospital	
3	Professional	Examples: Physicians, Behavioral Health Treatment Providers
4	Care Facility	Examples: Assisted Living Facilities, Adult Family Homes, Nursing Homes, Behavioral Health Residential Setting, Rehabilitation Facilities
5	Legal Representative: The person with legal responsibility over/for the individual	
6	School: post-secondary school	Examples: Community College, College or University, Trade School
7	Social Service Provider	Examples: Department of Social and Health Services, Housing providers, Adult Protective Services
8	Law Enforcement	
9	Community: landlord, business, neighbors	
10	Self-Referral	
11	Crisis Call Center Referral	
12	Designated Crisis Responder	
97	Other	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.
- Only collected for persons involved in crisis response.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Response Time

Section: Mobile Crisis Response

Definition:

The timeframe in which an MCR team needs to respond to an individual in crisis once a referral for MCR services occurs.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Needs Interpreter

Section: Mobile Crisis Response

Definition:

Defines whether an interpreter was needed during the event.

Code Values:

Code	Value	Definition
1	Yes	An interpreter was needed to communicate with the individual in crisis.
2	No	No interpreter was needed at the encounter.
Y	Yes	An interpreter was needed to communicate with the individual in crisis.
N	No	No interpreter was needed at the encounter.

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Time of Dispatch

Section: Mobile Crisis Response

Definition:

Time of day the mobile crisis response team is deployed to the scene.

Rules:

- Only one option allowed.
- Only collected for persons involved in crisis response.
- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:

- Must be valid time if reported.

History:

Notes:

Time of Arrival/Time of Telehealth Encounter

Section: Mobile Crisis Response

Definition:

Time of day the mobile crisis response team arrived on the scene. For mobile crisis services provided via telehealth, the time that encounter begins.

Code Values Not Applicable

Rules:

- Only collected for persons involved in Mobile Crisis Response
- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:

- Must be valid time.

History:

Notes:

Presenting Problem

Section: Mobile Crisis Response

Definition:

The nature of the behavioral health crisis determined by the MCR provider.

Code Values:

Code	Value	Definition
1	Mental Health	Mental health diagnoses
2	Substance Use Disorder	SUD diagnoses
3	Co-Occurring (Mental Health and Substance Use Disorder)	Both MH and SUD Diagnoses presented
97	Other	Examples: Undiagnosed, Behavioral Issue(s)

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Co-responder Involvement

Section: Mobile Crisis Response

Definition:

Law enforcement co-responder was present at the scene.

Code Values:

Code	Value	Definition
1	Yes	Law enforcement co-responder was present
2	No	No law enforcement co-responder present
Y	Yes	Law enforcement co-responder was present
N	No	No law enforcement co-responder present

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Mobile Crisis Response Outcome

Section: Mobile Crisis Response

Definition:

The outcome(s) of the MCR encounter.

Code Values:

Code	Value	Definition
1	Routine Follow-up completed	May include referrals
2	Stabilized no additional services needed	Stabilized no follow up needed
3	Stabilized with follow up recommended	Either MCR follow up or referral given for independent follow-up
4	Transport to crisis triage/stabilization	Transport provided by MCR or other support team to crisis/triage, voluntarily by individual
5	Transport to community hospital (includes ER)	Transport provided by MCR or other support team to community hospital, voluntarily by individual
6	Police/911	Case handed off to police or 911
7	DCR for ITA evaluation/investigation Authorization	Case handed off to DCR
8	Unable to locate caller	MCR responder unable to meet with individual as person had departed from the agreed upon location.
97	Other	Transport to shelters (homeless, domestic violence, etc.) or other safe location, voluntarily by individual or other selections not covered.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Referral Given

Section: Mobile Crisis Response

Definition:

Specific referrals made (exclude services for which the individual was directly transported (e.g., crisis stabilization, E&T, ITA, SBC, etc., which should be entered in MCR Outcome). Information was given to the individual for the individual to independently follow up.

Code Values:

Code	Value	Definition
01	Referred to Substance Use Disorder and Mental Health services	Examples: Outpatient facility, Detox service, Crisis Stabilization/Triage, Community behavioral health organization
02	Non-Behavioral Health Community Services	Examples: Medical Clinic
03	Forensic Projects for Assistance in Transition from Homelessness (F-PATH)	
04	Forensic Housing and Recovery through Peer Services (F-HARPS)	
05	Traditional HARPS	
06	Traditional PATH	
07	Other housing resources	
08	Adult Protective Services	
09	EBT/ABD (Food/Cash Benefits)	
10	Educational Assistance	
11	Employment Assistance	
12	Home and Community Services	
13	Job Training	
14	Medical Insurance Services	
15	Dental Care	
16	SSI/SSDI	
17	Veteran's Administration (VA) Benefits	
18	Voluntary Inpatient Behavioral Health Services	
19	Alternative Housing Supports	Examples: Shelter, Drop-in Center
20	Food Bank	
21	No referrals given	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Select all that apply.

Frequency:

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Event End Date

Section: Mobile Crisis Response

Definition:

Indicates the date the mobile crisis team concluded the event or reassigned to another accepting agency or service, or for telehealth, the end date of that encounter.

Code Values Not Applicable

Rules:

- Only collected for persons involved in Mobile Crisis Response
- An individual can have only one start date during a single encounter.

Frequency:

Data Use:

Validation:

- Must be valid date.
- The event start date and event end date cannot exceed 1 day (24hours).

History:

Notes:

Event End Time

Section: Mobile Crisis Response

Definition:

Time of day the crisis team concluded the event or reassigned to another accepting agency or service, or for telehealth encounters, the time of day the encounter ended.

Code Values Not Applicable

Rules:

- Only collected for persons involved in Mobile Crisis Response
- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:

- Must be valid time.

History:

Notes:

MCR County Code

Section: MCR

Definition:

Indicates the county in which the mobile crisis response occurred.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only one option allowed.

Validation:

- Must be valid code.

History:

Notes:

MCR Agency NPI

Section: MCR

Definition:

- Indicates the NPI for the Agency that employs the Mobile Crisis Responder.
- If MCR is employed by multiple agencies, then report only one of the agencies.

Rules:

Data Use:

Validation:

- Must be valid NPI.
- Must be 10 numeric characters.
- No blank or null values.

History:

Notes:

MCR Servicing Provider NPI

Section: MCR

Definition:

The MCR Servicing Provider NPI identifies which individual servicing provider provided the service.

Rules:

Frequency:

Data Use:

Validation:

- Must be valid NPI.
- Must be 10 numeric characters.
- No blank or null values.

History:

Notes:

Substance Use 036.04

Substance (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Required field for all clients receiving Substance Use Disorder services.
- A Substance (except for "None") cannot be selected more than once.
- Substance (1) cannot be reported as "none" (Code value 1).
- The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. This rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3).
- The 3 Substances reported at admission into treatment must also be reported at discharge (whether or not they are still using the substance).
- The following must be included for each substance being reported:
    - AGE AT FIRST USE (report only at admission into SUD treatment)
    - FREQUENCY OF USE
    - PEAK USE
    - METHOD
    - DATE LAST USED
- If there is no substance 2 or 3, then report "none" (code 1) for SUBSTANCE (2) and/or SUBSTANCE (3) and leave the respective fields AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD and DATE LAST USED blank. Substances 2 and 3 can be updated later if the admission substances were inaccurately reported or not disclosed by the client; however, must be reported consistently (admission to discharge).
- If Substance 2 and 3 are reported, all elements are required, except Source Tracking ID.

Frequency:

- Substance Use is required to be collected and reported at admission, at discharge and is updated upon change for all SUD clients.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Age at First Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only reported for substance use disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Must be less than or equal to client's age when reported.

Frequency:

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Frequency of Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

- Only reported for Substance Use Disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.

Data Use:

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

Validation:

- Must be valid code.

History:

Notes:

Peak Use (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Method (1, 2, 3)

Section: Substance Use

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Rules:

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

Data Use:

Validation:

- Must be valid code.

History:

Notes:

Date of Last Used (1, 2, 3)

Section: Substance Use

Definition:

Indicates the date that client last used a specific substance.

Code Values Not Applicable

Rules:

- Only reported for substance use disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Must be less than or equal to the date on which it is reported.
- Date last used must be greater than the client's birthdate or age at first use.

Data Use:

Validation:

- Must be valid date.

History:

Notes:

Funding 140.02

Block Grant Funded Services

Section: Funding

Definition:

This field specifies if any of the services and supports clients received were paid for by the SAMHSA Mental Health Block Grant (MHBG) or Substance Abuse Block Grant (SABG).

Code Values:

Code	Value	Definition
1	Yes	MHBG used to pay for services and supports
3	Yes	SABG used to pay for services and supports
5	None	Block Grant funding does not apply
6	Yes	SABG Covid Enhancement
7	Yes	SABG ARPA (American Rescue Plan Act of 2021)
8	Yes	MHBG Covid Enhancement
9	Yes	MHBG ARPA (American Rescue Plan Act of 2021)
97	Unknown	Individual client value is unknown.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
2	MHBG funds were not used	2019-11-01	2022-03-10
4	SABG funds were not used	2019-11-01	2022-03-10
98	Not Collected	2019-11-01	2022-09-05

Rules:

- If the client is receiving services funded by both SABG and MHBG then two separate transactions need to be sent to reflect that. One transaction reflecting the SUD services and one for the MH funded services.

Frequency:

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

Data Use:

- SAMHSA MH-CLD Field Number O-04

Validation:

- May not be Null or Blank.

Type of Funding Support

Section: Funding

Definition:

This field specifies type of funding support for clients.

Code Values:

Code	Value	Definition
01	Medicaid only	
02	Medicaid and non-Medicaid sources	
03	Non-Medicaid only	
97	Unknown	Individual client value is unknown.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
98	Not Collected	2019-11-01	2022-09-05

Rules:

- Required data element.

Data Use:

- SAMHSA MH-CLD Field Number O-03

Validation:

- May not be Null or Blank.
- Valid value from table; leading zero is required.

History:

Notes:

Source of Income/Support

Section: Funding

Definition:

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

Code Values:

Code	Value	Definition
1	Wages/Salary	
2	Public Assistance	
3	Retirement/Pension	
4	Disability	
20	Other	
21	None	
97	Unknown	Individual client value is unknown.

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
98	Not Collected	2019-11-01	2022-09-05

Rules:

- For children younger than 18 years old, report the primary parental source of income/support.

Frequency:

Data Use:

- SAMHSA TEDS Field Number SUDS 9 (admission)

Validation:

- May not be Null or Blank.

History:

Notes:

Appendix A: Document History

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

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

Date	Change Type	Description	Name
July 14, 2023	Approved/Publish	Version 5.6 Approved: June 26, 2023 Published: July 13, 2023	Leslie Carey
June 26, 2023	Proposed changes 5.5 to 5.6	Updated language throughout data guide: Effective date section, submission instructions, funding transaction, historic code value, and service episode.	Leslie Carey
April 07, 2023	Approved/Publish	Version 5.5 Approved: March 31, 2023 Published: April 07, 2023	Leslie Carey
March 31, 2023	Proposed changes 5.4 to 5.5	Added ABA providers to the list of excluded reporting organizations Updated all instances of SFT to MFT Removed all 90-day update requirement language Updated Appendix G language	Leslie Carey
January 17, 2023	Approved/Publish	Version 5.4 Approved: January 13, 2023 Published: January 17, 2023	Leslie Carey
November 28, 2022	Proposed changes 5.3 to 5.4	Updated ITA hearing outcome table, inactive program ID code values, removed time of dispatch rules in MCR transaction, removed request for service requirement in client demographics and client address.	Leslie Carey
September 30, 2022	Approved/Publish	Version 5.3 Approved: September 28, 2022 Publish: September 30, 2022	Leslie Carey
August 29, 2022	Proposed changes 5.2 to 5.3	Updated historic code value table to include code value 98 for all funding transaction elements and the service episode end reason. Updated error codes and placed code value 10 in the historic table for the Program ID.	Leslie Carey

July 07, 2022	Approved/ Publish	Version 5.2 Approved: July 07, 2022 Publish: July 07, 2022	Leslie Carey
May 23, 2022	Proposed Changes 5.1 to 5.2	Added clarifying language, added fentanyl to substance 1,2.3 in substance use transaction and added missing states to client address transaction.	Leslie Carey
April 14, 2022	Approved/ Publish	Version 5.1 Approved: 4/14/2022 Publish: 4/15/2022	Leslie Carey
March 21, 2022	Proposed Changes 5.0 to 5.1	Updated Funding transaction 140.01 to 140.02 with block grant element in primary key. Updated MCR transaction 165.01 to 165.02 with additional required data elements.	Leslie Carey
September 30, 2021	Approved/ Publish	Version 5.0 Approved:9/29/2021 Publish:9/30/2021	Leslie Carey
8/30/2021	Proposed Changes 4.2 to 5.0	Decommissioned Authorization Transaction effective June 1, 2021.	Leslie Carey
2/05/2021	Approved/ Publish	Version: 4.2 Approved: 2/05/2021 Publish: 2/05/2021	Leslie Carey
1/11/2021	Proposed Changes 4.1-4.2	Received feedback on Data Guide 4.1 Change Summary 4.1-4.2	Leslie Carey
7/15/2020	Approved/ Publish	Version: 4.1 Approved: 7/16/2020 Publish:7/16/2020	Leslie Carey
6/29/2020	Proposed Changes 4.0 to 3.1	Received feedback on Data Guide 4.0 Change Summary 4.0-4.1	MCOs/BHOs/ASOs
Data Guide Version 4.0			
6/15/2020	Approved/ Publish	Version: 4.0 Approved: 6/15/2020 Publish: 6/15/2020	Michael Barabe
4/1/2020	Proposed Changes 3.1 to 4.0	Adds new Mobile Crisis Response (MCR) transaction and program.	MCOs/BHOs/ASOs

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

Appendix B: Error Codes

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

Error Code Directory

Error Code	Description
21913	Incorrect number of fields for the transaction type
23306	Error: ID to Keep has been previously voided.
30039	Error: Invalid Legal Reason for Detention/Commitment or too many codes. Transaction not posted.
30197	Client ID to void may not be the same as the Client Id to keep. Transaction not posted
30198	Client ID to keep may not be blank. Transaction not posted.
30199	Valid Client Demographics for Client ID to keep not found. Transaction not posted.
30200	Client ID to void may not be blank. Transaction not posted.
30201	Inactive Submitter ID for the date in transaction. Transaction not posted.
30202	Valid Client Demographics transaction not found. Transaction not posted.
30203	Invalid Provider NPI. Transaction not posted.
30204	First name may not be blank. Transaction not posted.
30205	Last name may not be blank. Transaction not posted.
30206	Invalid SSN. If not blank, must be exactly nine digits without dashes. Transaction not posted.
30207	Invalid birthdate. May not be blank. Transaction not posted.
30208	Invalid Gender code or effective date is outside of active date range for Gender code. Transaction not posted.
30209	Invalid Military status code. Transaction not posted.
30210	Invalid Assessment Date. Transaction not posted.
30211	Invalid ASAM Level code. Transaction not posted.
30212	Invalid Hispanic Origin code. Transaction not posted.
30213	Invalid Language code. Transaction not posted.
30214	There is an invalid race code - it may be due to length such as a missing leading zero.
30215	Invalid Sexual Orientation code.
30216	Invalid Education code. Transaction not posted.
30217	Invalid Employment code. Transaction not posted.
30218	Invalid Marital Status code. Transaction not posted
30219	Invalid Parenting code. Transaction not posted.
30220	Invalid Authorization Decision Date. Transaction not posted.
30221	Invalid Authorization ID. May not be blank. Transaction not posted.

30222	Invalid Start Date. May not be blank. Transaction not posted.
30223	Invalid End Date. Transaction not posted.
30224	Start Date may not be later than End Date. Transaction not posted.
30225	Invalid Authorization Decision Code. Transaction not posted.
30226	Error: Invalid Effective date. May not be blank or longer than 8 digits. Transaction not posted.
30227	Invalid County code. Transaction not posted.
30228	Invalid State code. Transaction not posted.
30229	Zip Code not numeric. Transaction not posted.
30230	Invalid Zip Code Length. Transaction not posted.
30231	Invalid WA Zip Code. Transaction not posted.
30232	Invalid OR Zip Code. Transaction not posted.
30233	Invalid ID Zip Code. Transaction not posted.
30234	Facility flag error. Flag shall be 'Y' or 'N'
30235	Invalid Address Line 1
30236	Invalid City Name.
30330	Invalid Pregnant code. Transaction not posted.
30331	Invalid Smoking Status code. Transaction not posted.
30332	Invalid Residence code. Transaction not posted.
30333	Invalid School Attendance code. Transaction not posted.
30334	Invalid Self-Help code. Transaction not posted.
30335	Invalid Needle recently used code. Transaction not posted.
30336	Invalid Needle Use Ever code. Transaction not posted.
30337	Invalid GAINS Date. Transaction not posted.
30338	Invalid Screen Assessment Indicator code. Transaction not posted.
30339	Invalid IDS code. Transaction not posted.
30340	Invalid EDS code. Transaction not posted.
30341	Invalid SDS code. Transaction not posted.
30342	Invalid Screen Assessment Score. May not be blank. Transaction not posted.
30343	Missing one or more of IDS, EDS, SDS when required
30344	Missing Assessment Score when required
30345	Invalid Detention Facility NPI. Transaction not posted.
30346	Invalid DCR Agency NPI. Transaction not posted.
30347	Invalid Start Time. Transaction not posted.
30348	Invalid Investigation Outcome code. Transaction not posted.

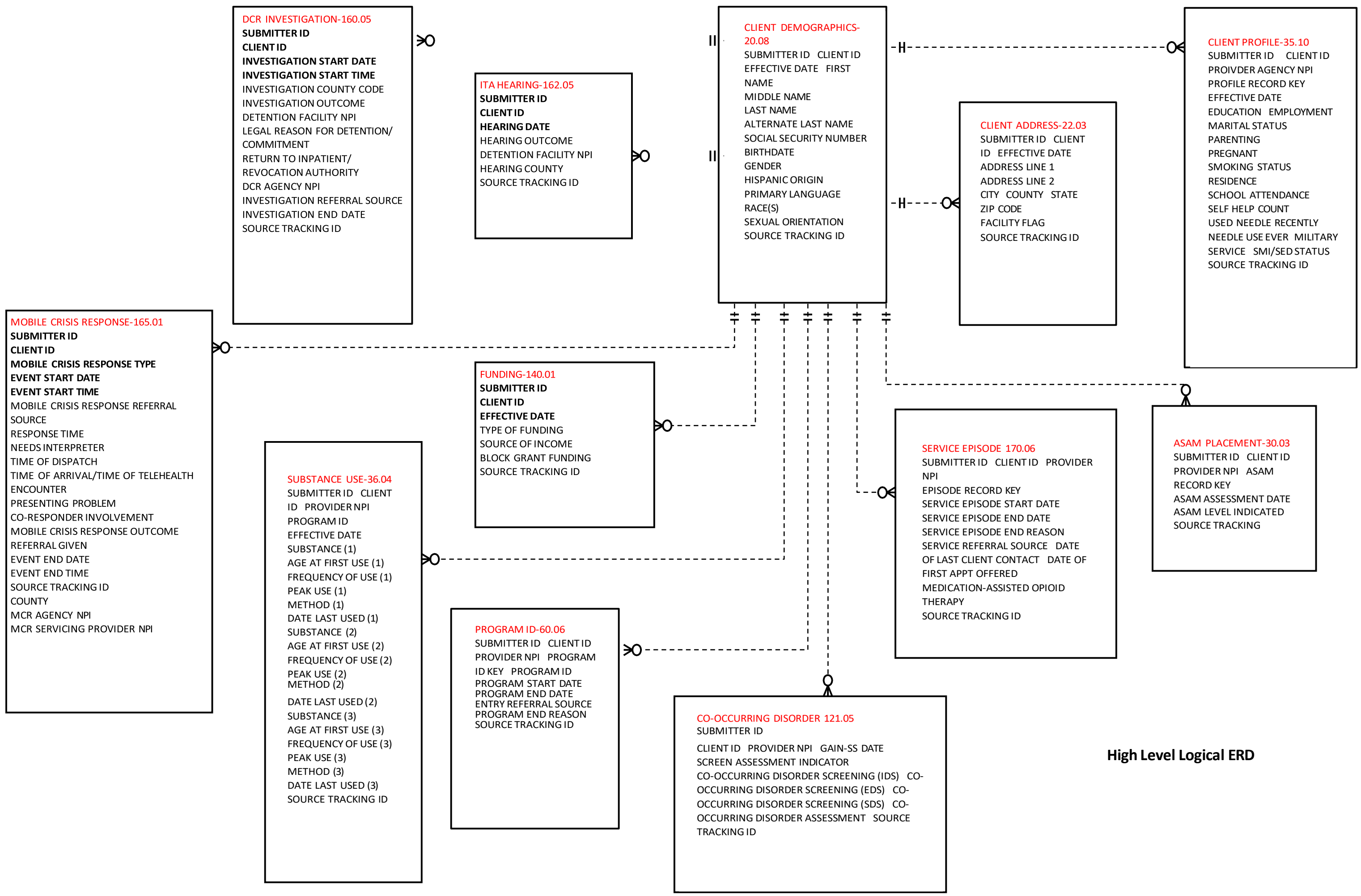
30349	Invalid Investigation Referral Source code. May not be null. Transaction not posted.
30350	Invalid Hearing Outcome. Transaction not posted.
30351	Invalid Hearing Date. Transaction not posted.
30352	Invalid Program code. Transaction not posted.
30353	Invalid Episode Record key. May not be blank. Transaction not posted.
30354	Invalid Episode Modality code. Transaction not posted.
30355	Invalid Discharge Reason code. May not be null if Discharge Date is included. Transaction not posted.
30356	Invalid Referral Source code. May not be null. Transaction not posted.
30357	Invalid Substance One code. Transaction not posted.
30358	Invalid Substance Two code. Transaction not posted.
30359	Invalid Substance Three code. Transaction not posted.
30360	Invalid Age at First Use One code. May not be blank. Transaction not posted.
30361	Invalid Age at First Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30362	Invalid Age at First Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30363	Invalid Frequency Use One code. May not be blank. Transaction not posted.
30364	Invalid Frequency Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30365	Invalid Frequency Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30366	Invalid Peak Use One code. May not be blank. Transaction not posted.
30367	Invalid Peak Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30368	Invalid Peak Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30369	Invalid Method Use One code. May not be blank. Transaction not posted.
30370	Invalid Method Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30371	Invalid Method Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30372	Invalid Last Used One Date. May not be blank. Transaction not posted.
30373	Invalid Last Used Two Date. May not be blank unless Substance Two equals 1. Transaction not posted.
30374	Invalid Last Used Two Date. May not be blank unless Substance Three equals 1. Transaction not posted.
30375	Invalid Batch Date in the header row.
30378	ASAMRecordKey may not be blank. Transaction not posted.
30379	ASAMRecordKey may not contain non-alphanumeric characters. Transaction not posted.
30380	Disallowed characters in SourceTrackingID. Transaction not posted.
30381	Invalid Revocation Authority code. Transaction not posted.
30382	ProgramIDKey may not be blank. Transaction not posted

30383	Disallowed characters in ProgramIDKey. Transaction not posted.
30384	Invalid First offered date in the Service Episode 170.06
30385	Invalid date for Date of Last Contact. Transaction not posted.
30386	Invalid Opiate therapy code in the Service Episode 170.06
30387	Invalid Service Episode End Reason. Transaction not posted
30390	Invalid Funding code. Transaction not posted.
30391	Invalid Income Source Id. Transaction not posted.
30392	Block Grant funding code invalid.
30393	Invalid SMI-SED status code. Transaction not processed.
30394	Invalid characters in the ProfileRecordKey.
30400	Invalid Batch Number. File not processed.
30401	Batch out of sequence. File not processed
30402	Invalid Transaction Code. Transaction not posted.
30403	Expired transaction code. Transaction not posted.
30404	Record unchanged from previously sent record. Only Update Date touched.
30405	Duplicate record, transaction not posted
30406	Record to change could not be found, transaction not posted.
30407	Record to delete could not be found, transaction not posted.
30500	Invalid Mobile Crisis Response Type
30501	Invalid Time value in transaction
30502	Invalid Event Start date or Event End date
30503	Invalid Referral Source
30504	Invalid Interpreter Flag
30505	Invalid Presenting problem code
30506	Invalid Co-Responder code (within parsed string)
30507	Invalid Referral Given code
30508	Invalid MCR Outcome code
30509	Invalid MCR Agency NPI
30510	Invalid MCR Servicing Provider NPI
30520	No record match for delete. Deletion not executed.
30521	Client Demographic transactions may not be directly deleted. Use Cascade Delete or Cascade Merge.
99999	Temp error number place holder

Notes:

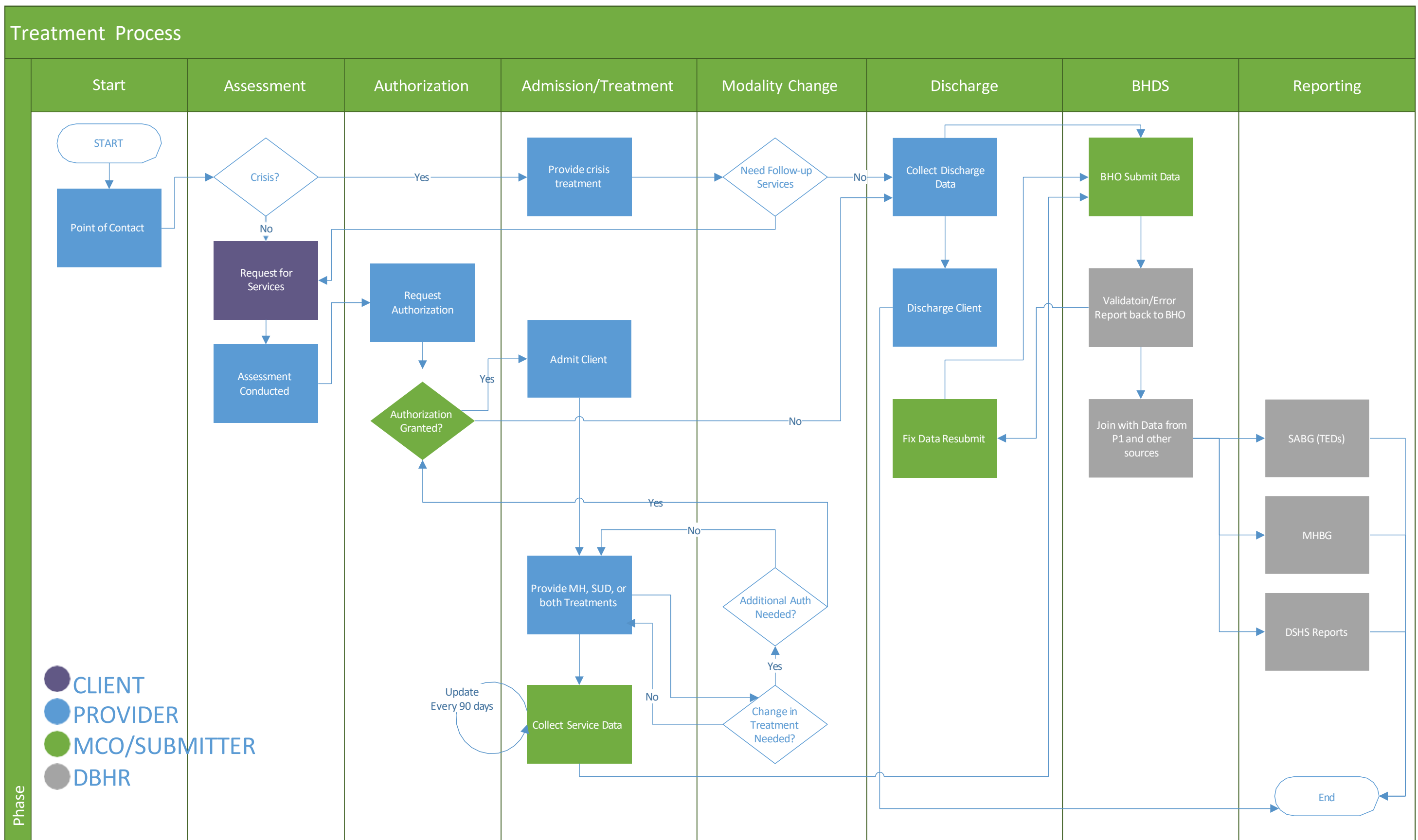
A blank response means the file was rejected, or an unrecoverable error occurred.

Appendix C: Entity Relationship Diagram (ERD)



Appendix D: Process Flow Chart

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



Appendix E: Submission Instructions

File naming convention for Supplemental Data Submissions submitted on behalf of another entity

Name files correctly by following the file naming standard below. Do not exceed 50 characters:

<Submitter ID>. <Batch Date>. <Batch Number >. <MCO ID>.txt

- <Submitter ID> – The Submitter ID. Entity who is submitting to HCA. (Same as the 7-digit ProviderOne ID plus the 2-digit location code)
- <Batch Date> – The date a batch file of transactions was created
- <Batch Number> – A sequential 5-digit number using leading zeros
- <MCO ID> – The MCO ID that the file is being submitted on behalf of (Same as the 7-digit ProviderOne ID plus the 2-digit location code)

An example of an entity submitting files on behalf of another entity:

205437602.<Batch Date>. <Batch Number>.105010110.txt

File naming convention for Supplemental Data Submissions when not submitting on behalf of another entity

Name files correctly by following the file naming standard below. Do not exceed 50 characters:

- <Submitter ID> – The Submitter ID. Entity who is submitting to HCA. (Same as the 7-digit ProviderOne ID plus the 2-digit location code)
- <Batch Number> – A sequential 5-digit number using leading zeros.

An example of an entity submitting files:

105020603.<Batch Number>.txt

Validation:

- The filename and the header (000.01) row must match on the Submitter ID and the batch number.

- In the filename and header row, Submitter must use their active Submitter ID.
- The transaction rows should use the Submitter ID that corresponds to the date of the transaction.

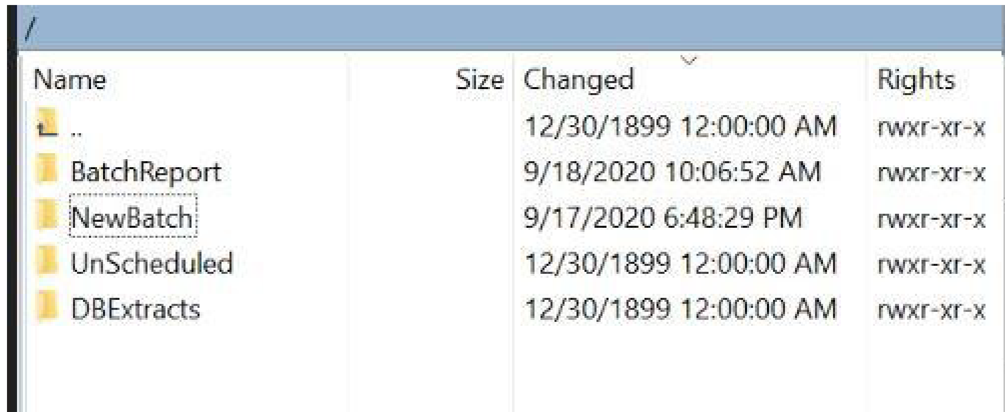
Batch file size limitations:

- If the file size is 350Kb then 400 files may be submitted at a time.
- If the file size is 800Kb to 900Kb then please limit the files to 300 at a time.
- Daily scheduled runtime (includes weekends)
- 7:00 AM, 10:00 AM, 1: 00 PM, 4 :00 PM, 7:00 PM.

MFT Upload Instructions

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

The contractor will use their account to log into the MFTP. The MFTP account folders look like this:



Once logged in with the production account the contractor will place the txt files in the production folder corresponding to their account if they are submitting production data. If they are testing, they will use the testing login and place a text file in the test account. Only txt files will be accepted.

The daily (including weekends) processing times are as follows:

- 07:00 AM
- 10:00 AM
- 01:00 PM
- 04:00 PM
- 07:00 PM

If there is an urgent need the contractor should, submit a help ticket to MMISHelp@hca.wa.gov.

The job processes the file and produces an error report that gets returned to the contractor with error information regarding which records were processed. Validation of the data will be based on date in the transaction (i.e., Effective Date).

For issues related to MFT access or questions, contact the HCA Service desk at ServiceDesk@HCA.wa.gov. For all other BHDS or BHDG related questions please contact ProviderOne Help at mmishelp@hca.wa.gov.

Appendix F: Instructions for submitting License Number in P1

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

The facility search can be found on the Department of Heath website.

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

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

Facility Information

NEW SEARCH RESULTS

Facility Name:

Address:

Owner's Name:

License #: BHA.FS.60872639

Facility Status:

Facility Type: Behavioral Health Agency

License Expires On:

DSHS-DBHR Legacy License #: 025202

837P

Header

Service Facility Location name (Loop 2310C)					
270	2310C	NM1	01	Entity Identifier Code	Please use '77'
270	2310C	NM1	02	Entity Type Qualifier	Please use '2'
270	2310C	NM1	03	Name Last or Organization Name	Please enter Organization Name here.
Service Facility Location Address (Loop 2310C)					
272	2310C	N3	01	Address Information	Please enter the Service Facility address line 1.
272	2310C	N3	02	Address Information	Please enter the Service Facility address line 2.
Service Facility Location City/State/ZIP Code (Loop 2310C)					
273	2310C	N4	01	City Name	Please enter the Service Facility Location city.
274	2310C	N4	02	State or Province Code	Please enter the Service Facility Location State.
274	2310C	N4	03	Postal Code	Please enter the Service Facility Location Zip Code.
Service Facility Location Secondary Identification (Loop 2310C)					
275	2310C	REF	01	Reference Identification Qualifier	Please enter 'G2'
276	2310C	REF	02	Reference Identification	Please enter the Service Facility Location's Agency ID.

837P

Line

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

446	2420C	N4	03	Postal Code	Please enter the Service Facility Location Zip Code.
Service Facility Location Secondary Identification (Loop 2420C)					
447	2420C	REF	01	Reference Identification Qualifier	Please enter ‘G2’
448	2420C	REF	02	Reference Identification	Please enter the site-specific, Department of Health (DOH) License Number. Provide just the certification number and do not include preceding characters (i.e., BHA.FS.60872639). DO NOT use the DSHS-DBHR Legacy License Number.

Appendix G: Primary Language Code List

Codes submitted should be the first 3 letters. If there are two codes for a particular language they can be used interchangeably, but preferably the bibliographic version designated as "B" (bibliographic) of the code is used.

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

Find the full list at the **International Organization for Standardization website**.

Appendix H: Nationally Accepted HIT Code References

Crosswalk values are added to their corresponding data element.

Standard Development Organizations	Description	Link
LOINC®	LOINC (Logical Observation Identifiers Names and Codes) common terminology for laboratory and clinical observations to send clinical data electronically from laboratories and other data who use the data for clinical care and management purposes.	LOINC
SNOMED CT®	SNOMED CT ((Systematized Nomenclature of Medicine-- Clinical Terms) is a systematically organized computer processable collection of medical terms providing codes, terms, synonyms, and definitions used in clinical documentation and reporting. SNOMED CT is considered the most comprehensive, multilingual clinical healthcare terminology in the world. SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information.	SNOMED CT
CDC/PHIN	CDC PHIN Vocabulary Coding System concepts are used when the public health concepts are not available in the Standard Development Organization (SDO) Vocabulary (e.g., SNOMED CT, LOINC). The CDC/PHIN includes code systems for: . Race & Ethnicity Code System Race Ethnicity Hierarchy	CDC PHIN vocabulary CDC PHIN code systems
OMB	OMB (Office of Management and Budget) established codes for race categories.	OMB race categories

Appendix I: Provider Entry Portal (PEP)

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

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

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

Appendix K: Guidance attachments

Closing Service Episode of Care Guidance

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

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

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

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

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

BHDS Glossary

Term	Definition	Clarification
1st routine encounter	First non-crisis encounter following the intake/assessment	
Action Code	Action codes are used to modify the data in the database. Actions codes in BHDS are A (add), C (change) and D (delete). More information is provided in the Add/Change Status section of the document.	
Admission	For both SUD/MH- An admission is defined as the formal acceptance of a client into substance abuse or mental health treatment program.	
Agency	Providers, agencies, or entities providing services directly to clients in the community.	
Assessment/Intake Evaluation	For SUD: The activities conducted to evaluate an individual to determine if the individual has a substance use disorder and determine placement in accordance with the American Society of Addiction Medicine (ASAM) criteria. For MH: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and freestanding evaluation and treatment. The completion of the intake is to determine provisional diagnoses and to establish medical necessity for ongoing treatment.	
Behavioral Health Supplemental Transaction	Transactions submitted to the BHDS, aka: non-encounter transactions	
BHDC	Behavioral Health Data Consolidation: The project effort to integrate both mental health and substance use disorder.	
BHDS	Behavioral Health Data System: This is the process for submission of the client-level data to DBHR.	
CDC /PHIN	CDC PHIN Vocabulary Coding System concepts are used when the public health concepts are not available in the Standard Development Organization (SDO) Vocabulary (e.g., SNOMED CT, LOINC). The CDC/PHIN includes code systems for: .Race & Ethnicity Code System Race Ethnicity Hierarchy	
Client	Person needing services	Person identified in BHDS

Clinician	Medical professional having direct contact with and responsibility for patients	
Data Element	Field of data	
Date of Request for Service	Date of the request for mental health or substance use services. This will be the date when services are sought or applied for through a telephone call; the date of a walk-in or written request from the individual or, those defined as family; or the date on the receipt of a written EPSDT referral. Although not a clinical intervention or treatment service, request for services is documented for all individuals seeking non-crisis services	
DBHR	Division of Behavioral Health and Recovery	
Discharge	Treatment has ended or has been completed and the client is no longer receives services from a particular provider agency for the associated treatment episode.	
EDI	Electronic Data Interchange (EDI) is the computer-to-computer exchange of business data in standard formats.	
EDI 837	The EDI (Electronic Data Interchange) 837 transaction set is the format established to meet HIPAA requirements for the electronic submission of healthcare claim information. The claim information included amounts to the following, for a single care encounter between patient and provider.	
EDI X12N	EDI X12 (Electronic Data Interchange) is data format based on ASC X12 standards. It is used to exchange specific data between two or more trading partners. Term 'trading partner' may represent organization, group of organizations or some other entity.	
Gain-SS	GAIN-SS (Global Assessment of Individual Needs-Short Screener)	
Identifier	Unique key for an entity	
LOINC	LOINC (Logical Observation Identifiers Names and Codes) common terminology for laboratory and clinical observations to send clinical data electronically from laboratories and other data who use the data for clinical care and management purposes.	
Contractor Administrator	The head of the organization at the level able to commit the organization and its resources into programs.	This does not necessarily mean the CEO, but often is at that level.
MCOs	Managed Care Organizations	Includes Managed Care Organizations and Behavioral Health-Administrative Service Organizations.
Mental Health	Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave.	
MH-CIS	Legacy Mental Health Information System –Mental Health Consumer Information System	

Modality	The method of application of a therapeutic agent or treatment regimen.	Specific to a substance use level of care
OMB	OMB (Office of Management and Budget) established codes for race categories.	
On change	Verification with client if information has changed.	
pre-intake	Prior to assessment/intake	
Provider Agency	Sites providing mental health and substance abuse services to clients.	
QHH	Qualified Health Home	
Quadrant Placement	Quadrant placement was defined using data that is routinely gathered in clinical care or available in administrative data sets (i.e., substance dependence diagnosis, Global Assessment of Functioning scores).	
Revised Code of Washington (RCW)	An RCW, or law, is the result of legislation that has been passed by the House and Senate and has been signed by the Governor. The Revised Code of Washington contains all laws that have been adopted in the State of Washington, as well as a history of all laws that have previously existed or been amended.	
SAMHSA	Substance Abuse and Mental Health Services Administration	
Service Episode	The service episode transaction collects treatment milestone data for clients receiving behavioral health services. It is used to meet SAMHSA reporting requirements as well as other outcomes/measures listed in the State Plan. A service episode is required for all SUD clients, MH outpatient or when a client enrolls in any program listed in the program ID for a single agency/provider. A service episode can be opened for services outside of those requirements.	
Service Episode End Date	Indicates the date the client stopped receiving SUD/MH treatment at the provider agency for the associated treatment episode. This is also referred to as the “discharge date”.	
Service Episode Start Date	Indicates the date the client began receiving SUD/MH treatment at the provider agency for the associated treatment episode. This is also referred to as the “Admission Date”.	
SNOMED	SNOMED CT ((Systematized Nomenclature of Medicine--Clinical Terms) is a systematically organized computer processable collection of medical terms providing codes, terms, synonyms, and definitions used in clinical documentation and reporting. SNOMED CT is the most comprehensive, multilingual clinical healthcare terminology in the world. SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information.	
SUD	Substance Use Disorder	

TARGET	Legacy SUD System - Treatment and Assessment Reports Generation Tool	
Transaction	A set of submitted data or date table. In the context of this guide, it is the set of data denoted with a number (020.27 – Client Demographics).	
Washington Administrative Code (WAC)	Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency.	
Withdrawal Management Services	Professional services to people in the process of screening, assessing, preparing, planning, and monitoring of withdrawal symptoms.	