

Substance

Abus

Treatment

Information

System

ADAP's Client Data System



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Please note that **ALL** definitions are taken from SAMHSA's Treatment Episode Data Set (TEDS).

Manual also available at http://www.healthvermont.gov/adap/grantees/documents/SATIS_DataElements.pdf

CHAPTER 1: The Data Elements

The data elements for each of the datasets (admissions, transactions and discharges) are presented in this chapter. Raw data column numbers and data type are in brackets far right opposite the field name.

A. CLIENT DATA SET FOR ADMISSIONS

- | | | |
|----|--|--------------------|
| 1. | Provider Identifier | [A15, 1-15] |
| | The unique provider identifier assigned at the time of enrollment which is also the state assigned ID as it appears in SAMHSA's National Facility Register. This ID also represents LOCATION if a provider has more than one site. <i>Cannot be blank.</i> | |
| 2. | Client Identification | (see below) |
| | <i>Cannot be blank.</i> | |
| | First three letters of the client's first name | [A3, 16-18] |
| | First three letters of the client's mother's maiden name | [A3, 19-21] |
| | Client's date of birth (mmdyy) | [D6, 22-27] |

A "Client" is a person who meets **ALL** of the following criteria:

- Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
- Has completed the screening and intake process.
- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
- Has his or her own client record.

A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

NOTE: These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client's Social Security Number and no longer includes the mother's maiden name.

- | | | |
|----|-------------------------|-----------------|
| 3. | Client Type | [N1, 28] |
| | <i>Cannot be blank.</i> | |

Valid entries:

- 1 -- Co-dependent/Collateral**
- 2 -- SA Client**

Co-dependent/Collateral – a person who has **no alcohol or drug abuse problem**, but satisfies **all** of the following conditions:

- Is seeking services because of problems arising from his or her relationship with an alcohol or drug user.
- Has been formally admitted for service to a treatment unit.
- Has his/her own client record or has a record within a primary client record.

[NOTE: As of 7/1/06, Codependent services are no longer eligible for payment by ADAP.]

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

SA Client – a person who has been admitted for services for treatment of their drug or alcohol problem.

If a substance abuse client with an existing record in SATIS becomes a co-dependent, a new client record should be submitted indicating that the client is an “Admission” as a co-dependent. The reverse is also true for a person who is a co-dependent first and then becomes a substance abuse client.

4. Transaction Type

[A1, 29]

This field identifies whether an admission record is for an initial admission or a transfer/change in service. *Cannot be blank.*

Valid entries:

A -- Admission

T -- Transfer

5. Date of Admission

[D6, 30-35]

Record the month, day and year (mmddyy) when the client receives his or her first direct treatment or recovery service. Please note that if the admission is for a transfer of service type only, the date **MUST BE** one day later than the discharge date of the original admission. *Cannot be blank.*

6. Number of Prior Treatment Episodes

[N1, 36]

Indicates the number of previous treatment episodes the client has received in **ANY** drug or alcohol program. Changes in service for the same episode (transfers) should **not** be counted as separate prior episodes. *Cannot be blank.*

Valid entries:

0 -- No previous episodes

1 -- One previous episode

2 -- Two previous episodes

3 -- Three previous episodes

4 -- Four previous episodes

5 -- Five or more previous episodes

7 -- Unknown

7. Principal Source of Referral

[N2, 37-38]

Describes the person or agency referring the client to the alcohol or drug abuse treatment program. *Cannot be blank.*

Valid entries:

01 -- Individual (includes self-referral)

Includes the client, a family member, friend or any other individual who would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI.

02 -- Alcohol/Drug Abuse Care 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.

03 -- Other Health Care Provider

A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.

IMPORTANT: All entries **MUST** have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

04 -- School/Educational

A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.

05 -- Employer/EAP

A supervisor or an employee counselor.

06 -- Other Community Referral

A community and religious organization or any federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare. Self help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA) are also included in this category. Defense attorneys are also included in this category.

07 -- Court/Criminal Justice Referral/DUI/DWI

Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state or county judicial system. Includes referral by a court for DUI/DWI, 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 TASC. Client need not be officially designated as "on parole". Includes clients referred through civil commitment.

97 -- Unknown**8. Sex [N1, 39]**

Identifies the client's gender. *Cannot be blank.*

Valid entries:

- 1 -- Male**
- 2 -- Female**
- 7 -- Unknown**

9. Race [N2, 40-41]

Identifies the client's origin. *Cannot be blank.*

Valid entries:

- 01 -- Alaskan Native**
(Aleut, Eskimo, Indian or any origins in any of the original people of Alaska)
- 02 -- American Indian**
(Other than Alaskan Native, any origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment)
- 03 -- Asian or Pacific Islander**
(Origins in any of the original people of the Far east, the Indian subcontinent, Southeast Asia or the Pacific Islands)
- 04 -- Black or African American**
(Origins in any of the black racial groups of Africa)
- 05 -- White**
(Origins in any of the original people of Europe, North Africa or the Middle East)
- 97 -- Unknown**

10. Ethnicity [N2, 42-43]

Identifies the client's ethnic background. *Cannot be blank.*

Valid entries:

- 01 -- Puerto Rican**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

- (Of Puerto Rican origin regardless of race)
- 02 -- Mexican**
(Of Mexican origin regardless of race)
- 03 -- Cuban**
(Of Cuban origin regardless of race)
- 04 -- Other Specific Hispanic**
(Of known Central or South American or any other Spanish cultural origin (including Spain), but other than Puerto Rican, Mexican or Cuban, regardless of race)
- 05 -- Not of Hispanic origin**
- 06 -- Hispanic – specific origin not specified**
- 97 -- Unknown**

- 11. Education at Time of Admission** **[N2, 44-45]**
Client's level of schooling completed at the time of admission. *Cannot be blank.*

Valid entries:

- 00 -- Less than one grade completed**
- 01-25 -- Actual Number of Years of School Completed (GED = 12)**
- 97 -- Unknown**

- 12. Employment Status** **[N2, 46-47]**
Client's current employment status at time of admission. *Cannot be blank.*

Valid entries:

- 01 -- Employed Full Time**
(Working 35 hours or more each week; including members of the uniformed services)
- 02 -- Employed part time**
(Working fewer than 35 hours per week)
- 03 -- Unemployed**
(Looking for work during the past 30 days or on a layoff from a job)
- 04 -- Not in labor force**
(Not looking for work during the past 30 days & not one of the following categories)
- 05 -- Student**
- 06 -- Retired**
- 07 -- Disabled**
- 08 -- Incarcerated**
- 09 -- Homemaker**
- 97 -- Unknown**

Guideline: Seasonal workers are coded in this category based on their employment status at the time of admission. For example, if they are employed full time at the time of admission, they are coded 01. If they are currently not in the work force at the time of admission, they are coded 04.

- 13. Primary Substance Use problem** **[N2, 48-49]**
Client's primary substance reason for treatment at time of admission. *Cannot be blank.*

Valid entries:

- 01 -- None (NOT an option for Client Type 2)**
- 02 -- Alcohol**
- 03 -- Cocaine/Crack**
- 04 -- Marijuana/Hashish**
Includes THC and any other *cannabis sativa* preparations.
- 05 -- Heroin**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

06 -- Non-prescription Methadone**07 -- Other Opiates and Synthetics**

Includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.

08 -- PCP

phencyclidine

09 -- Other Hallucinogens

Includes LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.

10 -- Methamphetamine**11 -- Other Amphetamines**

Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.

12 -- Other Stimulants

Includes methylphenidate and any other stimulants.

13 -- Benzodiazepines

Includes alprazolam, chlordiazepoxide, clonasepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.

14 -- Other Non-Benzodiazepine Tranquilizers

Includes meprobamate, tranquilizers, etc.

15 -- Barbiturates

Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.)

16 -- Other Non-Barbiturate Sedatives or Hypnotics

Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.

17 -- Inhalants

Includes chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.

18 -- Over-the-Counter

Includes aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.

20 -- Other

Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

97 -- Unknown (NOT an option for Client Type 2)**14. Primary Route of Administration****[N2, 50-51]**

How client administers the aforementioned substance. *Cannot be blank.*

Valid entries:

01 -- Oral**02 -- Smoking****03 -- Inhalation****04 -- Injection (IV or intramuscular)****20 -- Other****96 -- Not Applicable (NOT an option for Client Type 2)****97 -- Unknown****15. Primary Frequency of Use****[N2, 52-53]**

Client's admitted frequency of use at time of admission. *Cannot be blank.*

Valid entries:

01 -- No use in past month**02 -- 1-3 times in past month****03 -- 1-2 times in past week****04 -- 3-6 times in past week**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

- 05 -- Daily
- 96 -- Not Applicable (**NOT an option for Client Type 2**)
- 97 -- Unknown

16. **Primary Age of First Use or Alcohol Intoxication** [N2, 54-55]
 Client's age at time of first use of drug abuse or alcohol intoxication. *Cannot be blank.*
- Valid entries:
- 00 -- Indicates a newborn with a substance dependency problem
 - 01-95 -- Indicates age at first use
 - 96 -- Not Applicable (**NOT an option for Client Type 2**)
 - 97 -- Unknown
17. **Secondary Substance Use Problem** [N2, 56-57]
 Same options as in Number 13 above, except as noted here.
- Valid entries:
- 01 -- None (**All corresponding fields MUST BE 96.**)
Can be left blank, but all corresponding fields must then also be left blank.
18. **Secondary Route of Administration *** [N2, 58-59]
 Same options as in Number 14 above, except as noted here.
- Valid entries:
- 96 -- Not Applicable (**MUST** be used if #17 is 01)
 - 97 -- Unknown (Can only be used if #17 is anything but 01)
19. **Secondary Frequency of Use** [N2, 60-61]
 Same options as in Number 15 above, except as noted here.
- Valid entries:
- 96 -- Not Applicable (**MUST** be used if #17 is 01)
 - 97 -- Unknown (Can only be used if #17 is anything but 01)
20. **Secondary Age of First Use or Alcohol Intoxication *** [N2, 62-63]
 Same options as in Number 16 above, except as noted here.
- Valid entries:
- 96 -- Not Applicable (Should only be used if #17 is 01)
 - 97 -- Unknown (Can only be used if #17 is anything but 01)
21. **Tertiary Substance Use Problem** [N2, 64-65]
 Same options as in Number 13 above, except as noted here.
- Valid entries:
- 01 -- None (**All corresponding fields MUST BE 96.**)
Can be left blank, but all corresponding fields must then also be left blank.
22. **Tertiary Route of Administration *** [N2, 66-67]
 Same options as in Number 14 above, except as noted here.
- 96 -- Not Applicable (**MUST** be used if #17 is 01)
 - 97 -- Unknown (Can only be used if #17 is anything but 01)
23. **Tertiary Frequency of Use** [N2, 68-69]
 Same options as in Number 15 above, except as noted here.

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

Valid entries:

- 96 -- Not Applicable (MUST be used if #17 is 01)**
- 97 -- Unknown (Can only be used if #17 is anything but 01)**

24. Tertiary Age of First Use of Alcohol Intoxication * **[N2, 70-71]**

Same options as in Number 16 above, except as noted here.

Valid entries:

- 96 -- Not Applicable (MUST be used if #17 is 01)**
- 97 -- Unknown (Can only be used if #17 is anything but 01)**

25. Service provided for this Admission **[N2, 72-73]**

Describes the type of service the client received at this admission. *Cannot be blank.*

Valid entries:

- 02 -- Detoxification, 24 hour service, free-standing residential**
24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.
- 04 -- Rehabilitation/Residential - Short Term (30 days or less)**
Typically, 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.
- 05 -- Rehabilitation/Residential - Long Term (More than 30 days/Halfway)**
Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. This may include transitional living arrangements such as halfway houses.
- 06 -- Ambulatory -- Intensive Outpatient**
At a minimum, the client must receive treatment lasting two or more hours per day for three or more days per week.
- 07 -- Ambulatory -- Outpatient Treatment, non-intensive**
Ambulatory treatment services including individual, family and/or group services. These may include pharmacological therapies.

26. Opioid Replacement Therapy **[N2, 74]**

This field identifies whether the use of methadone or buprenorphine is part of the client's treatment plan (regardless of where client is getting the doses).

Valid entries:

- 1 -- Yes**
- 2 -- No**
- 7 -- Unknown**

27. Residence **[A5, 75-79]**

Enter client's Zip Code of address where residing or where sleeping if homeless.

28. Payment Responsibility **[A1, 80]**

Record the primary payer source at the time of admission. *Cannot be blank.*

Valid Entries:

- A -- Blue Cross/Blue Shield**
- B -- Private Insurance/Self Pay**
- C -- State**
- D -- Medicaid/Medicare & VHAP**
- E -- Private Contract**
- F -- Corrections Contract**
- G -- SRS Contract**
- H -- School Contract**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

I -- Unknown

- 29. Gross Annual Income** [N5, 81-85]
Enter actual annual income rounded to the nearest dollar based on the client's current income. (This is a whole dollar, 5-digit field, so \$35,000.00 is entered 35000.)
- 30. Dependents** [N1, 86]
Enter number of minor **children** (under 18) living **with** client.
- 31. Social Connectedness** [N1, 87]
[In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety or Recovery Centers?] *Cannot be blank.*
- Valid entries:
- 1 – No attendance in past month
 - 2 -- 1-3 times in past month (less than weekly)
 - 3 – 4-7 times in past month (1-2 times a week)
 - 4 – 8-15 times in past month (2-3 times a week)
 - 5 – 16-30 times in past month (4 or more times a week)
 - 6 – Some attendance in past month, but frequency unknown
 - 7 -- Unknown
- 32. Pregnant at Time of Admission** [N2, 88-89]
Specifies whether the client was pregnant at the time of admission. *Cannot be blank.*
- Valid entries:
- 01 -- Yes
 - 02 -- No
 - 96 -- Not Applicable (in the case of a male)
 - 97 -- Unknown
- 33. Living Arrangement** [N2, 90-91]
Client's current living situation at the time of admission. *Cannot be blank.*
- Valid entries:
- 01 -- Homeless
Client has no fixed address; includes shelters.
 - 02 -- Dependent Living
Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.
 - 03 -- Independent Living
Client is living alone or with others without supervision.
 - 97 -- Unknown
- 34. Client ID** [A12, 92-103]
The client identification number assigned by the treatment facility. *Cannot be blank.*
- 35. Number of times client has been arrested in past 30 days** [N1, 104]
The number of arrests in the 30 days preceding the date of admission to treatment services. *Cannot be blank.*

Since SAMHSA did not define, we are using the DOC definition of arrest:

* Must be charged of a crime (Miranda rights read)

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- * Must be incarcerated (restriction of freedom)
- * Must be arraigned in a court

Valid entries:

- 0-6 = actual number of arrests, with 6 being six or more**
- 7 = unknown**

- 36. Last four digits of client's Social Security Number** [N2, 105-108]
Self explanatory. *Cannot be blank.*
- 37. DSM-IV Criteria Diagnosis** [N5, 109-113]
The diagnosis for the **primary substance problem** from the American Psychiatric Association's "The Diagnostic and Statistical Manual of Mental Disorders".
- NOTE:** Entry must have all 5 digits (e.g., 30390) since we do not have space for the decimal and there can be two digits to the right of decimal.

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B. CLIENT DATASET FOR TRANSACTIONS (SERVICES)

1. **Provider Identification *** [A15, 1-15]
The unique provider identifier assigned at the time of enrollment which is also the state assigned ID as it appears in SAMHSA's National Facility Register. This ID also represents LOCATION if a provider has more than one site. *Cannot be blank.*
2. **Client Identification *** (see below)
Cannot be blank:
- | | |
|---|-------------|
| First three letters of the client's first name | [A3, 16-18] |
| First three letters of the client's mother's maiden name | [A3, 19-21] |
| Client's date of birth (mmddyy) | [D6, 22-27] |

A "Client" is a person who meets **ALL** of the following criteria:

- Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
- Has completed the screening and intake process.
- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
- Has his or her own client record.

A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

NOTE: These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client's Social Security Number and no longer includes the mother's maiden name.

3. **Date of Transaction** [D6, 28-33]
The date that the service transaction was provided (mmddyy).
4. **Diagnosis & Evaluation Units** [N2, 34-35]
The number of units of face-to-face contact allowing one unit for each fifteen minutes with a cap of 12 units, but not does have to be completed in one session (e.g., a 1-1/2 hour session would equal six units or 6/4).
5. **Individual & Couples Therapy Units** [N2, 36-37]
See instructions in Number 4 above, except with a cap of 6 units per day.
6. **Group Therapy Units** [N2, 38-39]
See Number 4 above, however there must be 3 or more persons in a group. (e.g., a 1-1/2 hour session would equal point six units or 6/10).
7. **Intensive Outpatient Units** [N2, 40-41]
The number of units of service. Allow one unit for each day the client is in the program, with a cap of 20 days per episode and 30 days per year. (1 = 1 day)
8. **Residential Treatment Units** [N2, 42-43]
Count the day of admission, but NOT the day of discharge. [Not applicable if is for transfer of treatment type only.] (1 = 1 day)
9. **Halfway Units** [N2, 44-45]

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

See instructions in Number **8** above.

- 10. Opioid Replacement Therapy Units** [N2, 46-47]
The number of weekly methadone doses a client is receiving. (1 = 1 week/7 doses)

- 11. Client ID** [A12, 48-59]
The client identification number assigned by the treatment facility at the time of admission.

[Columns 60 through 94 no longer used.]

- 12. Payment Responsibility** [A1, 95]
The primary payer source for each individual service date.

Cannot be blank. Valid Entries:

- A -- Blue Cross/Blue Shield
- B -- Private Insurance/Self Pay
- C -- State
- D -- Medicaid/Medicare & VHAP
- E -- Private Contract
- F -- Corrections Contract
- G -- SRS Contract
- H -- School Contract
- I -- Unknown

- 13. Family Units** [N2, 96-97]
See instructions in Number **4** above.
(e.g., a 1-1/2 hour session would equal two units or 6/3).

- 14. Case Management Units** [N2, 98-99]
Follow instructions as in Number **4** above.

- 15. HIV Informed** [N1, 100]
Denotes whether the risks of HIV was discussed at the time of **this** service. Should **always** be discussed at time of diagnosis and evaluation.

Valid Entries:

- 1 -- Yes
- 2 -- No

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

B. CLIENT DATASET FOR DISCHARGES

1. **Provider Identifier *** [A15, 1-15]
The unique provider identifier assigned at the time of enrollment which is also the state assigned ID as it appears in SAMHSA's National Facility Register. This ID also represents LOCATION if a provider has more than one site. *Cannot be blank.*
2. **Client Identifier *** (see below)
Cannot be blank:
- | | |
|---|--------------------|
| First three letters of the client's first name | [A3, 16-18] |
| First three letters of the client's mother's maiden name | [A3, 19-21] |
| Client's date of birth (mmddyy) | [D6, 22-27] |

A "Client" is a person who meets **ALL** of the following criteria:

- Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
- Has completed the screening and intake process.
- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
- Has his or her own client record.

A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

NOTE: These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client's Social Security Number and no longer includes the mother's maiden name

3. **Date of Discharge and/or Transfer** [D6, 28-33]
Specifies the month, day and year when the client was formally discharged from the treatment facility or service. The date may be the same as date of last contact. In the event of a change of service or provider within an episode of treatment, it is the date of service terminated or the date the treatment ended at a particular provider. *Cannot be blank.*
- Format:
MMDDYY
4. **Reason for Discharge, Transfer or Discontinuance of Treatment** [N2, 34-35]
Indicates the outcome of treatment or the reason for transfer or discontinuance of treatment. *Cannot be blank.*

Valid Entries:

- 01 -- Treatment Completed**
- 02 -- Client left against professional advice (dropped out)**
- 03 -- Terminated by facility**
- 04 -- Transferred to another substance abuse treatment program or facility**
This code is to be used for all clients who have a change of service or provider within an episode of treatment, except when it is known that the client did not report to the next program.
- 05 -- Incarcerated**
This code is to be used for all clients whose course of treatment is terminated because the client has been incarcerated.
- 06 -- Death**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

07 -- Other

NOTE: Since TEDS has discontinued the use of “unknown” because of over use, be sure to not dump everything into “Other”.

5. **Education at Time of Discharge** [N2, 36-37]
Client's level of schooling completed at the time of discharge. *Cannot be blank.*

Valid entries:

- 00 -- Less than one grade completed**
- 01-25 -- Actual Number of Years of School Completed (GED = 12)**
- 97 -- Unknown**

6. **Employment Status at Time of Discharge** [N2, 38-39]
Client's current employment status at time of discharge. *Cannot be blank.*

Valid entries:

- 01 -- Employed Full Time**
(Working 35 hours or more each week; including members of the uniformed services)
- 02 -- Employed part time**
(Working fewer than 35 hours per week)
- 03 -- Unemployed**
(Looking for work during the past 30 days or on a layoff from a job)
- 04 -- Not in labor force**
(Not looking for work during the past 30 days & not one of the following categories)
- 05 -- Student**
- 06 -- Retired**
- 07 -- Disabled**
- 08 -- Incarcerated**
- 09 -- Homemaker**
- 97 -- Unknown**

Guideline: Seasonal workers are coded in this category based on their employment status at the time of admission. For example, if they are employed full time at the time of admission, they are coded 01. If they are currently not in the work force at the time of admission, they are coded 04.

7. **Primary Substance Use problem** [N2, 40-41]
Client's primary substance, if any, at time of discharge. *Cannot be blank.*

Valid entries:

- 01 -- None (NOT an option for Client Type 2)**
- 02 -- Alcohol**
- 03 -- Cocaine/Crack**
- 04 -- Marijuana/Hashish**
Includes THC and any other *cannabis sativa* preparations.
- 05 -- Heroin**
- 06 -- Non-prescription Methadone**
- 07 -- Other Opiates and Synthetics**
Includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- 08 -- PCP**
Phencyclidine
- 09 -- Other Hallucinogens**

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

Includes LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.

10 -- Methamphetamine

11 -- Other Amphetamines

Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.

12 -- Other Stimulants

Includes methylphenidate and any other stimulants.

13 -- Benzodiazepines

Includes alprazolam, chlordiazepoxide, clonazepam, lorazepam, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.

14 -- Other Non-Benzodiazepine Tranquilizers

Includes meprobamate, tranquilizers, etc.

15 -- Barbiturates

Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.)

16 -- Other Non-Barbiturate Sedatives or Hypnotics

Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.

17 -- Inhalants

Includes chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.

18 -- Over-the-Counter

Includes aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.

20 -- Other

Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

97 -- Unknown (NOT an option for Client Type 2)

8. Primary Route of Administration

[N2, 42-43]

How client administers the aforementioned substance, if any. *Cannot be blank.*

Valid entries:

01 -- Oral

02 -- Smoking

03 -- Inhalation

04 -- Injection (IV or intramuscular)

20 -- Other

96 -- Not Applicable (MUST be used if #7 is 01)

97 -- Unknown

9. Primary Frequency of Use

[N2, 44-45]

Client's admitted frequency of use at time of discharge. *Cannot be blank.*

Valid entries:

01 -- No use in past month

02 -- 1-3 times in past month

03 -- 1-2 times in past week

04 -- 3-6 times in past week

05 -- Daily

96 -- Not Applicable (MUST be used if #7 is 01)

97 -- Unknown

10. Secondary Substance Use Problem

[N2, 46-47]

Same options as in Number 13 above, except as noted here.

Valid entries:

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

01 -- None (All corresponding fields **MUST BE 96.)**

Can be left blank, but all corresponding fields must then also be left blank.

11. Secondary Route of Administration [N2, 48-49]

Same options as in Number 14 above, except as noted here.

Valid entries:

96 -- Not Applicable (MUST be used if #17 is 01)

97 -- Unknown (Can only be used if #17 anything but 01)

12. Secondary Frequency of Use [N2, 50-51]

Same options as in Number 15 above, except as noted here.

Valid entries:

96 -- Not Applicable (MUST be used if #17 is 01)

97 -- Unknown (Can only be used if #17 anything but 01)

13. Tertiary Substance Use Problem [N2, 52-53]

Same options as in Number 13 above, except as noted here.

01 -- None (All corresponding fields **MUST BE 96.)**

Can be left blank, but all corresponding fields must then also be left blank.

14. Tertiary Route of Administration * [N2, 54-55]

Same options as in Number 14 above, except as noted here.

Valid entries:

96 -- Not Applicable (MUST be used if #17 is 01)

97 -- Unknown (Can only be used if #17 anything but 01)

15. Tertiary Frequency of Use [N2, 56-57]

Same options as in Number 15 above, except as noted here.

Valid entries:

96 -- Not Applicable (MUST be used if #17 is 01)

97 -- Unknown (Can only be used if #17 anything but 01)

16. Pattern & Frequency of Use at Discharge – Has it Improved? [S1, 58]

Valid Entries:

1 -- Yes

2 -- No

17. Social Connectedness [S1, 59]

[In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety or Recovery Centers?]

Valid entries:

1 – No attendance in past month

2 -- 1-3 times in past month (less than weekly)

3 – 4-7 times in past month (1-2 times a week)

4 – 8-15 times in past month (2-3 times a week)

5 – 16-30 times in past month (4 or more times a week)

6 – Some attendance in past month, but frequency unknown

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

7 -- Unknown

- 18. Living Arrangement** [A2, 60-61]
Client's current living situation at the time of discharge. *Cannot be blank.*

Valid entries:

01 -- Homeless

Client has no fixed address; includes shelters.

02 -- Dependent Living

Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.

03 -- Independent Living

Client is living alone or with others without supervision.

97 -- Unknown

- 19. Number of times client has been arrested in past 30 days** [S1, 62]
The number of arrests in the 30 days preceding the date of admission to treatment services. *Cannot be blank.*

Since SAMHSA did not define, we are using the DOC definition of arrest:

- * Must be charged of a crime (read their Miranda rights)
- * Must be incarcerated (restriction of freedom)
- * Must be arraigned in a court

Valid entries:

0-6 = actual number of arrests, with 6 being six or more**7 = unknown**

- 20. Last four digits of client's Social Security Number** [A2, 63-66]
Self explanatory. *Cannot be blank.*

- 21. Client's Overall Functioning Improved at Discharge** [S1, 67]

Valid Entries:

1 -- Yes**2 -- No**

- 22. Clinic Client Identification** [A12, 86]
The client identification number assigned by the treatment facility.

IMPORTANT: All entries MUST have valid field codes. However, any field in BLUE is a required primary key and/or new NOMS requirement and, effective 7/01/08, will cause the entire record to be rejected, which will therefore result in inaccurate utilization.

Chapter 2 - Reporting Requirements

I. ADMISSIONS

A. Data Collection for Admissions by Client Type

The Client Data Set (CDS) for Admissions provides 2 options for logging (registering) clients for services (see data element #3 – Client Type). Each is described in the following.

1. A **Codependent** is a person who meets the following criteria:
 - (a) Has a major life dysfunction which is directly related to his/her relationship to an alcohol and/or drug abuser who refuses to seek treatment,
 - (b) Has completed the screening and intake process,
 - (c) Has his/her own client record (records must be in compliance with State standards), and
 - (d) Has actually received his/her first treatment service.

NOTE: As of July 1, 2006, codependents will no longer be eligible for payment by ADAP.

The core data elements, which are required to establish a record, are as follows:

Provider Identifier
 Client Identifier
 Client Type
 Transaction Type
 Date of Admission
 Service to be provided

If any of these **six** data elements are missing, the record will be rejected.

Although all other fields are not required key fields, it is recommended that all other data be included in order to provide accurate and informational statistics. It will also be a requirement in the not too distant future. Payer Responsibility (data element #28) **must** also be completed. If a record is submitted without this data, it will be entered as a Private/Third Party payer. This could affect a provider's service utilization report.

Finally, **Codependent** can only be admitted as an Outpatient Treatment client (see data element #16, Service to be Provided, selection "07").

2. A **Client** in treatment for substance abuse is a person who meets all of the following criteria:
 - (a) Has a major life dysfunction which is directly related to the abuse of alcohol and/or drugs,
 - (b) Has completed the screening and intake process,
 - (c) Has been formally admitted for substance abuse service,
 - (d) Has his/her own client record (records must be in compliance with State standards), and
 - (e) Has actually received his/her first substance abuse treatment service.

All 36 data elements in the CDS Admissions are required to be completed, **except that data elements #29 and #30 (income and dependents) are required only when the "payer" is the State** (selection C, #28, Payment Responsibility). If any one of the data elements is missing (except as noted), the record will be rejected.

A **Client must** be admitted to one of the following services (Service to be provided for this Admission, #16):

Free-standing residential detox (02)
 Free-standing residential treatment (04)
 Long term residential rehabilitation (05)
 Intensive outpatient (06)
 Outpatient treatment (07)

IMPORTANT: If an individual is referred to treatment because of a particular incident (e.g., DUI) and upon the initial D&E is determined said individual does not have a substance abuse problem, said individual STILL gets entered as Client Type “2” with a substance use of (using example) “02” alcohol. He/she may not have a problem, but was still ordered to be evaluated for such; therefore a substance was the problem and the resulting reason for his/her being seen!

II. SERVICE TRANSACTIONS

A. Data collection for Services by Client Type

1. Clients AND Codependents

The **core data elements** required establishing a record are as follows:

- Provider Identifier
- Client Identifier
- Date of Transaction
- Units (by Type of Transaction)

A **Service Transaction** record must have a matching **Admission** record. If a matching admission record is not found, the service reported will be rejected and may result in inaccurate utilization.

III. DISCHARGES

A discharge record **must** be submitted on all clients who were admitted under the conditions set forth in Section I above. A record must be submitted when the client is formally discharged or is no longer considered active in treatment. **A treatment episode should be assumed to have ended if the client has not been seen in 3 days in the case of an inpatient or residential treatment, and 30 days in the case of an outpatient. If this condition is not met, the provider must submit a discharge record within 60 days and must be retroactive to the last date of face-to-face contact.**

In the event of a transfer due to service provided from Detox to Residential, a discharge must also be submitted along with a new corresponding admission record. In this instance, the admit date MUST BE one day following the Detox discharge date.

For Client Type 2 (“Client”), it is expected that all data will be completed and submitted on **all** clients.

CHAPTER 3: Technical Specifications

Each Provider is required to submit three types of automated reports:

- 1 -- Treatment Admissions and/or Transfers
- 2 -- Service Transactions
- 3 -- Discharge Records.

This chapter discusses the technical reporting specifications in more detail.

A. MEDIA SPECIFICATIONS & IDENTIFICATION

Due to HIPAA requirements, data must now be transmitted only by means of secured capability. ADAP has a secure FTP site and all providers have their own area with a unique log-on and password. Data will no longer be accepted by any other means.

B. FILE FORMAT & SUBMISSIONS

All records must be submitted in ASCII flat file format. Each line must contain only one record. Field locations must correspond exactly to the specifications given below and as described in the dataset section. All fields should contain valid values and submitted data should be accurate.

The following names should be used:

rawinp.asc	for Treatment Admissions
rawinp2.asc	for Service Transactions
rawinpd.asc	for Treatment Discharges

All files are to be put on the secure FTP server and an email sent at that time stating the files have been put there, and listing the month the files are for along with the number of records in each table.

C. OTHER KEY INFORMATION

Admit records must meet certain criteria to be accepted into the Client Data Set (CDS). Client ID, Date of Admission, Service Code, and Primary Substance Abuse are considered **key** fields. Each of these fields must contain a valid value, or the record will not be accepted. Records may also be rejected for the NOMS required fields.

In addition, if the level of education is greater than the client's age, the record is rejected. This is due to the fact that the Client's Date of Birth is used to calculate age and that it is unknown to us which of the two fields (age or education) caused the condition.

Any and all **date** fields are **key** fields. It is critical that all date fields contain a valid date. **Invalid dates in a date field cause the software to abort the current process and move on to the next one!** This means that if 100 records were submitted, but the eleventh record contained an invalid date, the system would abort after the tenth record was copied and moves on to process those 10 records. This may cause a discrepancy in the numbers and will look like utilization is down.

All other missing or invalid fields will be automatically coded "**unknown**". However, we need to keep unknowns to an absolute minimum as there is an expectation to stay under the federal 5% allowance.