

Salish BH-ASO Data Dictionary

Effective April 1, 2020

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Change Log

- 2.0 Original release
- 2.1
 - Updated data type language from 'string' to 'varchar' to align with BHDG Data Guide descriptions
 - corrected agency NPI character length from 5 to 10 in 035.10 and 140.01 transactions
 - added Military Status table
 - added SMI/SED field to the 035.10 that was missing from last version
 - created SMI/SED table
 - added language to the 121.05 Co-occurring Disorder definition
 - added language to the 140.01 Funding definition
 - added reporting exception information to the 160.05 table
 - Removed Code 21 from Investigation Outcome table
 - added 165.01 Crisis Response (DRAFT) transaction
 - corrected Episode Record Key character length from 15 to 40 in 170.06 transaction
 - added Code 5 to Block Grant table
 - updated Entry Referral Source table
 - **1 Self/Family** changed to **Individual**
 - **2 Substance Use Disorder Provider** changed to **Alcohol/Drug Abuse Provider**
 - **3 Mental Health Provider** removed
 - **5 Self Help Group** removed
 - updated Service Episode End Reason table
 - Corrected code numbers
 - added codes omitted from last version:
 - 96 - Not Applicable**
 - 97 - Unknown**
 - 98 - Not Collected**
 - updated Service Referral Source table
 - **1 Self/Family** changed to **Individual**
 - **2 Substance Use Disorder Provider** changed to **Alcohol/Drug Abuse Provider**
 - **3 Mental Health Provider** removed
 - **5 Self Help Group** removed

Introduction

These transactions are required to be submitted by Mental Health and Substance Use Disorder agencies that are contracted with Salish BH-ASO. This data dictionary has been created to define the elements contained in the HCA transactions.

- Data is to be submitted in a tab-delimited text file. Every file must contain a header (000.01). If a field is to be left blank, an empty tab must be used as a placeholder.
- Padding numeric fields is not required except where indicated in the lookup tables. If you are doing so use spaces, not zeros.
- Multiple transaction types can be sent in one file.
- **Bolded text** in the “Validation/Notes” column indicate a lookup table. All lookup tables are listed after the transactions.

Action Codes

- A – Add a record. If the record already exists then the information will be replaced by the new information.
- C – Change a record. If the record does not exist then this is added as a new record otherwise it will update the information.
- D – Delete a record. If the primary keys do not match the record to be deleted then the delete is ignored.

Definitions

Effective Date – The date the information collected became effective.

File Naming Formats:

Supplemental Data – AgencyNPI.CCYMMDD.BatchID.edi

Service Data – AgencyNPI.CCYMMDD.BatchID.837p

- Batch ID must match the Batch ID in the file.
- Files named incorrectly will be ignored by the import process

Required Transactions

This table summarizes all of the transactions that providers send to the BH-ASO, based on the scope of their service delivery.

Transaction Name	MH	SUD
Header (000.01)	X	X
Client Demographic (020.08)	X	X
Client Address (022.03)	X	X
Authorization (023.03)	X	X
ASAM Placement (030.03)		X
Client Profile (035.10)	X	X
Substance Use (036.04)		X
Program Identification (060.06)	X	X
Co-occurring Disorder (121.05)	X	X
Cascade Merge (130.04)		
Cascade Delete (131.04)		
Funding (140.01)	X	X
DCR Investigation (160.05)	X	
ITA Hearing (162.05)	X	
Crisis Response (165.01)	X	
Service Episode (170.06)	X	X

Transaction Name Header

Transaction ID 000.01

Definition This transaction is an identifier and is the first record that goes in a supplemental (non 837X12N EDI) batch file. The Header tells what number the batch is, the originator, and the date sent.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"000.01"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Batch Number	Y	Y	varchar(5)		
4	Batch Date	Y		date		CCYYMMDD

Note This transaction is required as the first record of each supplemental (non 837X12N EDI) batch file and all batches must be submitted for processing in Batch Number order.

Transaction Name Client Demographics

Transaction ID 020.08

Definition This is the demographic transaction for full demographic data. This transaction must be successfully submitted before additional information for the consumer will be accepted. The client demographic transaction is required at intake/assessment and updated upon change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"020.08"
2	Action Code	Y		varchar(1)		In [A,C]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y		date		CCYYMMDD
6	First Name	Y		varchar(35)		
7	Middle Name			varchar(25)		
8	Last Name	Y		varchar(60)		
9	Alternate Last Name			varchar(60)		
10	Social Security Number			varchar(9)	Leave blank if unknown or refused.	
11	Birthdate	Y		date	If unknown use 29991231**	CCYYMMDD
12	Gender	Y		varchar(2)		<u>GENDER</u>
13	Hispanic Origin	Y		varchar(3)		<u>HISPANIC ORIGIN</u>
14	Primary Language	Y		varchar(3)		<u>PRIMARY LANGUAGE</u>
15	Race(s)	Y		varchar(18)	Up to 6 codes, no delimiters	<u>RACE</u>
16	Sexual Orientation	Y*		varchar(1)		<u>SEXUAL ORIENTATION</u>
17	ProviderOne ID	Y		varchar(11)	if no P1 ID, use Client ID	
18	Source Tracking ID	Y		varchar(40)	unique record ID	

*For clients under 13 years of age report "9".

** If your system is unable to accept a future date, contact us.

Transaction Name Client Address

Transaction ID 022.03

Definition Client’s current physical address information collected at intake, and on change. If client is homeless or unable to provide a street address, report what is available, including city, county, and state or zip code. Do not report Provider Agency Address if Client Address is unknown. If client is staying at a facility, submit facility address with facility flag as Y. This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible. If client’s address of residency is not in the U.S., then all body elements are optional, except “STATE” must be reported as “OT”.

Fiel	Name	Required	Key	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"022.03"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y		date		CCYYMMDD
6	Address Line 1	Y		varchar(120)		
7	Address Line 2			varchar(120)		
8	City	Y*		varchar(50)		
9	County	Y*		varchar(5)		<u>COUNTY</u>
10	State	Y		varchar(2)		
11	Zip Code	Y*		varchar(10)		
12	Facility Flag	Y		varchar(1)		In [Y,N]
13	Source Tracking ID	Y		varchar(40)	unique record ID	

*optional if the State = “OT” for “Other Country”

Transaction Name Authorization

Transaction ID 023.03

Definition BH-ASO authorization for treatment of a client. This transaction is sent every time a new authorization or re-authorization is requested and an authorization decision made.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"023.03"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Authorization ID	Y	Y	varchar(40)	unique number assigned to that authorization	UNIQUE
7	Authorization Decision Date	Y		date		CCYYMMDD
8	Authorization Start Date			date		CCYYMMDD
9	Authorization End Date			date		CCYYMMDD
10	Authorization Decision	Y		varchar(2)		<u>AUTHORIZATION DECISION</u>
11	Source Tracking ID	Y		varchar(40)	unique record ID	

Note - Authorization Start Date is only allowed to be left blank if the Authorization Decision is 4 (No authorization required as no services following intake were requested) or 5 (Denied/Doesn't meet medical necessity)

Transaction Name ASAM Placement

Transaction ID 030.03

Definition

A client’s movement through different levels of care. Required for all substance use disorder clients, including SUD clients receiving Withdrawal Management Services. Required at assessment, admission and anytime thereafter that it is collected. ASAM Level Indicated means the ASAM Level as scored on the ASAM placement criteria.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		“030.03”
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	ASAM Record Key	Y	Y	varchar(40)	unique record ID	
7	ASAM Assessment Date	Y	Y	date		CCYYMMDD
8	ASAM Level Indicated	Y		varchar(6)		<u>ASAM LEVEL</u>

Transaction Name Client Profile**Transaction ID 035.10**

Definition Additional client characteristics required for all clients. This is collected at admission and discharge (as defined in the Service Episode transaction) and updated every 90 days.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"035.10"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar (10)		NPI
6	Profile Record Key	Y	Y	varchar(40)	unique record ID	
7	Effective Date	Y	Y	date		CCYYMMDD
8	Education	Y		varchar(2)		<u>EDUCATION</u>
9	Employment	Y		varchar(2)		<u>EMPLOYMENT</u>
10	Marital Status	Y		varchar(2)		<u>MARITAL STATUS</u>
11	Parenting	*		varchar(1)	Responsible for children 17 or younger.	In [Y,N,U,R]
12	Pregnant	*		varchar(1)		In [Y,N,U,R]
13	Smoking Status	Y		varchar(2)		<u>SMOKING STATUS</u>
14	Residence	Y		varchar(2)		<u>RESIDENCE</u>
15	School Attendance**	Y		varchar(1)		In [Y,N,U,R]
16	Self Help Count	***		varchar(2)		<u>SELF HELP COUNT</u>
17	Used Needles Recently	***		varchar(1)		In [Y,N,U,R]
18	Needle Use Ever	***		varchar(2)		<u>NEEDLE USE EVER</u>
19	Military Status	Y		varchar (1)	Report 'Y' regardless of length of service or if client was dishonorably discharged.	<u>MILITARY STATUS</u>
20	SMI/SED Status	Y		varchar(2)		<u>SMI/SED STATUS</u>

- [Y,N,U,R] = [Yes, No, Unknown, Refused]

* Required for female SUD clients only. Optional for all other SUD and Mental Health clients.

** In last three months

*** Required for all SUD clients. Optional for Mental Health.

Transaction Name Substance Use**Transaction ID 036.04**

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 the course of a treatment. Updates are allowed if inaccurate information is reported or not disclosed initially by the client and discovered at a later date. The substances must be ranked by relative importance of dependency as provided by the client and determined by the clinician. Must be reported at admission, every 90 days and at discharge. SUD inpatient providers are not exempt from reporting.

If there is no substance 2 or 3, then report “none” for SUBSTANCE 2 and/or SUBSTANCE 3 and leave the AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD, and DATE LAST USED blank. These can be updated later if the admission substances were inaccurately reported or not disclosed by the client however must be reported consistently.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"036.04"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Program ID	Y	Y	varchar(2)		<u>PROGRAM ID</u>
7	Effective Date	Y	Y	date		CCYYMMDD
8	Substance 1	Y		varchar(2)		<u>SUBSTANCE</u>
9	Age At First Use 1	Y		varchar(2)		<u>AGE AT FIRST USE</u>
10	Frequency Of Use 1	Y		varchar(2)		<u>FREQUENCY OF USE</u>
11	Peak Use 1	Y		varchar(2)		<u>PEAK USE</u>
12	Method 1	Y		varchar(2)		<u>METHOD</u>
13	Date Last Used 1	Y		date		CCYYMMDD
14	Substance 2	Y		varchar(2)		<u>SUBSTANCE</u>
15	Age At First Use 2	*		varchar(2)		<u>AGE AT FIRST USE</u>
16	Frequency Of Use 2	*		varchar(2)		<u>FREQUENCY OF USE</u>

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17	Peak Use 2	*		varchar(2)		<u>PEAK USE</u>
18	Method 2	*		varchar(2)		<u>METHOD</u>
19	Date Last Used 2	*		date		CCYYMMDD
20	Substance 3	Y		varchar(2)		<u>SUBSTANCE</u>
21	Age At First Use 3	*		varchar(2)		<u>AGE AT FIRST USE</u>
22	Frequency Of Use 3	*		varchar(2)		<u>FREQUENCY OF USE</u>
23	Peak Use 3	*		varchar(2)		<u>PEAK USE</u>
24	Method 3	*		varchar(2)		<u>METHOD</u>
25	Date Last Used 3	*		date		CCYYMMDD
26	Source Tracking ID	Y		varchar(40)	unique record ID	

* Required if the Substance Code corresponding to its set number (i.e. [2, 3]) is other than 1 (“None”)

Transaction Name Program Identification

Transaction ID 060.06

Definition A client identified by an BH-ASO may be enrolled in a special program as identified in the Program ID element. If there are services that are not programs listed in the Program ID table they should not be tracked with the 060.06. This transaction will not prevent a client from being in 2 or more different programs at a particular agency in the BH-ASO. Required upon entry and exit of programs.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"060.06"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Program ID Key	Y	Y	varchar (40)	Uniquely identifies each record	UNIQUE
7	Program ID	Y		varchar(2)		<u>PROGRAM ID</u>
8	Program Start Date	Y		date		CCYYMMDD
9	Program End Date			date		CCYYMMDD
10	Entry Referral Source	Y		varchar(2)		<u>ENTRY REFERRAL SOURCE</u>
11	Program End Reason	*		varchar(2)		<u>PROGRAM END REASON</u>
12	Source Tracking ID	Y		varchar(40)	unique record ID	

* Required if there is a Program End Date

Transaction Name Co-occurring Disorder

Transaction ID 121.05

Definition Co-occurring disorder screening and assessment. Required at assessment for all clients thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"121.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	GAIN-SS Date	Y	Y	date		CCYYMMDD
7	Screen Assessment Indicator	Y		varchar(1)		Assessment = A
						Screening = S
						Both = B
8	IDS Screening Score			varchar(1)		<u>SCREENING SCORE</u>
9	EDS Screening Score			varchar(1)		<u>SCREENING SCORE</u>
10	SDS Screening Score			varchar(1)		<u>SCREENING SCORE</u>
11	Assessment			varchar(1)		<u>ASSESSMENT</u>
12	Source Tracking ID	Y		varchar(40)	unique record ID	

Transaction Name Cascade Merge

Transaction ID 130.04

Definition This transaction will void a Client ID and bar its use in the future. A Client id is voided when the provider agency has established two different identifiers for a single person. The provider agency must identify the Client ID to be voided and also identify the Client ID to reference in its place. **There is no action code in this transaction.**

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"130.04"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Client ID to VOID	Y	Y	varchar(20)		
4	Client ID to KEEP	Y		varchar(20)		

* This transaction will void the CLIENT ID TO VOID; the merge will update records to the new CLIENT ID TO KEEP however encounter records from P1 will become orphaned records and P1 data previously submitted will no longer connect to the BHDS Supplemental Transaction data.

Transaction Name Cascade Delete

Transaction ID 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." 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. This type of delete requires the authorization of the Provider Agency Administrator and the BH-ASO. The Provider Agency Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to the BH-ASO for approval. This authorization must contain the reason for the deletes, the number of deletes that will be processed, a timeframe when the delete transactions will be submitted, and a contact for coordinating the actual processing of these delete transactions. Upon approval by the BH-ASO, the Provider Agency Administrator will be contacted and a time frame will be coordinated for the actual processing of this transaction. **There is no action code in this transaction.**

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"131.04"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Client ID	Y	Y	varchar(20)	The Client ID to be voided	

Transaction Name Funding

Transaction ID 140.01

Definition This transaction documents the type of funding or support the client has and other funding information. This is collected at admission and discharge and updated upon change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"140.01"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y	Y	Date		CCYYMMDD
6	Type of Funding			varchar(2)		<u>FUNDING TYPE</u>
7	Source of Income			varchar(2)		<u>SOURCE OF INCOME</u>
8	Block Grant Funding			varchar(2)		<u>BLOCK GRANT</u>
9	Source Tracking ID	Y		varchar(40)	unique record ID	

Transaction Name DCR Investigation

Transaction ID 160.05

Definition A Designated Crisis Responder (DCR) is the only person who can perform an ITA investigation that results in a detention and revocation. A crisis worker who is not a DCR can initiate this investigation but in order 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 BH-ASO 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 72 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.

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

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"160.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)		
4	Client ID	Y	Y	varchar(20)		
5	Investigation Start Date	Y	Y	date		CCYYMMDD
6	Investigation Start Time	Y	Y	varchar(4)		HHMM
7	Investigation County	Y		varchar(5)		<u>COUNTY</u>
8	Investigation Outcome	Y		varchar(2)		<u>INVESTIGATION OUTCOME</u>

9	Detention Facility NPI			varchar(10)		
10	Legal Reason For Detention/Commitment	Y		varchar(4)	Up to 4 codes, no delimiters	<u>LEGAL REASON</u>
11	Return to Inpatient/Revocation Authority	Y		varchar(2)		<u>RETURN TO INPATIENT</u>
12	DCR Agency NPI	Y		varchar(10)		
13	Investigation Referral Source	Y		varchar(2)		<u>INVESTIGATION REFERRAL SOURCE</u>
14	Investigation End Date	Y		date		CCYYMMDD
15	Source Tracking ID	Y		varchar(40)	unique record ID	

- 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). The following table attempts to clarify those dependencies.

Investigation Outcome* CODE Meaning		Legal Reason for Detention/Commitment* (Up to 4)	Return to Inpatient / Revocation Authority	Inpatient NPI
1	Detention to Mental Health facility (72 hrs as identified under the Involuntary Treatment Act, RCW 71.05)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient MH services	Z	9	Blank/Null
3	Referred to Voluntary Inpatient MH Services	Z	9	Required
4	Return 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	Detention to Secure Detox facility (72 hours as identified under RCW 7.1.05)	A-D or X at least one required	9	Blank/Null
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 MH or SUD 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 Detox provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null

Transaction Name ITA Hearing

Transaction ID 162.05

Definition This transaction documents each hearing under the Involuntary Treatment Act 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 BH-ASO, 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 BH-ASO in which the hearing occurred. This may be different than the BH-ASO who reported the ITA Investigation.

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

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"162.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Hearing Date	Y	Y	date		CCYYMMDD
6	Hearing Outcome	Y		varchar(2)		<u>HEARING OUTCOME</u>
7	Detention Facility NPI			varchar(10)	Required if consumer ordered to inpatient	
8	Hearing County	Y		varchar(5)		<u>COUNTY</u>
9	Source Tracking ID	Y		varchar(40)	unique record ID	

Transaction Name Crisis Response - DRAFT VERSION**Transaction ID 165.051**

Definition This transaction documents mobile crisis response

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"165.01"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Event Start Date	Y	Y	date		CCYYMMDD
6	Event Start Time	Y	Y	varchar(4)		HHMM
7	Time of Dispatch	Y		varchar(4)		HHMM
8	Time of Arrival	Y		varchar(4)		HHMM
9	Event End Date	Y		date		CCYYMMDD
10	Event End Time	Y		varchar(4)		HHMM
11	Crisis Response Type	Y		varchar(20)		
12	CR Referral Source	Y		varchar(20)		
13	CR Referral Reason	Y		varchar(20)		
14	Encounter Location	Y		varchar(20)		
15	Interpreter Needed	Y		varchar(2)		
16	Level of Care	Y		varchar(20)		
17	Presenting Problem	Y		varchar(20)		
18	CR Outcome	Y		varchar(20)		
19	Referral To	Y		varchar(20)		
20	Source Tracking ID			varchar(40)		

Transaction Name Service Episode

Transaction ID 170.06

Definition This transaction is to be used to identify a time period in which a client is served by a provider agency, based on their contracting BH-ASO’s authorization to pay for those services. SAMHSA requires states to report “client level” data annually, so that outcomes can be compared from one year to the next. This requires each state to be able to identify:

- New clients admitted and discharged during the reporting period (change in outcome will be measured from admission to the time of discharge);
- Continuing clients at the beginning and discharged during the reporting period (change in outcome will be measured from the beginning of reporting period to the time of discharge);
- New clients who remain on in the caseload at the end of the reporting period (change in outcome will be measured from admission to the end of the reporting period);
- Continuing clients at the beginning and end of the reporting period (change in outcome will be measured from the beginning to the end of reporting period).

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"170.06"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Episode Record Key	Y	Y	varchar(40)	Uniquely identifies each episode	
7	Service Episode Start Date	Y		date		CCYYMMDD
8	Service Episode End Date			date		CCYYMMDD
9	Service Episode End Reason	*		varchar(2)		<u>SERVICE EPISODE END REASON</u>
10	Service Referral Source	Y		varchar(2)		<u>SERVICE REFERRAL SOURCE</u>
11	Date of Last Client Contact			date		CCYYMMDD

Salish BH-ASO Data Dictionary

12	Date of First Appointment Offered			date		CCYYMMDD
13	Medication-Assisted Opioid Therapy	Y		varchar(2)		<u>MAT</u>
14	Source Tracking ID	Y		varchar(40)	unique record ID	

* Required if there is a Service Episode End Date

AGE AT FIRST USE

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

Used in – [036.04 Substance Use](#)

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

- Only reported for SUD clients
- Reported if a substance is selected.
- Reported at admission, discharge, and updated every 90 days.

ASAM LEVEL

Definition - Clinician placement of client ASAM Level

Used in – [030.03 ASAM Placement](#)

Level	Adolescent	Adult	Definition
0			Placeholder 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	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	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	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	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

		Intensity Residential Services	
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.
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	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	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	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

- Required at date of first service or whenever possible and updated whenever status changes
- Required for SUD clients

AUTHORIZATION DECISION

Definition - Indicates BH-ASO decision regarding authorization for treatment. Indicates whether the client met the Access to Care standards or the ASAM criteria and was authorized for services by the BH-ASO. Authorization decision does not determine which CPT/HCPC codes can be sent and processed by ProviderOne.

Used in -[023.03 Authorization](#)

Code	Definition
1	Authorized for Substance Use Disorder
2	Authorized for Mental Health
3 *	Authorized for Mental Health and authorized for Substance Use Disorder
4	No authorization required as no services following intake were requested
5	Denied/Doesn't meet medical necessity

- Required for all clients at intake/assessment and whenever authorization status changes.
- Report regardless of whether or not the client received services.
- If the client is authorized to received SUD and MH services in separate authorization requests, then report each under a separate transaction

(* Salish BH-ASO does not do combined authorizations at this time. If you are submitting both Mental Health and Substance Use Disorder authorizations for the same client, each transaction must have a differing Authorization Decision Date.)

BLOCK GRANT

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

Used in –[140.01 Funding](#)

Code	Definition
1	MHBG used to pay for services and supports
2	MHBG funds were not used
3	SABG used to pay for services and supports
4	SABG funds were not used
5	None – Block Grant funding does not apply
97	Unknown
98	Not collected

- able to submit two values (one for MHBG, one for SABG)
- optional reporting

CO-OCCURRING DISORDER QUADRANT ASSESSMENT

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

Used in - [121.05 Co-Occurring Disorder](#)

Code	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

- 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.

COUNTY

Used in – [022.03 Client Address](#)
[160.05 DCR Investigation](#)
[162.05 ITA Hearing](#)

Code	County		Code	County
40050	Unknown or out of state		53039	Klickitat
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

EDUCATION

Definition - Indicates the educational achievement of the client.

Used in – [035.10 Client Profile](#)

Code	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

- Required for all clients at admission, discharge, and updated every 90 days.

EMPLOYMENT

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.

Used in – [035.10 Client Profile](#)

Code	Definition
01	Full Time – 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 - 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 (status cannot be ascertained)
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 force – classification not specified
96	Not Applicable
97	Unknown
98	Not Collected

- Required for all clients at admission, discharge, and updated every 90 days or upon change.
- Only use Code 98 if unable to collect because crisis phone service or pre-intake service was provided

ENTRY REFERRAL SOURCE

Definition - Indicates the client's primary referral source to treatment.

Used In – [060.06 Program Identification](#)

Code	Definition
1	Individual
2	Alcohol/Drug Abuse Provider
4	Other Healthcare Provider
6	School
7	Employer/Employer Assistance Program
8	Court / Criminal Justice
9	Other Community Referral
97	Unknown

- Codes 3 and 5 have been merged with code 4

FREQUENCY OF USE

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

Used in – [036.04 Substance Use](#)

Code	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

- Only reported for SUD clients.
- Required if any substance other than “None” is reported in the SUBSTANCE element
- Reported at admission, discharge, and updated every 90 days or upon change.

FUNDING TYPE

Definition – Specifies type of funding support for clients.

Used in – [140.01 Funding](#)

Code	Definition
01	Medicaid only
02	Medicaid and non-Medicaid sources
03	Non-Medicaid only
97	Unknown
98	Not collected

- Optional reporting

GENDER

Definition - Indicates a person's self-identified gender

Used in – [020.08 Client Demographics](#)

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	Client refused to answer

- Required for all clients
- Only one option allowed
- Collected at intake/assessment and whenever status changes

HEARING OUTCOME

Definition - Indicates the type of commitment, if any, as a result of a court order.

Used in – [162.05 ITA Hearing](#)

Code	Definition
0	Dismissed
1	14 Day MH Commitment
2	90 Day MH Commitment or extension
3	180 Day MH Commitment or extension
4	90 Day MH LRA or LRA extension
5	180 Day MH LRA or LRA extension
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA
9	3 Day Commitment under Joel’s Law
10	Dismissal of petition filed under Joel’s Law
11	Order for outpatient evaluation within 72 hours for AOT
12	90 Day Assisted Outpatient Treatment Order
14	14 Day SUD Commitment or extension
15	90 Day SUD Commitment or extension
16	180 Day SUD Commitment or extension
17	90 Day SUD revocation
18	180 Day SUD revocation
19	90 Day SUD LRA or LRA extension
20	180 Day SUD LRA or LRA extension

- Only reported for clients who received an Involuntary Treatment Act hearing.

HISPANIC ORIGIN

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).

Used in – [020.08 Client Demographics](#)

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

- Required for all clients at intake and assessment and whenever status changes.
- Only one option allowed.

INVESTIGATION OUTCOME

Definition - Indicates the outcome of a DCR investigation

Used in – [160.05 DCR Investigation](#)

Code	Definition
1	Detention to MH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05)
2	Referred to voluntary Outpatient MH services.
3	Referred to voluntary Inpatient MH services.
4	Returned to Inpatient facility/filed revocation petition.
5	Filed petition-recommending LRA extension.
6	Referred to non-MH community resources.
7	Detention to Secure Detox facility (72 hours as identified under RCW 71.05)
9	Other
10	Referred to acute detox.
11	Referred to sub-acute detox.
12	Referred to sobering unit.
13	Referred to crisis triage.
14	Referred to SUD intensive outpatient program.
15	Referred to SUD inpatient program.
16	Referred to SUD residential program.
17	No detention – E&T provisional acceptance did not occur within statutory timeframes
18	No detention – Unresolved medical issues
19	Non-emergent detention petition filed
20	Did not require MH or SUD services
21	Referred for hold under RCW 71.05
22	Petition filed for outpatient evaluation
23	Filed petition recommending AOT extension
24	No detention - Secure Detox provisional acceptance did not occur within statutory timeframes

- 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.

INVESTIGATION REFERRAL SOURCE

Definition - Indicates the source of the referral for an ITA investigation

Used in – [160.05 DCR Investigation](#)

Code	Definition
1	Family
2	Hospital
3	Professional
4	Care Facility
5	Legal Representative
6	School
7	Social Service Provider
8	Law Enforcement
9	Community
10	Other

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

LEGAL REASON

Definition - Indicates the reason for detention/commitment

Used in – [160.05 DCR Investigation](#)

Code	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.

- Up to 4 options may be submitted per detention.
- Only collected for persons being investigated under the Involuntary Treatment Act

MARITAL STATUS

Definition – Indicates the current marital status of the client

Used in – [035.10 Client Profile](#)

Code	Definition
1	Single or Never married
2	Now married or Committed Relationship
3	Separated
4	Divorced
5	Widowed
97	Unknown

- Only one option allowed
- Required for all clients and collected at admission, discharge, and updated every 90 days or upon change.

MEDICATION-ASSISTED OPIOID THERAPY

Definition – Identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client’s treatment plan.

Used in – [170.06 Service Episode](#)

Code	Definition
1	Yes
2	No
3	Not applicable
7	Unknown
8	Not collected

- Substance use 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’s 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: This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance abuse problems.

METHOD

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

Used in - [036.04 Substance Use](#)

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

- Only reported for SUD clients
- Reported if a substance is selected
- Reported at admission, discharge, and updated every 90 days or upon change.

MILITARY STATUS

Definition - Indicates if the client has ever served as an active member in the U.S. Military

Used in – [035.10 Client Profile](#)

Code	Definition
1	Yes
2	No
3	Refuse
4	Unknown

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

NEEDLE USE EVER

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

Used in – [035.10 Client Profile](#)

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

- Required field for all SUD clients; optional for MH clients.
- Collected at admission, discharge, and updated every 90 days.

PEAK USE

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

Used in - [036.04 Substance Use](#)

Code	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

- Required for SUD clients.
- Reported at admission.
- Collected on date of first service or whenever possible and updated whenever status changes

PRIMARY LANGUAGE

Definition - Indicates the primary speaking language of the client as used in the home even if that language is English. DBHR is now using the “ISO 639-2 Codes for the Representation of Names of Languages” guide located here : https://www.loc.gov/standards/iso639-2/php/code_list.php
 Our primary language table below lists the languages most commonly used in the BH-ASO. If there is a language that you wish to be included please contact the BH-ASO to make the addition.

Used in - [020.08 Client Demographics](#)

Definition	Code	Definition	Code
American Sign Language	sgn	Lakota Sioux	nai
Amharic	amh	Malay	may
Arabic	ara	Marathi	mar
Czech	cze	Norwegian	nor
Dutch	dut	Other Languages	und
English	eng	Polish	pol
Finnish	fin	Puyallup	nai
Program ID French	fre	Romanian	rum
German	ger	Russian	rus
Greek	gre	Salish	sal
Gujarati	guj	Samoan	smo
Hindi	hin	Spanish	spa
Hmong	hmn	Tagalog	tgl
Hungarian	hun	Thai	tha
Ilocano	ilo	Tigrigna	tir
Italian	ita	Ukrainian	ukr
Japanese	jpn	Vietnamese	vie
Korean	kor	Yakama	nai

- Required for all clients at intake and assessment and whenever status changes.

PROGRAM END REASON

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

Used in – [060.06 Program Identification](#)

Code	Definition
1	Treatment Completed
2	Left against advice, including dropout
3	Terminated by facility
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
10	Administrative Closure

- “Lost to Contact” is used for outpatient 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.).
- Required for all clients when an end date is reported in the Program Identification transaction.

PROGRAM ID

Definition - Indicates the program in which a client is enrolled.

Used in – [036.04 Substance Use](#),
[060.06 Program Identification](#)

Code	Definition
1	PACT Program for Assertive Community Treatment
2	CDDA (COMM) – Chemical Dependency Disposition Alternative – Committable Youth
3	CDDA (LS) – Chemical Dependency Disposition Alternative – Locally Sanctioned Youth
10	Children's Evidenced Based Pilot
11	Jail Services
19	Functional Family Therapy
20	Illness Self-Management/Illness Management and Recovery
21	Integrated Dual Disorders Treatment
23	Multi-systemic Therapy
25	Supported Housing
26	Therapeutic Foster Care
28	Wraparound with Intensive Services (WISe)
29	Housing and Recovery through Peer Services (HARPS)
30	Supported Employment Program
31	Ticket to Work Program
32	TANF Supported Employment Pilot
34	CJTA (Drug Court)
35	CJTA (Non-drug Court)
36	<i>Diversion Program – King, Great Rivers, Greater Columbia, and Spokane only</i>
37	Roads to Community (RCL)
38	New Journeys
39	BEST
40	1115 Waiver Supportive Housing
41	1115 Waiver Supportive Employment
42	Peer Bridger Program – Hospital and Community

43	Peer Respite
44	Intensive Residential Teams
45	Intensive Behavioral Health Facilities
51	SUD – Outpatient
52	SUD – Intensive Outpatient
54	SUD – Intensive Inpatient
55	SUD – Long Term Residential
56	SUD – Recovery House
57	SUD – Withdrawal Management (aka Detox)
58	SUD – Opiate Substitution
59	SUD – Housing Support Services

- Required for all clients who are enrolled in a special program.
- codes 51-58 required for substance use clients at admission, upon change, and at discharge
- A client can be enrolled in more than one program at a time.

RACE

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.

Used in – [020.08 Client Demographics](#)

Code	Definition
010	White
021	American Indian/ Alaskan Native
031	Asian Indian
032	Native Hawaiian
033	Other Pacific Islander
034	Other Asian
040	Black or African American
050	Other Race
604	Cambodian
605	Chinese
608	Filipino
611	Japanese
612	Korean
613	Laotian
660	Guamanian or Chamorro
801	Middle Eastern
999	Unknown

- Required for all clients at intake/assessment and whenever status changes
- Select one or more categories. If a person selects more than 1 code, enter each one in sequence up to 6.
- If client does not identify with any of the coded races then code '050' for Other Race
- If information is not available or unknown then code '999'.

RESIDENCE

Definition - Indicates client's primary residence over the last thirty days preceding date of collection.

Used in – [035.10 Client Profile](#)

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	

- 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’.
- Although reported every 90 days, the living situation indicates where the client was the majority of the time in the preceding 30 days. It is optional to report this element on a more frequent basis in order to capture a change in residence.
- Collected on date of first service or whenever possible and updated whenever status changes.

RETURN TO INPATIENT

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

Used in - [160.05 DCR Investigation](#)

NOTE: This element is specific to returning a consumer under 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.

Code	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 kids.
9	N/A.

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

SCREENING SCORE

Definition - The IDS, EDS, and SDS scores produced upon completion of the co-occurring disorders screening process using the GAIN-SS tool.

Used in – [121.05 Co-Occurring Disorder](#)

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

- When reporting the outcome of a completed screening, a value between 0 and 5 must be provided for the 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 13 and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
- Collected on date of first service or whenever possible and updated whenever status changes

SELF HELP COUNT

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 of AA, NA, and other self-help/mutual support groups focused on recovery from SUD and dependence.

Used in – [035.10 Client Profile](#)

Code	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
6	Not Collected
97	Unknown

- Collected at admission, discharge, and updated every 90 days or upon change.

SERVICE EPISODE END REASON

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

Used in - [170.06 Service Episode](#)

Code	Definition	
01	Treatment Completed	All parts of the treatment plan 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, 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	Client 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	
07	Death NOT by Suicide	
08	Other	Client transferred or discontinued treatment because of change of life circumstances.
14	Transferred Client no show	Transferred to another treatment program or facility but client is no show.
24	Transferred to non SSA or SMH facility	Transferred to another treatment program or facility that is not in the SSA (Substance Use Agency) or SMHA (State Mental Health Agency) reporting system.
34	Discharge from State Hospital	Discharged from the State hospital to an acute medical facility for medical services.
96	Not applicable	Should only be used when submitting a Mental Health update record
97	Unknown	
98	Not collected	

SERVICE REFERRAL SOURCE

Definition - Indicates the client's primary referral source to treatment.

Used In – [170.06 Service Episode](#)

Code	Definition
1	Individual
2	Alcohol/Drug Abuse Provider
4	Other Health Care Provider
6	School
7	Employer/Employer Assistance Program
8	Court/Criminal Justice
9	Other community referral
97	Unknown

- Collect whenever possible otherwise mark as unknown
- Codes 3 and 5 have been merged with code 4

SEXUAL ORIENTATION

Definition - Indicates a client's voluntarily stated sexual orientation

Used In – [020.08 Client Demographics](#)

Code	Definition
1	Heterosexual
3	Gay/Lesbian/Queer/Homosexual
4	Bisexual
5	Questioning
9	Choosing not to disclose – Use when in individual is uncomfortable or unwilling to disclose their sexual orientation.

- Only one option allowed
- Required for all clients at intake/assessment and whenever status changes.
- Do not collect for individuals under age 13, instead report "9"

SMI/SED STATUS

Definition - Indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the state definition.

Used In – [035.10 Client Profile](#)

Code	Definition
1	SMI
2	SED
3	At risk for SED
4	Not SMI or SED
97	Unknown
98	Not Collected

SMOKING STATUS

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

Used In - [035.10 Client Profile](#)

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

- Required for all clients and collected at admission, discharge, and updated every 90 days or upon change.

SOURCE OF INCOME

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

Used In – [140.01 Funding](#)

Code	Definition
1	Wages/Salary
2	Public Assistance
3	Retirement/Pension
4	Disability
20	Other
21	None
97	Unknown
98	Not collected

- Optional reporting

SUBSTANCE

Definition - Indicates the specific substance(s) or substance category(s) that the client is being seen for.

Used in - [036.04 Substance Use](#)

Code	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

- Required field for all clients receiving SUD services.
- Reported at admission, discharge, and updated every 90 days or upon change.
- A Substance (except for No Substance Abuse) cannot be selected more than once. May have different substances for different programs.
- The same substance(s) must be included in the report at admission, every 90 days, and at discharge. The purpose of this is to detect how frequency and method of use change for the 3 substances between admission and discharge.