



Washington State
Department of Social
& Health Services

Transforming lives

BEHAVIORAL HEALTH DATA SYSTEM

Data Guide

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Contents

Data Guide Overview:	6
Overview	6
Terminology Guide.....	6
Use Guide.....	7
General Considerations of Dictionary	9
Reporting Organization.....	9
Service Episodes.....	9
Data File Format.....	9
Blanks/Unknowns	9
Add/Change Status	9
Special Characters.....	9
Appendices.....	9
Transaction Definitions.....	10
Summary of Transactions	10
Header 000.01	16
Cascade Delete – 131.03.....	17
Cascade Merge – 130.03.....	18
Client Demographics – 020.07.....	19
Client Address – 022.02.....	21
Client Profile – 035.09.....	22
Program Identification – 060.05	24
Co-occurring Disorder – 121.04.....	25
Authorization – 023.02	27
ASAM Placement – 030.02.....	28
DMHP Investigation – 160.04	29
ITA Hearing – 162.04	32
Service Episode – 170.05	33
Substance Use – 036.03.....	35
Data Element Definitions.....	37
Identifiers.....	38
BHO ID.....	38
Client ID.....	39
Provider NPI.....	40
Batch Number	41
Batch Date.....	42
Cascade Merge.....	43
Effective: 4/1/2017	Behavioral Health Data Consolidation 2

Referenced Client ID	43
Common Transaction Elements:.....	44
Effective Date	44
Source Tracking ID	45
Client Demographics 020.07	46
First Name	46
Middle Name	47
Last Name	48
Alternate Last Name	49
Social Security Number.....	50
Birthdate	51
Gender	52
Hispanic Origin	53
Primary Language	54
Races(s).....	55
Sexual Orientation.....	57
Client Address 022.02.....	59
Address Line 1	59
Address Line 2	60
City	61
County	62
State	64
Zip Code.....	66
Client Profile 035.09.....	67
Profile Record Key	67
Education	68
Employment	70
Marital Status	72
Parenting.....	73
Pregnant.....	74
Smoking Status	75
Residence	76
School Attendance	78
Self Help Count	79
Used Needle Recently	80
Needle Use Ever	81
Military Status.....	82
Authorization 023.02	83
Authorization Decision Date.....	83

Authorization ID.....	84
Authorization Start Date.....	85
Authorization End Date.....	86
Authorization Decision.....	87
Service Episode 170.05.....	88
Episode Record Key.....	88
Service Episode Start Date.....	89
Service Episode End Date.....	90
Service Episode End Reason.....	91
Service Referral Source.....	92
Program Identification 060.05.....	93
Program ID Key.....	93
Program ID.....	94
Program Start Date.....	99
Program End Date.....	100
Entry Referral Source.....	101
Program End Reason.....	102
Co-occurring Disorder 121.04.....	103
GAIN-SS Date.....	103
Screen Assessment Indicator.....	104
Co-Occurring Disorder Quadrant Assessment.....	105
Co-Occurring Disorder Screening (IDS).....	106
Co-Occurring Disorder Screening (EDS).....	107
Co-Occurring Disorder Screening (SDS).....	108
ASAM Placement 030.02.....	109
ASAM Assessment Date.....	109
ASAM Level Indicated.....	110
DMHP Investigation 160.04.....	114
Investigation Start Date.....	114
Investigation Start Time.....	115
Investigation County Code.....	116
Investigation Outcome.....	117
Detention Facility NPI.....	119
Legal Reason for Detention/Commitment.....	120
Return to Inpatient/ Revocation Authority.....	121
DMHP Agency NPI.....	122
Investigation Referral Source.....	123
Investigation End Date.....	124
ITA Hearing 162.04.....	125

Hearing Date 125

Hearing Outcome 126

Hearing County Code..... 127

Substance Use 036.02..... 128

 Substance (1, 2, 3)..... 128

 Age at First Use (1, 2, 3) 130

 Frequency of Use (1, 2, 3) 131

 Peak Use (1, 2, 3) 132

 Method (1, 2, 3)..... 133

 Date of Last Used (1, 2, 3)..... 134

Appendix A: Document History 135

Appendix B: Error Codes 139

Appendix C: Entity Relationship Diagram (ERD) 151

Appendix D: Process Flow Chart 152

Appendix E: Submission Instructions..... 155

Appendix F: Primary Language Code List 156

BHDS Glossary 166

Data Guide Overview:

OVERVIEW

The Washington State health care purchasing mechanism, driven by state law and implemented under federal rules, requires the integration of both mental health and substance use disorder (chemical dependency) into a behavioral healthcare model. The new behavioral healthcare model is a first step toward a larger integration of behavioral health services with physical healthcare. These innovative changes have also given rise to a change from a fee-for-service to a managed care model for Substance Use Disorder (SUD) treatment services.

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

The BHDS includes data from these two legacy systems:

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

The BHDS data guide contains reporting requirements for the collective Managed Care Organizations (MCOs), which includes Behavioral Health Organizations (BHOs), Behavioral Health Administrative Services Organizations (ASOs), and specific Managed Care Organizations (MCOs) to meet the Division of Behavioral Health and Recovery's (DBHR) state and federal reporting requirements.

The BHDS data guide enumerates and explains each of the fields in each of the transactions that are submitted directly to DBHR. MCOs are also required to submit Service Encounters through the ProviderOne Medicaid billing system. BHDS will join its data with Service Encounter data and other data sources for analysis and reporting.

ProviderOne encounter data submission is not addressed in this data guide, but it can be found at <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/seri-cpt-information> in the SERI guide.

TERMINOLOGY GUIDE

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

- The database that houses submission of data will be referred to as the BHDS, which stands for the Behavioral Health Data System. The submissions to BHDS are referred to as Native Transactions.
- The Department of Social Health Services (DSHS) receiving information will be referred to as DBHR which stands for Division of Behavioral Health and Recovery.
- The organizations submitting the data to DBHR will be referred to as MCOs meaning the collective managed care organizations including Behavioral Health Organizations (BHOs), Behavioral Health Administrative Services Organizations (ASOs), and Early Adopter Managed Care Organizations (MCOs).

- The providers or entities providing services directly to clients in the community will be referred to as Provider Agencies. These agencies collect and pass data on to MCOs for ultimate submission into the BHDS.
- The people in the community needing and receiving behavioral health services to include SUD and mental health will be referred to as clients.
- While there may be differences between clinical terms in Mental Health field and SUD to describe the same item, this guide will use single terms agreed upon by the organizations. An example of this is that in the SUD field; clinical evaluation of the patient for the purposes of forming a diagnosis and plan of treatment is called an assessment, but in the Mental Health field it could be called an intake. This data guide will use the term assessment for this activity. All agreed upon terminology is defined in the glossary.

USE GUIDE

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

Each data element will contain the following information:

Content	Information	Example								
Data Element Name	Name of data element	ASAM Level Indicated								
Effective Date	Date data element became effective for use	4/1/2017								
Category/Section	This is the transaction that the element is submitted in.									
Return to Table of Contents	Link to Table of Contents									
Definition	Defines what data element pertains to									
Code Values	Defines the list of allowed values, with definition if necessary	Code Values: <table border="1" style="width: 100%;"> <thead> <tr> <th>Code</th> <th>Value</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Code	Value	Definition					
Code	Value	Definition								
Historical Code Values	Defines the list of previously allowed values that are now disabled for use	Historical Code Values: <table border="1" style="width: 100%;"> <thead> <tr> <th>Code</th> <th>Value</th> <th>Effective Start Date</th> <th>Effective End Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Code	Value	Effective Start Date	Effective End Date				
Code	Value	Effective Start Date	Effective End Date							
Business Rules	Defines the business rules, special conditions, when and how frequent data is collected									
Data Use	Defines how data is used	<ul style="list-style-type: none"> • This data is collected for TEDS block grant • It is collected to produce the following reports 								
Field Format	Defines the length, character type, and whether it is an identity value, required, allows nulls, or any other special conditions									
Validation	Lists validations that would cause errors in the data									
Related Data Elements	Lists related data elements									

History	Lists the date and any changes to the data, including any clarifications	Mm/dd/yyyy: Decision to change the data element name from xxxx to yyyy
Notes	Any notes not covered in other areas	

General Considerations of Dictionary

REPORTING ORGANIZATION

There is no requirement around which organization reports (servicing organization or responsible organization). The requirement is that each BHO/MCO/ASO works with their provider agencies and other organizations to ensure all service encounters, including residential and evaluation and treatment services, are reported through ProviderOne and all related service information is reported in accordance with this BHDS data guide (e.g. service episode transactions, client demographics, etc.).

SERVICE EPISODES

Core to the business process is the concept of service episode. A service episode may be thought of as a container of services, which can be MH programs or SUD programs, a group of SUD programs that are related, or a combination of both MH and SUD services. The key boundary is that the services can only be provided by a single agency/provider. On the other hand, SUD programs occur within a single modality of service. To federal and block grant reporting requirements, the Program ID element includes SUD modalities. This forces a new program to start and end when any of the SUD modalities of service (as listed in the Program ID element) changes, regardless of whether or not provider agency or location changed. A service episode is required for every MH outpatient or when a client enrolls in any program listed in the program ID for a single agency/provider. A service episode can be opened for services outside of those requirements.

DATA FILE FORMAT

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

BLANKS/UNKNOWN

Please follow any guidance provided in Transactions or Elements regarding the use of “unknown” or leaving fields blank.

ADD/CHANGE STATUS

For any transaction where an Add status or Change status is submitted, the system will check to see if the record exists and add or change accordingly even if the status is submitted incorrectly. Example: If a transaction is submitted as “Change”, and there is no record to update the change status will be treated as an “Add”. If the transaction is submitted as “Add” and a record already exists, the transaction will be treated as a change. Deletes will always delete the record unless the record does not exist, in which case an error message will be returned.

SPECIAL CHARACTERS

Please follow any guidance provided in Transactions or Elements regarding the use of special characters. Except when specified, avoid using special characters.

APPENDICES

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

Transaction Definitions

Summary of Transactions	Section: Transactions & Definitions
	Effective Date: 04/01/2017

Definition:

This chapter summarizes all of the transactions that BHOs can send in to DBHR, based on the scope of their service delivery. R = Required, C = Conditionally Required, Blank = Not Required

Table Heading Definitions:

Transactions: Name of BHDS Transaction

Data Elements: Data elements contained in each transaction [**only bolded elements are required with a required transaction; other elements can be provided if obtained**]

Assessment: Pre-Intake for MH or Assessment for SUD

MH: Mental Health

SUD: Substance Use Disorder (includes out patient, intensive outpatient and all types of residential)

SUD-WMS: SUD Withdrawal Management Services (as defined by Washington Administrative Code 388-877B-0100)

Program End Reason or Service Episode End Reason

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
Header	BHO ID	R	R	R	R	R	R
	BATCH NUMBER						
	BATCH DATE						
Cascade Delete	BHO ID						
	CLIENT ID						
Cascade Merge	BHO ID						
	CLIENT ID						
	REFERENCED CLIENT ID						
Client Demographics	BHO ID	R		R	R	C (only bolded items)	
	CLIENT ID						
	EFFECTIVE DATE						
	FIRST NAME						
	MIDDLE NAME						
	LAST NAME						
	ALTERNATE LAST NAME						
	SOCIAL SECURITY NUMBER						
	BIRTHDATE						
	GENDER						
	HISPANIC ORIGIN						
	PRIMARY LANGUAGE						

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
	RACE(S)						
	SEXUAL ORIENTATION						
	SOURCE TRACKING ID						
Client Address	BHO ID	R		R	R		C
	CLIENT ID						
	EFFECTIVE DATE						
	ADDRESS LINE 1						
	ADDRESS LINE 2						
	CITY						
	COUNTY						
	STATE						
	ZIP CODE						
	SOURCE TRACKING ID						
Client Profile	BHO ID			C (only bolded elements are required, other elements can be provided if obtained)	R		
	CLIENT ID						
	PROVIDER NPI						
	PROFILE RECORD KEY						
	EFFECTIVE DATE						
	EDUCATION						
	EMPLOYMENT						
	MARITAL STATUS						
	PARENTING						
	PREGNANT						
	SMOKING STATUS						
	RESIDENCE						
	SCHOOL ATTENDANCE						
	SELF HELP COUNT						
	USED NEEDLE RECENTLY						
NEEDLE USE EVER							
MILITARY SERVICE							
Program Identification	BHO ID						
	CLIENT ID						
	PROVIDER NPI						

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
	PROGRAM ID KEY			C (only MH related programs)	C (all SUD modalities)		
	PROGRAM ID						
	PROGRAM START DATE						
	PROGRAM END DATE						
	ENTRY REFERRAL SOURCE						
	PROGRAM END REASON						
	SOURCE TRACKING ID						
Co-occurring Disorder	BHO ID	R		R	R		
	CLIENT ID						
	PROVIDER NPI						
	GAIN-SS DATE						
	SCREEN ASSESSMENT INDICATOR						
	CO-OCCURRING DISORDER SCREENING (IDS)						
	CO-OCCURRING DISORDER SCREENING (EDS)						
	CO-OCCURRING DISORDER SCREENING (SDS)						
	CO-OCCURRING DISORDER ASSESSMENT						
SOURCE TRACKING ID							
Authorization	BHO ID		R	R	R	R	
	PROVIDER NPI						
	CLIENT ID						
	AUTHORIZATION ID						
	AUTHORIZATION DECISION DATE						

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
	AUTHORIZATION START DATE						
	AUTHORIZATION END DATE						
	AUTHORIZATION DECISION						
ASAM Placement	BHO ID	R			R	R	
	CLIENT ID						
	PROVIDER NPI						
	ASAM RECORD KEY						
	ASAM ASSESSMENT DATE						
	ASAM LEVEL INDICATED						
DMHP Investigation	BHO ID			C			
	CLIENT ID						
	INVESTIGATION START DATE						
	INVESTIGATION START TIME						
	INVESTIGATION COUNTY CODE						
	INVESTIGATION OUTCOME						
	DETENTION FACILITY NPI						
	LEGAL REASON FOR DETENTION/COMMITMENT						
	RETURN TO INPATIENT/REVOCATION AUTHORITY						
	DMHP AGENCY NPI						
	INVESTIGATION REFERRAL SOURCE						
	INVESTIGATION END DATE						
	SOURCE TRACKING ID						
	ITA Hearing						
CLIENT ID							

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
	HEARING DATE						
	HEARING OUTCOME						
	DETENTION FACILITY NPI						
	HEARING COUNTY						
	SOURCE TRACKING ID						
Service Episode	BHO ID			R	R	R	
	CLIENT ID						
	PROVIDER NPI						
	EPISODE RECORD KEY						
	SERVICE EPISODE START DATE						
	SERVICE EPISODE END DATE						
	SERVICE EPISODE END REASON						
	SERVICE REFERRAL SOURCE						
Substance Use	BHO ID				R	R	C (required only for SUD)
	CLIENT ID						
	PROGRAM ID						
	PROVIDER NPI						
	EFFECTIVE DATE						
	SUBSTANCE (1)						
	AGE AT FIRST USE (1)						
	FREQUENCY OF USE (1)						
	PEAK USE (1)						
	METHOD (1)						
	DATE LAST USED (1)						
	SUBSTANCE (2)						
	AGE AT FIRST USE (2)						

Transaction	Data Elements	Assessment	Authorization	MH	SUD	SUD WMS	Program End/Service Episode End
	FREQUENCY OF USE (2)						
	PEAK USE (2)						
	METHOD (2)						
	DATE LAST USED (2)						
	SUBSTANCE (3)						
	AGE AT FIRST USE (3)						
	FREQUENCY OF USE (3)						
	PEAK USE (3)						
	METHOD (3)						
	DATE LAST USED (3)						
	SOURCE TRACKING ID						

Header 000.01	Section: Transactions & Definitions
	Effective Date: 04/01/2017

Definition:

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

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

Rules:

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

Concurrent Transactions:

•

Validation:

- Sequential batch number will be validated.

Note:

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

Example:

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

Cascade Delete – 131.03	Section: Transactions & Definitions
	Effective Date: 04/01/2017

Definition:

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

Full Cascade Delete:

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

Transaction ID	131.03	Type	Length	Allow Null
Primary Key	BHO ID	Varchar	20	N
	CLIENT ID (The ID to be deleted)	Varchar	20	N

Rules:

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

Concurrent Transactions:

-

Validation:

- Validate that the BHO submitting a Cascade Delete transaction is applied for Clients within the submitting BHO.
- Will return an error if delete transaction record does not exist.
- Verify client ID to be deleted was not already voided

Note:

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

Example:

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

Cascade Merge – 130.03

Section: Transactions & Definitions

Effective Date: 04/01/2017

Definition:

This transaction will void a Client ID and bar its use in the future. A Client ID is voided when the MCO 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.

Transaction ID	130.03	Type	Length	Allow Null
Primary Key	BHO ID	Varchar	20	N
	CLIENT ID (The ID to be merged)	Varchar	20	N
Body	REFERENCE CLIENT ID	Varchar	20	N

Rules:

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

Concurrent Transactions:

-

Note:

- There is no action code in this transaction.
- This transaction will void the Reference client ID; however related records will not have IDs voided. If related records are updated to the new ID, the result would be that those orphaned records will no longer connect to ProviderOne data.

Example:

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

Client Demographics – 020.07

Section: Transactions & Definitions
 Effective Date: 04/01/2017

Definition:

This is the transaction for full demographic data using the Client Unique ID (CUID). The CUID is used by DBHR to link that person’s records across various systems. The elements that constitute a CUID must be successfully processed before any other transaction will be accepted. If “crisis” or pre-intake prevents collection of CUID elements, then the MCO must collect at earliest possible point before submission.

Transaction ID:	020.07	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	EFFECTIVE DATE	Datetime	Date	N
Body	FIRST NAME	Varchar	35	N
	MIDDLE NAME	Varchar	25	Y
	LAST NAME	Varchar	60	N
	ALTERNATE LAST NAME	Varchar	60	Y
	SOCIAL SECURITY NUMBER	Varchar	9	Y
	BIRTHDATE	Datetime	CCYYMMDD	N
	GENDER	Varchar	2	N
	HISPANIC ORIGIN	Varchar	3	N
	PRIMARY LANGUAGE	Varchar	3	Y
	RACE(S)	Varchar	18	N
	SEXUAL ORIENTATION	Varchar	2	N
SOURCE TRACKING ID	Varchar	40	Y	

Rules:

- The Client demographic transaction is required before the submission of any other transaction to BHDS and updated upon change.
- A change is defined as an update to a preexisting record in the database, an add is inserting a record that did not previously exist.
- Since this transaction does not identify the Provider Agency and is a single transaction at the BHO level, EQRO will need to understand that not all Provider Agencies within a MCO will have all the data elements in this transaction since for some of the agencies they are not required. For example, a client seen for a DMHP Investigation or Withdrawal Management won’t have the non-required data elements.
- It is understood that the values in data elements Gender, Hispanic Origin, Primary Language, Race and Sexual Orientation may change based on what the client reports to each Provider Agency and the changes will be passed to the BHDS without the Provider Agency identified.

Concurrent Required Transactions:

Note:

-

Example:

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

Client Address – 022.02	Section: Transactions & Definitions
	Effective Date: 04/01/2017

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

Transaction ID:	022.02	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	EFFECTIVE DATE	Date	CCYYMMDD	N
Body	ADDRESS LINE 1	Varchar	120	N
	ADDRESS LINE 2	Varchar	120	Y
	CITY	Varchar	50	Y
	COUNTY	Varchar	5	Y
	STATE	Varchar	2	N
	ZIP CODE	Varchar	10	Y
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Collect Client Address at request for service or at assessment and on change.
- This transaction will not process if the Demographic Transaction has not been processed.
- Client’s address of residency is most preferred.
- If address of residency is not available, then submit the Client’s mailing address; if mailing is not available, report address elements available; at a minimum report County and City
- If client is homeless or unable to provide an address of residency or mailing address, report what is available, including city, county, and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.
- Follow detail instructions for Address Line 1 outlined in Address Line 1 data element.
- Do not use Provider Agency Address if Client Address is unknown.
- This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible.
- If the client’s address of residency is not in U.S., then all body elements are optional (can be left blank), except “STATE” must be reported as “Other”.

Concurrently Required Transactions:

-

Note:

- 10/6/2016: BHDG - BHA determine’ s capability to add flag for provider agency address, because excluding provider agency addresses is problematic due to the wide array of permutations for ways any one address can be submitted.

Example:

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

Client Profile – 035.09

Section: Transactions & Definitions
 Effective Date: 04/01/2017

Definition:
 Additional client characteristics required for all clients.

Transaction ID:	035.09	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER AGENCY NPI	Varchar	10	N
	PROFILE RECORD KEY	Varchar	38	N
Body	EFFECTIVE DATE	Varchar	20	N
	EDUCATION	Varchar	2	N
	EMPLOYMENT	Varchar	2	N
	MARITAL STATUS	Varchar	2	N
	PARENTING (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH)	Varchar	1	Y
	PREGNANT (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH)	Varchar	1	Y
	SMOKING STATUS	Varchar	2	N
	RESIDENCE	Varchar	2	N
	SCHOOL ATTENDANCE	Varchar	1	N
	SELF HELP COUNT (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH)	Varchar	2	N
	USED NEEDLE RECENTLY (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH)	Varchar	1	N
	NEEDLE USE EVER (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH)	Varchar	1	N
	MILITARY SERVICE	Varchar	2	N

Rules:

- This is collected at admission and discharge (as defined in the Service Episode and Program transaction). Continue to report at least every 90 days or upon change, whichever comes first. If the information has not changed, resubmit existing data at the 90 day period.

Concurrent Transactions:

-

Note:

-

Example:

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

Program Identification – 060.05

Section: Transactions & Definitions
 Effective Date: 04/01/2017

Definition:

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

Transaction ID:	060.05	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	PROGRAM ID KEY	Varchar	40	N
Body	PROGRAM ID	Varchar	3	N
	PROGRAM START DATE	Date	CCYYMMDD	N
	PROGRAM END DATE	Date	CCYYMMDD	Y
	ENTRY REFERRAL SOURCE	Varchar	2	Y
	PROGRAM END REASON	Varchar	2	Y

Rules:

- This transaction is required upon entry and exit of the programs.
- If there are services that are not programs listed in the program ID they should not be tracked in this transaction.

Concurrent Transactions:

- Substance Use Clients: Must submit Client Profile, ASAM Placement, and Substance Use transactions with this transaction.

Note:

-

Example:

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

Co-occurring Disorder – 121.04

Section: Transactions & Definitions

Effective Date: 04/01/2017

Definition:

Co-occurring disorder and screening assessment.

Transaction ID:	121.04	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	GAIN-SS DATE	Date	CCYYMMDD	N
	SCREEN ASSESSMENT INDICATOR	Varchar	1	N
Body	CO-OCCURRING DISORDER SCREENING(IDS) (Required, based on value in Screening Assessment Indicator)	Varchar	2	Y
	CO-OCCURRING DISORDER SCREENING (EDS) (Required, based on value in Screening Assessment Indicator)	Varchar	2	Y
	CO-OCCURRING DISORDER SCREENING (SDS) (Required, based on value in Screening Assessment Indicator)	Varchar	2	Y
	CO-OCCURRING DISORDER ASSESSMENT (Required if the client screens high (2 or higher) on <u>either</u> the IDS or EDS, <u>and</u> on SDS)	Varchar	2	Y
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Required at assessment for all clients.
- This transaction will not process if the values for the CO-OCCURRING DISORDER SCREENING (IDS), CO-OCCURRING DISORDER SCREENING (EDS), CO-OCCURRING DISORDER SCREENING (SDS) or CO-OCCURRING DISORDER ASSESSMENT are missing or invalid.
- There is not an edit requiring the initial EDI service encounter to be processed prior to this transaction.

Concurrent Transactions:

•

Note:

Example:

Authorization – 023.02

Section: Transactions & Definitions
 Effective Date: 04/01/2017

Definition:

MCO decision regarding a request for authorization for treatment of a client. This transaction is sent every time a new authorization or re-authorization is requested and an authorization decision is made.

Transaction ID:	023.02	Type	Length	Allow Null
ACTION CODE:	"A" Add "C" Change "D" Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	AUTHORIZATION ID	Varchar	40	N
Body	AUTHORIZATION DECISION DATE	Date	CCYYMMDD	N
	AUTHORIZATION START DATE	Date	CCYYMMDD	Y
	AUTHORIZATION END DATE	Date	CCYYMMDD	Y
	AUTHORIZATION DECISION	Varchar	2	N
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Only sent if there is an authorization decision made.
- Transaction is not needed for assessment only and/or a decision request is not sent to the BHO.

Concurrent Transactions:

-

Note:

-

Example:

023.02<tab>A<tab>105021301<tab>Client ID 20chars<tab>1234567890<tab>20160401<tab>Auth ID 40chars<tab>20160501<tab>20160601<tab>5<tab>SourceTrackingID 40chars

ASAM Placement – 030.02

Section: Transactions & Definitions

Effective Date: 04/01/2017

Definition:

ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with substance use disorder and co-occurring conditions. ASAM Level Indicated means the ASAM Level as scored on the ASAM placement criteria.

Transaction ID:	030.02	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	ASAM RECORD KEY	Varchar	40	N
Body	ASAM ASSESSMENT DATE	Date	CCYYMMDD	N
	ASAM LEVEL INDICATED	Varchar	6	N

Rules:

- Required for all substance use disorder clients, including SUD clients receiving Withdrawal Management Services where an assessment was provided.
- Not required for SUD services provided prior to an assessment.
- Required at assessment, admission, and anytime thereafter that it is collected.
- Must collect and report ASAM when there is a level of care change.

Concurrent Transactions:

-

Note:

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

Example:

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

DMHP Investigation – 160.04

Section: Transactions & Definitions

Effective Date: 04/01/2017

Definition:

A designated Mental Health Professional (DMHP) is the only person who can perform an ITA investigation that results in a detention and revocation. A crisis worker who is not a DMHP 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 DMHP investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a DMHP. Do not report investigative findings of the crisis worker unless the crisis worker is also a DMHP.

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

This transaction identifies all investigations by the DMHP, even if the DMHP 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.

Transaction ID:	160.04	Type	Length	Allow Null
ACTION CODE:	"A" Add "C" Change "D" Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	INVESTIGATION START DATE	Date	CCYYMMDD	N
	INVESTIGATION START TIME	Varchar	4 (HHMM)	N
Body	INVESTIGATION COUNTY CODE	Varchar	5	N
	INVESTIGATION OUTCOME	Varchar	2	N
	DETENTION FACILITY NPI	Varchar	20	Y
	LEGAL REASON FOR DETENTION/COMMITMENT (Code value from table below)	Varchar	4	N
	RETURN TO INPATIENT/REVOCAATION AUTHORITY (Code value from table below)	Varchar	2	Y
	DMHP AGENCY NPI	Varchar	20	N
	INVESTIGATION REFERRAL SOURCE	Varchar	2	N
	INVESTIGATION END DATE	Date	CCYYMMDD	N
SOURCE TRACKING ID	Varchar	40	Y	

Rules:

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

- This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the “Involuntary Treatment Investigation” service modality, is expected to be received in an “837P transaction.”
- There are some code value dependencies based on the Investigation Outcome (required). The following table attempts to clarify those dependencies.

	Investigation Outcome* CODE Meaning	Legal Reason for Detention/ Commitment* (Up to 4 Characters)	Return to Inpatient/ Revocation Authority	Inpatient NPI
1	Detention (72 hrs.)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient	Z	9	Blank/Null
3	Referred to Voluntary Inpatient	Z	9	Required
4	Return to Inpatient Facility	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
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 Substance Use Disorder Intensive Outpatient Program	Z	9	Blank/Null
15	Referred to Substance Use Disorder Inpatient Program	Z	9	Blank/Null
16	Referred to Substance Use Disorder 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	Z	9	Blank/Null
19	Non-emergent detention petition filed	A-D or X at least one required	9	Blank/Null
20	Did not require Mental Health or Substance Use Disorder services	Z	9	Blank/Null
21	Referred for hold under RCW 70.96A	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	A-D or X at least one required	9	Blank/Null

Concurrent Transactions:

-

Note:

- 10/25/2016: DBHR: Changed terms “Chemical Dependency” to “Substance Use Disorder”
- 11/02/2016: FYI: SSHB1713 will significantly change the ITA system in 2018 which will impact DMHP and ITA transactions

Example:

160.04<tab>A<tab>105021301<tab>Client ID

20chars<tab>20160401<tab>20160601<tab>53067<tab>23<tab>1234567890<tab>Z<tab>9<tab>123456789

0<tab>10<tab>20160701 <tab>SourceTrackingID 40chars

ITA Hearing – 162.04

Section: Transactions & Definitions
 Effective Date: 04/01/2017

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 MCO, 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 MCO in which the hearing occurred. This may be different than the MCO who reported the ITA Investigation.

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

Transaction ID:	162.04	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	HEARING DATE	Date	CCYYMMDD	N
Body	HEARING OUTCOME	Varchar	2	N
	DETENTION FACILITY NPI (Same as that used in the DMHP Investigation transaction)	Varchar	10	Y
	HEARING COUNTY	Varchar	5	N
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Only collected for persons being investigated under the Involuntary Treatment Act
- Valid hearing date, client ID, hearing county, and hearing outcome are required.

Concurrent Transactions:

- DMHP

Note:

Example:

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

Service Episode – 170.05

Section: Transactions & Definitions

Effective Date: 04/01/2017

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 MCO's authorization to pay for those services. Substance Abuse and Mental Health Services Administration (SAMHSA) is requiring 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 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

This transaction, along with the program ID transaction, is the way for MCO's to report outpatient treatment episodes of care in a way that allows DBHR to meet their SAMHSA reporting requirements.

Transaction ID:	170.05	Type	Length	Allow Null
ACTION CODE:	"A" Add "C" Change "D" Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	EPISODE RECORD KEY	Varchar	40	N
Body	SERVICE EPISODE START DATE	Date	CCYYMMDD	N
	SERVICE EPISODE END DATE	Date	CCYYMMDD	Y
	SERVICE EPISODE END REASON	Varchar	2	Y
	SERVICE REFERRAL SOURCE	Varchar	2	Y
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Service episode is required for mental health outpatient and whenever a client enrolls in a program listed in the program ID. Service episode is optional if it is not mental health outpatient and not in the ProgramID list. Examples of these services include: crisis, pre-assessment, or ITA services.
- No requirement around which MCO reports (service MCO or responsible MCO), but each MCO works with their Provider Agency and other MCOs to ensure all service encounters (based on services provided to the individual client) are reported through Provider One and all related service information is reported as per this BHDS data guide (e.g. service episode transactions, client demographics, etc.).
- For Mental Health this transaction is used to report on going outpatient episodes.

Concurrent Transactions:

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Note:

Example:

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

Substance Use – 036.03

Section: Transactions & Definitions
 Effective Date: 04/01/2017

Definition:

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

Transaction ID:	036.03	Type	Length	Allow Null
ACTION CODE:	“A” Add “C” Change “D” Delete	Varchar	1	N
Primary Key:	BHO ID	Varchar	20	N
	CLIENT ID	Varchar	20	N
	PROVIDER NPI	Varchar	10	N
	PROGRAM ID	Varchar	3	N
	EFFECTIVE DATE	Date	CCYYMMDD	N
Body	SUBSTANCE (1)	Varchar	2	N
	AGE AT FIRST USE (1)	Varchar	2	N
	FREQUENCY OF USE (1)	Varchar	2	N
	PEAK USE (1)	Varchar	2	N
	METHOD (1)	Varchar	2	N
	DATE LAST USED (1)	Date	CCYYMMDD	Y
	SUBSTANCE (2)	Varchar	2	Y
	AGE AT FIRST USE (2)	Varchar	2	N
	FREQUENCY OF USE (2)	Varchar	2	N
	PEAK USE (2)	Varchar	2	N
	METHOD (2)	Varchar	2	N
	DATE LAST USED (2)	Date	CCYYMMDD	Y
	SUBSTANCE (3)	Varchar	2	Y
	AGE AT FIRST USE (3)	Varchar	2	N
	FREQUENCY OF USE (3)	Varchar	2	N
	PEAK USE (3)	Varchar	2	N
	METHOD (3)	Varchar	2	N
	DATE LAST USED (3)	Date	CCYYMMDD	Y
	SOURCE TRACKING ID	Varchar	40	Y

Rules:

- Must be reported at admission, at least every 90 days or upon change whichever comes first and at discharge for all SUD clients. SUD inpatient Provider Agencies are not exempt from reporting.
- If Substance 2 and 3 are reported, all elements are required, except Source Tracking ID
- Must always report effective date with this transaction.
- The substances reported are left to the clinician’s judgement.
- The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. This rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3).
- The 3 Substances reported at admission must also be reported at discharge, and at the 90-day updates (whether or not they are still using the substance). Also, the order of the 3 Substances are reported at 90-day updates and discharge must stay the same as that reported at admission.
- The following must be included for each substance being reported:
- AGE AT FIRST USE (report only at admission)

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

Concurrent Transactions:

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Note:

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Example:

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

Data Element Definitions

Data element definitions are classified into sections.

Identifiers:

Cascade Merge

Common Transaction Elements

Client Demographics

Client Address

Client Profile

Program Identification

Co-occurring Disorder

Authorization

ASAM Placement

DMHP Investigation

ITA Hearing

Service Episode

Substance Use

Identifiers

BHO ID	Section: Identifier
	Effective Date: 04/01/2017

Definition:

The unique identifier assigned to each MCO by ProviderOne. It is the same identifier used for sending 837 encounters to ProviderOne, called MCO/BHO/QHH Identifiers.

Code Values Not Applicable

Business Rules:

Rules:

- Match ProviderOne code for each MCO
- Accepts 7 or 9-digit ID to account for differences in MCO, BHO, and ASO

Frequency:

- Collected for each record as identifying record information

Data Use:

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

Validation:

- Unique by MCO
- 23300 Error: BHO ProviderOne ID is not a valid BHO ProviderOne ID. Transaction not posted.

History:

-

Notes:

- BHO ID also applies to Early Adopter MCOs and ASOs.

Client ID	Section: Identifier
	Effective Date: 04/01/2017

Definition:

The unique identifier assigned to each client by the BHO/MCO/ASO. It is the same identifier used for sending 837 encounters to ProviderOne.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Required for all clients.
- Within a given provider agency, the Client ID must be unique to an individual.

Frequency:

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

Data Use:

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

Validation:

- Unique by client, by MCO

History:

Notes:

Provider NPI	Section: Identifier
	Effective Date: 04/01/2017

Definition:

Indicates the Provider Agency’s National Provider Identifier (NPI) as obtained through federal registration via ProviderOne.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Provider NPI submitted to BHDS must match ProviderOne registered code
- Will be used to obtain the facility code in ProviderOne (2420c Loop – Service Facility Location Name)

Frequency:

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

Data Use:

Provider NPI is used to join BHDS data with ProviderOne data. It is the only link between the two systems.

Validation:

- Must be valid in ProviderOne

History:

- 9/10/2016: DBHR: Added Provider NPI to most transactions where Provider NPI is applicable to the data

Notes:

Batch Number	Section: Header
	Effective Date: 04/01/2017

Definition:

A sequential number assigned to the batch file by the submitting MCO

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

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

Data Use:

- Batch number is for identifying unique batches by MCO

Validation:

- Cannot be blank
- Required for each submission

History:

-

Notes:

-

Batch Date	Section: Header
	Effective Date: 04/01/2017

Definition:

Date a batch file of transactions was created by a submitting MCO

Code Values: N/A

Business Rules:

Rules:

-

Frequency:

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

Data Use:

- Batch identification

Validation:

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

History:

Notes:

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

Cascade Merge

Referenced Client ID	Section: Cascade Merge
	Effective Date: 04/01/2017

Definition:

A string of characters that uniquely identifies the referenced client within the system overseen by the MCO and used only in the cascade merge transaction.

Code Values: N/A

Business Rules:

Rules:

- Required for a cascade merge.

Frequency:

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

Data Use:

- Used for cascade merge

Validation:

- Checks whether ID has been previously voided

History:

Notes:

Common Transaction Elements:

Effective Date	Section: Client Demographics, Address Profile, Substance Use
	Effective Date: 04/01/2017

Definition:

This field is found in the following transactions and indicates the date the information was applicable.

Code Values: N/A

Business Rules:

Rules:

- Must always be reported within the Client Demographics, Client Address, Client Profile and Substance Use transactions

Frequency:

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

Data Use:

- Effective Date is used in the following transactions to record the date the information is applicable/collected:
 - Client Demographics
 - Client Address
 - Client Profile
 - Substance Use

Validation:

- Cannot be blank
- Required for each transaction specified
- Must be valid date

History:

-

Notes:

-

Source Tracking ID

Section: All Transactions

Effective Date: 04/01/2017

Definition:

This field is found in most transactions and indicates the record ID from the source system in order for MCO's to reconcile data to their systems. This is an optional field and was added at the request of the MCOs.

Code Values: N/A

Business Rules:

Rules:

- No rules for use of this field

Frequency:

- Collected for each record as identifying record information for a record in the MCO source system

Data Use:

- Reconcile data to MCO systems

Validation:

- No validation exists in this element

History:

-

Notes:

-

Client Demographics 020.07

First Name	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for all clients

Frequency:

- Collected at request for service if possible, and updated upon change.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

Middle Name	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Collected at request for service if possible, and updated upon change.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

Last Name	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Collected at request for service if possible, and updated upon change.

Data Use:

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

Validation:

- Both apostrophes and hyphens are allowed

History:

-

Notes:

-

Alternate Last Name	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Collected at request for service if possible, and updated upon change.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

Social Security Number

Section: Client Demographics

Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Whenever possible or upon change

Data Use:

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

Validation:

- Does not allow obvious invalid numbers:
 - 9 digits of the same number
 - 9 sequential ascending or descending numbers
 - More than 9 characters

History:

-

Notes:

-

Birthdate	Section: Client Demographics
	Effective Date: 04/01/2017

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- If DOB is not available, enter 29991231, this is the value used by the ProviderOne Medicaid Billing system for missing DOB.

Frequency:

- Collected on date of first date of contact or as soon as possible thereafter and updated if corrections needed

Data Use:

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

Validation:

- Cannot be blank
- Required for client demographics transaction
- Must be valid date or 29991231

History:

-

Notes:

-

Gender	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:
 Indicates a person's self-identified gender.

Code Values:

Code	Value	Definition
1	Female	
2	Male	
4	Transgender	
5	Intersex	Person born with characteristics of both
7	Transgender female	Designated male at birth but identifies as female: Code as male
8	Transgender male	Designated female at birth but identifies as male: Code as female
97	Unknown	Unknown
98	Refused	Person refused to answer

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
6	Unknown		

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated if corrections needed

Data Use:

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

Validation:

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

History:

- 11/2/2016: Revised version of the MH-TEDS Manual effective immediately: Transgender clients should be coded based on their biological sex. via Email from Mayra Walker, TEDS Operations Director.

Notes:

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

Hispanic Origin	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated if corrections needed

Data Use:

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

Validation:

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

History:

-

Notes:

Primary Language	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

Indicates the primary speaking language of the client as used in the home, if that language is not English.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients
- Leave blank if the primary speaking language of the client is English

Frequency:

- Collected on date of request for service or whenever possible and updated whenever status changes

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code

History:

- 9/27/2016: BHDG: DBHR requests that the primary language list matches the ProviderOne list for languages which is dramatically larger than the approximately 40 languages agreed to previously. BHDG approved this request.

Notes:

- Source for ProviderOne language list
- Primary language is contained in Appendix F

Races(s)	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

-

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Sexual Orientation	Section: Client Demographics
	Effective Date: 04/01/2017

Definition:
 Indicates a client’s voluntarily stated sexual orientation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Collected on date of request for service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Cannot be blank
- Must be valid code

History:

- 2/9/2017: BHDG “This selection is not acceptable for anyone over the age of 13.” – Text deleted under 9-Choosing not to disclose.
- 2/9/2017: BHDG – change language from “over 13” to “13 and over”

Notes:

-

Client Address 022.02

Address Line 1	Section: Client Address
	Effective Date: 04/01/2017

Definition:

Indicates the street address where the client currently resides.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for all clients
- Use US Postal Addressing Standards for address

Frequency:

- Collected at request for service if possible, and updated upon change
- Required field for all clients.
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If unknown, write “unknown” in this field (ADDRESS LINE 1). Do not put unknown in any of the other Address fields, leave them blank.
- If address of residency is not available, then submit the Client’s mailing address; if mailing is not available, report address elements available; at a minimum report County and City
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.

Data Use:

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

Validation:

- None

History:

-

Notes:

Address Line 2	Section: Client Address
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for all clients
- Use US Postal Addressing Standards for address

Frequency:

- Collected at request for service if possible, and updated whenever there are changes
- Required field for all clients
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If unknown, write “unknown” in this field (ADDRESS LINE 2). Do not put unknown in any of the other Address fields, rather keep the rest of the Address fields blank.
- If address of residency is not available, then submit the Client’s mailing address; if mailing is not available, report address elements available; at a minimum report County and City
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.

Data Use:

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

Validation:

- None

History:

-

Notes:

City	Section: Client Address
	Effective Date: 04/01/2017

Definition:
 Indicates the client's current city of residence.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Use US Postal Addressing Standards for address
- Required for all clients
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If address of residency is not available, then submit the Client's mailing address; if mailing is not available, report address elements available; at a minimum report County and City
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.

Frequency:

- Collected at request for service if possible, and updated whenever there are changes.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

County	Section: Client Address
	Effective Date: 04/01/2017

Definition:
 Indicates the county where the client currently resides.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Required for all clients
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If address of residency is not available, then submit the Client's mailing address; if mailing is not available, report address elements available; at a minimum report County and City
- If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.

Frequency:

- Collected at request for service if possible, and updated whenever there are changes.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

State	Section: Client Address
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Use US Postal Addressing Standards for address
- Required for all clients
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If address of residency is not available, then submit the Client’s mailing address; if mailing is not available, report address elements available; at a minimum report County and City

- If client is homeless or unable to provide a street address, report what is available, including city, state or zip code. In the case of residence in a tent in the woods, report closest city, state or zip code (or the closest by proximity), but do not report Provider Agency as the closest proximity.
- For addresses from other countries select OT and other address field elements can be left blank

Frequency:

- Collected at request for service if possible, and updated whenever there are changes.

Data Use:

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

Validation:

- None

History:

- 1/24/2017: BHDG – Agreed to add Puerto Rico as a code

Notes:

-

Zip Code	Section: Client Address
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for all clients
- Use US Postal Addressing Standards for address
- Optional for SUD clients in withdrawal management services, but should be reported if possible.
- If client is homeless or unable to provide a street address, report what is available, including city, state or zip code. In the case of residence in a tent in the woods, report closest city, state or zip code (or the closest by proximity).

Frequency:

- Collected at request for service if possible, and updated whenever there are changes.

Data Use:

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

Validation:

- None

History:

-

Notes:

-

Client Profile 035.09

Profile Record Key	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes or every 90 days whichever comes first

Data Use:

Validation:

- Must be valid code

History:

- 10/13/2016: BHDG: Decision to add this element to allow for more flexibility in updating transactions

Notes:

-

Education	Section: Client Profile
	Effective Date: 04/01/2017

Definition:
 Indicates the educational achievement of the client.

Code Values:

Code	Value	Definition
1	No formal schooling	
2	Nursery school, pre-school, head start	
3	Kindergarten, Less than one school grade	
4	Grade 1	
5	Grade 2	
6	Grade 3	
7	Grade 4	
8	Grade 5	
9	Grade 6	
10	Grade 7	
11	Grade 8	
12	Grade 9	
13	Grade 10	
14	Grade 11	
15	Grade 12	indicates client is completing fourth year of high school, and does not have a high school diploma or GED
16	High School Diploma or GED	indicates client has high school diploma or GED, but no college
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)	indicates client is in their fourth year of college
21	Bachelor's Degree	indicates client has Bachelor's Degree, but no graduate school
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	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients
- Report the current grade level (i.e. if in 8th grade, report code 11). If it is summer after completion of a grade level, report the next grade level (i.e. if completed 8th grade in June and it is now August, report 9th grade).

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes or every 90 days whichever comes first

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Employment	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Required for all clients.
- Collected at admission and discharge and at least every 90 days or upon change whichever comes first
- “Highest level of employment or activity” corresponds to the value code (i.e. code 01, FULL TIME is a higher level than code 02, PART TIME).
- Only use Code 98 (NOT COLLECTED) if unable to collect because crisis phone service or pre-intake service was provided.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Marital Status	Section: Client Profile
	Effective Date: 04/01/2017

Definition:
 Indicates the current marital status of the client.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated at least every 90 days or upon change whichever comes first

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Parenting	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for female Substance Use Disorder clients only, optional for all other clients.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected at admission, discharge and updated at least every 90 days or upon change whichever comes first.

Data Use:

Validation:

- Must be valid code

History:

- 2/9/2017: BHDG – Added Unknown & Refused to answer to code values
-

Notes:

-

Pregnant	Section: Client Profile
	Effective Date: 04/01/2017

Definition:
 Indicates whether a client is pregnant.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for female Substance Use Disorder clients only

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected at admission, discharge and updated at least every 90 days or upon change whichever comes first.

Data Use:

- Community Mental Health Services Block Grant (MHBG)

Validation:

- Must be valid code

History:

-

Notes:

-

Smoking Status	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Residence	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients
- Use “Unknown” if a particular situation does not fit in one of the categories
- Codes for “PRIVATE RESIDENCE – adult only”, “DEPENDENT LIVING”, and “INDEPENDENT LIVING” should be used for adult clients only (age 18 and over)
- Children / Adults who live in family foster homes and therapeutic foster homes should use “FOSTER HOME/FOSTER CARE” and NOT “PRIVATE RESIDENCE”
- Although reported at least every 90 days or upon change whichever comes first, 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.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

School Attendance	Section: Client Profile
	Effective Date: 04/01/2017

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated at least every 90 days or upon change whichever comes first

Data Use:

Validation:

- Must be valid code

History:

- 2/9/2017: BHDG – Added Unknown & Refused to answer to code values

Notes:

-

Self Help Count	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Collected at admission and discharge and updated at least every 90 days or upon change whichever comes first

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Used Needle Recently	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Collected at admission and discharge and updated at least every 90 days or upon change whichever comes first

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Needle Use Ever	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required field for all Substance Use Disorder clients; optional for mental health clients.
- Collected at admission, discharge, and updated at least every 90 days or upon change whichever comes first.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Military Status	Section: Client Profile
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition
1	Yes	
2	No	
3	Refuse	
4	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

- 10/5/2016 – BHDG: Previously captured in Client Demographic

Notes:

-

Authorization 023.02

Authorization Decision Date	Section: Authorization
	Effective Date: 04/01/2017

Definition:

The date the authorization decision was made by the MCO.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Reported at time of authorization

Data Use:

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

Validation:

- Must be valid date

History:

-

Notes:

-

Authorization ID	Section: Authorization
	Effective Date: 04/01/2017

Definition:

A unique number assigned to an authorization. Created by the MCO. Must be unique within the MCO.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Every authorization must have a unique authorization ID

Frequency:

- Collected at time of authorization.

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

Authorization Start Date	Section: Authorization
	Effective Date: 04/01/2017

Definition:

Indicates the start date of the client's authorization for services. Does not indicate the date authorization was requested, but rather the start of the authorization period for services.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required for all clients for whom an authorization is requested
- May be null if Authorization Decision is equal to 4 or 5.

Frequency:

- Reported at time of authorization

Data Use:

Validation:

- Must be valid date

History:

- 9/27/2016: BHDG: DBHR will need start date for program evaluation reports. These can include but are not limited to reports by DBHR to evaluate effectiveness of various programs, reports provided to legislature, or performance measure reports.

Notes:

-

Authorization End Date	Section: Authorization
	Effective Date: 04/01/2017

Definition:

Indicates the end date of the client's authorization for services.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required for all clients for whom an authorization is requested
- May be null if the authorization is an open authorization
- May be null if Authorization Decision is equal to 4 or 5.

Frequency:

- Reported at time of authorization.

Data Use:

Validation:

- Must be valid date

History:

-

Notes:

-

Authorization Decision	Section: Authorization
	Effective Date: 04/01/2017

Definition:

Indicates the BHO 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 BHO. Authorization decision does not determine which CPT\HCPC codes may be sent and processed by ProviderOne.

Code Values:

Code	Value	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	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Required for all clients at intake/assessment and whenever authorization status changes.
- If a client is authorized at the same time to receive Substance Use Disorder and Mental Health, then report both (code 3).
- If the client is authorized to receive Substance User Disorder and Mental Health services in separate authorization requests, then report each under a separate transaction.
- Report regardless of whether or not the client received services.

Frequency:

- Report when authorization decision is made.

Data Use:

Validation:

- Must be valid code

History:

- 9/27/2016: BHDS Steering: DBHR will need data even if status is 4 or 5. As a result, changes will need to be made to other elements to remove requirement on start date.
-

Notes:

-

Service Episode 170.05

Episode Record Key	Section: Service Episode
	Effective Date: 04/01/2017

Definition:

Unique identifier for the service episode.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required for all clients
- Must be unique for each transaction

Frequency:

-

Data Use:

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

Validation:

- Must be valid code

History:

- 9/27/2016: BHDG – Decision to add this element

Notes:

Service Episode Start Date	Section: Service Episode
	Effective Date: 04/01/2017

Definition:

The date that starts the time period in which a client is served by a provider, based on their contracting BHO's authorization to pay for those services within a particular episode of care.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- This is Provider agency specific.
- Required for substance use disorder and mental health clients who are enrolled in a special program.
- A client may have multiple service episodes, i.e. at the same provider agency and/or multiple provider agencies.

Frequency:

- Collected on date of first service or when episode starts

Data Use:

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

Validation:

- Must be valid date

History:

- 9/27/2016: BHDG – Decision to move this element to body
-

Notes:

Service Episode End Date	Section: Service Episode
	Effective Date: 04/01/2017

Definition:

The date that ends the time period in which a client is served by a provider, based on their contracting BHO's authorization to pay for those services within a particular episode of care.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Collected at discharge or end of treatment for all programs and mental health treatment

Data Use:

Validation:

- Must be valid date

History:

-

Notes:

Service Episode End Reason	Section: Service Episode
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition
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	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected and report at service episode end

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Service Referral Source	Section: Program Identification
	Effective Date: 04/01/2017

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

Code Values:

Code	Value	Definition
1	Self / Family	
2	Substance Use Disorder Provider	
3	Mental Health Provider	
4	Other Healthcare Provider	
5	Self Help Group	
6	School	
7	Employer	
8	Court / Criminal Justice	
9	Other Community Referral	
97	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients
- Chose the primary referral source into the service episode

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Program Identification 060.05

Program ID Key	Section: Program Identification
	Effective Date: 04/01/2017

Definition:

Unique identifier for the program instance.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required for all use disorder clients who are in a program with a Program ID
- Must be unique for each transaction

Frequency:

Data Use:

Validation:

- Must be valid code

History:

- 9/27/2016: BHDG – Decision to add this element

Notes:

Program ID	Section: Program Identification
	Effective Date: 11/4/2017

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

Code Values:

Code	Value
1	<p>PACT Program for Assertive Community Treatment: David Reed & Can half-pact and pact be combined, or are they tracked as two different programs? The Program for Assertive Community Treatment (PACT) is an evidence-based practice for people with the most severe and persistent mental illnesses, with active symptoms and impairments, and who have not benefited from traditional outpatient programs. PACT is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. PACT teams are either "full teams" serving up to 100 individuals, or "half-teams" serving up to 50 individuals.</p>
2	<p>Chemical Dependency Disposition Alternative committable (CDDA COMM): This program is concerning mental health and chemical dependency treatment for juvenile offenders. Committable youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a treatment option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.</p>
3	<p>Chemical Dependency Disposition Alternative locally sanctioned (CDDA LS): This program is concerning mental health and chemical dependency treatment for juvenile offenders. Locally sanctioned youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a local supervision option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.</p>
10	<p>Children's Evidenced Based Pilot: Children's services is expected to receive a grant, and definition will be provided at a later date if grant is received.</p>
11	<p>Jail Services: Jail-based transitional mental health services for incarcerated individuals. State funds only. Includes services to individuals who have been referred by jail staff. These individuals are incarcerated and have been diagnosed with a mental illness or identified as in need of mental health services. Services can include transition services to persons with mental illness to expedite and facilitate their return to the community. Services include referrals for intake of persons who are not enrolled in community mental health services but who meet priority groups as defined in RCW 71.24. The Contractor must conduct mental health intake assessments for these persons and when appropriate provide transition services prior to their release from jail.</p>
15	<p>Fidelity Wraparound: - Verify agencies are not using before this gets removed.</p>
19	<p>Functional Family Therapy: A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and the family. The phases are engagement, motivation, assessment, behavior change, and generalization</p>
20	<p>Illness Self-Management/Illness Management & Recovery: Illness Self-Management (also called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.</p>

21	<p>Integrated Dual Disorders Treatment: Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.</p>
23	<p>Multi-systemic Therapy: MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes</p>
25	<p>Supported Housing: Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.</p>
26	<p>Therapeutic Foster Care: Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.</p>
28	<p>Wraparound with Intensive Services (WISe): A range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school or with peers requiring:</p> <ul style="list-style-type: none"> • The involvement of the mental health system and other child-serving systems (i.e. Juvenile justice, child-protection/welfare, special education, developmental disabilities), • Intensive care collaboration and • Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement. <p>WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community based services and mobile crisis outreach services based on the individual's need and the cross system care plan* developed by the Child and Family Team. Care is integrated in a way that ensures that youth are served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization and community integration to ensure that youth and families can live successfully in their homes and communities.</p> <p><i>*Cross System Care Plan: An individualized, comprehensive plan created by a Child/Family Team that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement the official treatment plan that each system maintains in the client record.</i></p>
29	<p>Housing and Recovery through Peer Services (HARPS): Services intended to support individuals in the housing of their choice, with leases in their name. Services are focused on assisting the individual to achieve stability and maintain their tenancy, including engagement and care coordination for the individual's whole health and rehabilitative needs to live independently in the community. Identifying housing options, contacting prospective landlords, scheduling interviews, assisting with applications, and assistance with subsidy applications and supporting the individual once housed in collaboration with or on behalf of an individual. Mediate landlord-tenant, roommate, and neighbor issues. Skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific.</p> <p><i>Note: Active only for Grays Harbor, North Sound, and Spokane BHOs.</i></p>
30	<p>Supported Employment Program: Services that support individuals with behavioral health issues, who desire to be employed in the community. Services follow the principles of the SAMHSA evidence based practice also known as Individual Placement and Support.</p> <ul style="list-style-type: none"> • Competitive employment is the goal. • Supported Employment is integrated with treatment. • Eligibility is based on the individual's choice; people are not excluded because of their symptoms or current substance usage. • Attention to the individual's job preferences.

	<ul style="list-style-type: none"> • Benefits counseling is important. • Rapid job search after the individual expresses their desire to work. • Job development through the development of employer relationships. • Time-unlimited support.
31	<p>Ticket to Work Program: The development of an individual work plan that supports a person with their employment goals and assigns the individual's Ticket to the Social Security approved DBHR Employment Network. Individuals can receive TTW services simultaneously with other services from any behavioral health program.</p>
32	<p>TANF Supported Employment: Melodie Pazolt TANF Supported Employment Pilot Project Supported Employment pilot project for TANF population in North Sound Mental Health Administration BHO.</p>
34	<p>CJTA (DC): Ahney King Substance Use Disorder treatment funded through the Criminal Justice Treatment Account. Drug Court Criminal Justice Treatment Account (CJTA) (RCW 70.96A, RCW 70.96A.055: Drug Courts, RCW 2.28.170; Drug Courts) and Drug Court funding. Drug court funding is provided to the following counties Clallam, Cowlitz, King, Kitsap, Pierce, Skagit, Spokane, and Thurston/Mason. The Contractor must ensure the provision of substance use disorder treatment and support services detailed below and in accordance with RCW 70.96A and RCW 2.28.170.</p>
35	<p>CJTA (NDC): Ahney King Criminal Justice Treatment Account Non-drug Court</p>
36	<p>Diversion Program: To improve the state's forensic mental health system, a prosecutor uses their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The client/defendant is referred for a mental health, substance abuse, or developmental disability assessment to determine the appropriate service needs of the client/defendant. The intent is to divert misdemeanor and low level felony defendants from incarceration and hospitalization, into needed behavioral health treatment. Note: Active only for King, Great Rivers, Greater Columbia, and Spokane as of May 16, 2016.</p>
37	<p>Roads to Community Living (RCL): The purpose of the "Roads to Community Living" (RCL) project is to examine how best to successfully help people with complex, long-term care needs transition from institutional to community settings. Grant funds provide services for each participant in preparation for their move and for their first year following transition.</p>
38	<p>New Journeys: New Journeys Coordinated Specialty Care (CSC) model for Transition Age Youth, ages 15-25, experiencing First Episode Psychosis (FEP). This early intervention approach offers real hope for clinical and functional recovery. Core components of CSC model include:</p> <ul style="list-style-type: none"> • Utilizing a coordinated team approach to provide intensive services • Assertive community outreach and education • Low-dosage medications • Psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training) • Skills training • Co-occurring substance use disorder counseling • Supported employment and education • Case management • Family psychoeducation • Primary Care Coordination • Peer support • 24 hour/day and 7 day/week crisis line <p>New Journeys Admission Criteria:</p> <ol style="list-style-type: none"> a. Age range: 15-25 years. b. Must live in King, Mason, Thurston, or Yakima County. c. Diagnoses: schizophrenia, schizoaffective and schizophreniform disorders, delusional, disorder, psychosis not otherwise specified (NOS). d. Duration of psychotic symptoms > 1 week and < 2 years. e. IQ over 70. f. Symptoms not known to be caused by a medical condition or drug use.
39	<p>BEST: The Becoming Employed Starts Today (BEST) project is designed to transform service delivery through promoting sustainable access to evidence-based Supported Employment. BEST provides consumers with meaningful choice and control of employment and support services. BEST utilizes Peer Counselors, reduces unemployment and supports the recovery and resiliency of individuals with serious mental illness including co-occurring disorders.</p>

	The Department of Social and Health Services (DSHS) secured the \$3.9 million federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The grant will provide services to 450 people over five years. North Central BHO and its provider Grant Mental Health and Columbia River Mental Health in Clark County are implementing the (BEST) project. Individuals with behavioral health issues, who desire to be employed, can access an approach to vocational rehabilitation known as Supported Employment (SE). This evidence-based practice adopted by SAMHSA assists individuals to obtain competitive work in the community and provides the supports necessary to ensure their success in the workplace.
40	1115 Waiver Supportive Housing
41	1115 Waiver Supportive Employment
42	Peer Bridger Program – Hospital & Community
51	Substance Use Disorder – Outpatient: Individual and group treatment services of varying duration and intensity according to a prescribed plan. ASAM Level 1: less than 9 hours per week (adults) less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies.
52	Substance Use Disorder – Intensive Outpatient: Intensive Outpatient: A concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 2.1: 9 or more hours per week (adults) 6 or more hours per week (adolescents) to treat multidimensional instability.
54	Substance Use Disorder – Intensive Inpatient: A 24-hour care concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 3.3-3.7: Hours of treatment service to be defined by program and individual treatment plan to treat multidimensional instability.
55	Substance Use Disorder – Long Term Residential: A program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health. ASAM level 3.1: 24 hour structured program with available personnel; at least 5 of clinical services/week (WAC 388-877B-0270 defines services as a minimum of 2 hours each week individual or group counseling and minimum of 2 hours each week education regarding alcohol, other drug and addiction).
56	Substance Use Disorder – Recovery House: A program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. (WAC 388-877B-0270 defines Recovery House services as 4 hours of individual, group counseling and education per week).
57	Substance Use Disorder – Withdrawal Management (aka Detox): Chemical dependency detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with American Society of Addiction Medicine Criteria level Withdrawal Management (WM)-3.2-3.7.
58	Substance Use Disorder – Opiate Substitution: Services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These programs must also meet outpatient treatment service requirements.
59	Substance Use Disorder – Housing Support Services

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
17	Assertive Community Treatment (ACT) NOTE: Use code 1 to report WA-PACT		

Business Rules:

Rules:

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

Frequency:

- Collected on date of program start
- Codes 51-58 are required for substance use clients at admission, upon change and at discharge

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

- 11/4/2016: DBHR - Assertive Community Treatment (ACT) Removed – per David Reed

Program Start Date	Section: Program Identification
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for substance use disorder and mental health clients who are enrolled in a special program.
- A client can be enrolled in more than one program at a time.
- Program ID must exist in order to have a program start date.

Frequency:

- Collected on date of program start

Data Use:

Validation:

- Must be valid date

History:

- 9/27/2016: BHDG – Decision to move this element to body
-

Notes:

Program End Date	Section: Program Identification
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Required for substance use disorder and mental health clients who are enrolled in a special program.
- A client can be enrolled in more than one program at a time.
- Program ID must exist in order to have a program end date.

Frequency:

- Collected on program end

Data Use:

Validation:

- Must be valid date

History:

-

Notes:

Entry Referral Source	Section: Program Identification
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition
1	Self / Family	
2	Substance Use Disorder Provider	
3	Mental Health Provider	
4	Other Healthcare Provider	
5	Self Help Group	
6	School	
7	Employer	
8	Court / Criminal Justice	
9	Other Community Referral	
97	Unknown	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on entry into a special program

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Program End Reason	Section: Program Identification
	Effective Date: 04/01/2017

Definition:

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

“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.).

Code Values:

Code	Value	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	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected at program end

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

Co-occurring Disorder 121.04

GAIN-SS Date	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected and reported as outline by each BHO's PIHP contract

Data Use:

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

Validation:

- Must be valid date

History:

-

Notes:

-

Screen Assessment Indicator	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

An indicator used to identify if a Co-occurring Disorder transaction is used to report GAIN-SS screening scores, a follow-up assessment or both.

Code Values:

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

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected and reported as outline by each BHO's PIHP contract

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Co-Occurring Disorder Quadrant Assessment	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Required for all clients

Frequency:

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

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Co-Occurring Disorder Screening (IDS)	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

The IDS score is one of 3 produced upon completion of the co-occurring disorders screening process. The IDS score is one of three scores from the outcome of a screening using GAIN Short Screen (GAIN-SS) tool.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected and reported as outline by each BHO's PIHP contract

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Co-Occurring Disorder Screening (EDS)	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

The EDS Score is one of 3 produced upon completion of the co-occurring disorders screening process. The EDS score is one of three scores from the outcome of a screening using GAIN Short Screen (GAIN-SS) tool.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected and reported as outline by each BHO's PIHP contract

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Co-Occurring Disorder Screening (SDS)	Section: Co-occurring Disorder
	Effective Date: 04/01/2017

Definition:

The SDS Score is one of 3 produced upon completion of the co-occurring disorders screening process. The SDS score is one of three scores from the outcome of a screening using GAIN Short Screen (GAIN-SS) tool.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes
- Collected and reported as outline by each BHO's PIHP contract

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

ASAM Placement 030.02

ASAM Assessment Date	Section: ASAM Placement
	Effective Date: 04/01/2017

Definition:

Date the assessment occurred.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

Must be valid code

History:

-

Notes:

-

ASAM Level Indicated	Section: ASAM Placement
	Effective Date: 04/01/2017

Definition:
 Clinician placement of client ASAM Level.

Code Values:

Code	Adolescent	Adult	Definition
0			Place holder for people who are truly not at any risk
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
1-WM (Level of Withdrawal Management (WM) for Adults)	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 (Level of Withdrawal Management (WM) for Adults)	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 (Level of Withdrawal Management (WM) for Adults	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 Intensity Residential Services	24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3. 16 hour/day counselor ability

3.7-WM (Level of Withdrawal Management (WM) for Adults)	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 (Level of Withdrawal Management (WM) for Adults)	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 (LEVEL 1)	Some OTPs not specified for adolescent populations.	Opioid Treatment Program (LEVEL 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date
3.2-D	Level 3.2-D Clinically managed residential withdrawal management sub-acute withdrawal management – Replaced with 3.2 WM	4/01/2016	3/31/2017
3.7-D	Level 3.7-D Clinically managed residential withdrawal management acute withdrawal management – Replaced with 3.7 WM	4/01/2016	3/31/2017
OST	Level OST OP Resistance high enough to require structured therapy. Opioid Substitution Treatment – Replaced with OTP	4/01/2016	3/31/2017

Business Rules:

Rules:

- Only one option allowed

- Required for substance use disorder clients

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

Must be valid code

History:

- 9/8/2016: BHDG: BHO's agreed to submit ASAM level indicated and level received will be obtained through ProviderOne
- 10/25/2016: DBHR: Eric Osborne provided updated definitions for all ASAM values from ASAM Criteria source listed. Adolescence column was added, new Withdrawal Management values (1-WM, 2-WM, 4-WM) were added. Other (3.2-WM, 3.7-WM, OST) were replaced as shown in history table. These are effective 4/1/2016.

Notes:

- 10/25/2016: **Source:** ASAM Code Value list source: pp. 106 & 107.... The ASAM Criteria: Treatment Criteria for Addiction, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Change Company, 2013. ISBN -13, 978-1-61702-197-8 (Provided by Eric Osborne, BHA)

DMHP Investigation 160.04

Investigation Start Date	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

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

Data Use:

Validation:

- Must be valid date

History:

-

Notes:

-

Investigation Start Time	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.
- Submit time values using a 24-hour clock.

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Investigation County Code	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

Investigation Outcome	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:
 Indicates the outcome of a DMHP investigation.

Code Values:

Code	Value	Definition
1	Detention to MENTAL HEALTH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05).	
2	Referred to voluntary Outpatient mental health services.	
3	Referred to voluntary Inpatient mental health services.	
4	Returned to Inpatient facility/filed revocation petition.	
5	Filed petition-recommending LRA extension.	
6	Referred to non-mental health community resources.	
7	Detention to Secure Detox facility (72 hours as identified under RCW 70.96B)	
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 chemical dependency intensive outpatient program.	
15	Referred to chemical dependency inpatient program.	
16	Referred to chemical dependency 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 CD services	
21	Referred for hold under RCW 70.96A	
22	Petition filed for outpatient evaluation	
23	Filed petition recommending AOT extension	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only one option allowed
- Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2, 3, or code 10 – 16)
- Only collected for persons being investigated under the Involuntary Treatment Act

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Detention Facility NPI	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

DMHP INVESTIGATION
ITA HEARING

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only one option allowed
- Required if the client is detained, referred to voluntary inpatient, or returned to inpatient facility.
- Only collected for persons being investigated under the Involuntary Treatment Act.

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

- DBHR provided DMHP NPI facility list guidance [LINK]

Legal Reason for Detention/Commitment	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:
 Indicates the reason for detention/commitment.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

Return to Inpatient/ Revocation Authority	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition
1	DMHP 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	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

Must be valid code

History:

-

Notes:

- This element is specific to returning a client under 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.

DMHP Agency NPI	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

Indicates the NPI for the Agency that employs the DMHP that provides ITA investigation services.
 If DMHP is employed by multiple agencies, then report only one of the agencies.
 If DMHP is from MCO who do not have NPI then report BHO ID.

Code Values:

Code	Value	Definition

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

- See DBHR Provided **DMHP NPI List**: [<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/developing-behavioral-health-organizations>]

Investigation Referral Source	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:
 Indicates the source of the referral for an ITA investigation.

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

Investigation End Date	Section: DMHP Investigation
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

-

ITA Hearing 162.04

Hearing Date	Section: ITA Hearing
	Effective Date: 04/01/2017

Definition:

Indicates the date of an Involuntary Treatment Act court hearing.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid date

History:

-

Notes:

- 10/21/2016: BHDG: Still awaiting verification on whether BHO's need to submit the 90 day or 14 day hearing

Hearing Outcome	Section: ITA Hearing
	Effective Date: 04/01/2017

Definition:

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

Code Values:

Code	Value	Definition
0	Dismissed	
1	14 Day Commitment	
2	90 Day Commitment or extension	
3	180 Day Commitment or extension	
4	90 Day LRA or LRA extension	
5	180 Day 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 Assisted Outpatient Treatment	
12	180 Day Assisted Outpatient Treatment Order	
13	365 Day Assisted Outpatient Treatment Order	

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code

History:

- 11/09/2016: DBHR: RCW 71.05.320(7) allows a Less Restrictive Order for up to one year. There will be future changes as a result of this. Considered changes are that code 7 Revoke LRA, will be two different codes for "Revoke 90 Day LRA" and "Revoke 180 Day LRA". The same is needed for Code 8 Reinstate LRA, to become 'Reinstated 90 LRA' and 'Reinstate 180 LRA'

Hearing County Code	Section: ITA Hearing
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

Data Use:

- Gun background check

Validation:

- Must be valid code

History:

Substance Use 036.02

Substance (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Required field for all clients receiving Substance Use Disorder services.
- Reported at admission, discharge, and updated at least every 90 days or upon change whichever comes first.
- A Substance (except for "None") cannot be selected more than once.
- The same substance(s) must be included in the report at admission, at least every 90 days or upon change whichever comes first, 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. If substance 2 & 3 were originally reported as null, these can be updated in the course of treatment, and must be the same substances reported at discharge.
- May have different substances for different programs. Substances do not have to be consistent across all programs.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

-

Age at First Use (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only reported for substance use disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Must be less than or equal to client's age when reported.
- Reported at admission, discharge and at least every 90 days or upon change whichever comes first.

Frequency:

Data Use:

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

Validation:

- Must be valid code

History:

-

Notes:

Frequency of Use (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only reported for Substance Use Disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Reported at admission, discharge and at least every 90 days or upon change whichever comes first.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

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

Validation:

- Must be valid code

History:

- 2/9/2017: BHDG – Added “or More” for “13 or More Times In Past Month”, code 4

Notes:

Peak Use (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

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

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

Method (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:

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

Code Values:

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

Historical Code Values:

Code	Value	Effective Start Date	Effective End Date

Business Rules:

Rules:

- Only reported for substance use disorder clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Reported at admission, discharge and updated at least every 90 days or upon change whichever comes first.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid code

History:

-

Notes:

Date of Last Used (1, 2, 3)	Section: Substance Use
	Effective Date: 04/01/2017

Definition:
 Indicates the date that client last used a specific substance.

Code Values:

Code	Value	Definition

Business Rules:

Rules:

- Only reported for Substance Use Disorder clients.
- Reported at admission, discharge and updated at least every 90 days or upon change whichever comes first.
- Required if any substance other than "None" is reported in the SUBSTANCE element.
- Must be less than or equal to the date on which it is reported.
- Date last used must be greater than the client's birthdate or age at first use.

Frequency:

- Collected on date of first service or whenever possible and updated whenever status changes

Data Use:

Validation:

- Must be valid date

History:

-

Notes:

Appendix A: Document History

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

Date	Version	Description	Name
Data Guide Version 2.0			
2/23/2017	Publish	No objections for review period ending 2/22/2017. Accepted all changes and published as V2.1	Huong Nguyen
2/9/2017	Proposed/ Approved	Changes from BHDG 2/9/2017: 13 or More Times In Past Month for Frequency, Refuse and Unknown added to parenting and school attendance, Change to language for Sexual orientation. See History notes in data fields. Changed various codes for req/conditional in summary of transactions.	Proposed by Bruce Waddel, approved by group
1/12/2017	Approved	Approved 12/8/2017 changes	BHDG Meeting
12/8/2017	Proposed Changes	Clarified Language Codes, Added Puerto Rico, validation in transaction, removed "Intent of data collection is to gather one record day, per provider agency.", Corrected transaction numbers to be consistent & correct, ASAM length changed, removed duplicate rows, corrected conflicting directions for sexual orientation.	Huong Nguyen from BHO questions
11/22/2016	Publish	Removed "draft" type language and updated publish/approve dates	Huong Nguyen
11/18/2016	Approved	<p>Per email: Thank you for those who have provided their feedback, and/or approval. For those approving, we have two camps:</p> <ul style="list-style-type: none"> • Those who have approved with the addition of Anders' feedback on Service Episode and Program Identification • Those who have approved the Data Guide v2.0 as distributed <p>Because we have a mixed response, we are going to move forward at this time with the version agreed upon by the BHDG, as distributed through email and Basecamp. Delays to revisit and modify the content and transactions of the Data Guide would jeopardize our ability to report data to SAMHSA and others, which has already been delayed.</p> <p>Thank you.</p> <p>JERRY BRITCHER / DEPUTY CHIEF INFORMATION OFFICER</p>	Jerry Britcher, Chris Imhoff, BHOs
11/17/2016	Revised	Removed all duplicate languages from list, fixed typos, incorrect grammar, spacing/formatting, [cosmetic changes only]	Huong Nguyen

11/10/2016	Revised	Group Changes: Cascade version not incremented, clarifications, Program ID list review, and changes, {Add support housing, discuss new programs, added them}, add transgender (4) back, verify rules, clarify treatment chart, and clarify language rules	BHDG Collective
11/10/2016	Revised	Brought up prior decision that 10 Admin Closure, and 11 Transitioned to Managed Care, it will be retroactively active from April 1, 2016	Dani Repp/Will Clemmer for Salish
11/9/2016	Revised	Revised submission instructions, added additional glossary definitions, FYI for ITA Outcome	Huong Nguyen
11/9/2016	Revised	Typos, clarifications	Gerene McDowell, for Optum
11/7/2016	Revised	Revised language code list with better list and source link, address Greater Columbia comments that was not incorporated in prior version, remove RSN references	Huong Nguyen
11/7/2016	Revised	Program ID definitions provided by DBHR program managers, SUD modalities approved by Micheal Langer	DBHR Chiefs
11/7/2016	Revised	Typos, clarification text, remove mistakes, formatting	Gerene McDowell, for Optum
11/4/2016	Revised	1.Change the current label and definition of homeless from HOMELESS – person has no fixed address; includes homeless, shelters (currently in BHDS) To Homeless without Housing: Individual primarily resides “on the street” or in a homeless shelter. 2.Add the Homeless with Housing category with the ACES definition. Homeless with Housing category . Individual does not have a fixed regular nighttime residence and typically stays (“couch surfs”) at the home of family or friends.	Can Du Kevin Campbell
11/4/2016	Revised	Remove MH outpatient reference in Program ID, change rules to be consistent with the language in Service Episode and Program, removing “collected on date of first service.... Verified scenarios in feedback and have a question pending to business folks regarding MH Outpatient End.	Nancy Creighton
11/2/2016	Revised	Added more detailed definition for New Journeys Program	Haley Lowe
11/2/2016	Revised	Added FYI to DMHP about changes in 2018, verifying other changes	Diana Cockrell

11/2/2016	Revised	Primary Language = changed to 3 characters due to expansion of list; Transgender split up due to Federal requirements, updated transaction number per Gerene's review and verification from Tom Cronin.	Huong Nguyen for DBHR
11/2/2016	Revised	Grammatical errors, correction of examples, enable orphaned property, enabled keep lines together, un-bolded middle name.	Mike Roberts for Greater Columbia
11/2/2016	Revised	If BHO has not received a change, then BHO resubmits existing data at the 90 day period. [Changed to] If the information has not changed, resubmit existing data at the 90 day period. [to avoid confusion]	Danielle Repp for Salish
11/1/2016	Revised	If an assessment occurs and age is over 13, 999-unknown is not an acceptable response should be '9-Choosing not to disclose' ...	Danielle Repp for Salish
10/31/2016	Revised	Many of the all clients, and effective date changes were already made. Updated frequency on some data elements. Changed some null requirements, wording changes, glossary definitions.	Gerene McDowell, for Optum
10/31/2016	Revised	"all clients" in rules instead of MH & SUD clients was already completed, changed authorization, changed Unknown and refuse to answer to be 97/98 and the same order.	Jerry Britcher
10/31/2016	Revised	On the OTP level under adolescents the language is currently: "OTPs not specified for adolescent populations" would like to update to say: "Some OTPs not specified for adolescent populations." Suggested language for all of the ASAM adolescent WM sections: replace "there are no unbundled services for adolescents" with "This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care."	Diana Cockrell
10/31/2016	Revised	Change status rule, req. substance use at program end, [EDS, SDS, etc = allow null], [Service episode end, referral, source tracking = allow null], DMHP rule change, Example tran. Number inconsistencies, trans number in header vs trans table inconsistency, and effective date change to 4/1/2017.	Regina Miller for Great Rivers BHO
10/31/2016	Revised	Formatting and misspellings, unaligned references, rules and definitions for [Program, Co-occurring, Episode record key, Episode start & end, frequency changes], BEST, Error codes, and BEST question.	Bruce Waddell for Spokane County BHO

10/27/2016	Revised	Wording changes for consistency. Term changes are documented in the element.	Diana Cockrell
10/26/2016	Revised	Wording & data type changes, definition clarifications, SSN not bolded, 17 years for parenting, business rule changes, co-occurring definition.	Gerene Mcdowell, for (Optum Pierce, NCWBH, Great Rivers, and Thurston Mason)
10/26/2016	Revised	Review and minor formatting and text changes	Jerry Britcher, Deputy CIO
10/25/2016	Draft 4 - Final	Revisions based on 10/21/2016 BHDG meeting. Awaiting additional supplemental information and a few decisions noted in document. Pending Approval at BHO Administrator's meeting. With Bruce Waddell's suggested changes incorporated, and Eric Osborne's ASAM definition changes.	Huong Nguyen, PM
10/18/2016	Draft 3	This draft includes the data element summary tables, formatting changes, historical code value, and source tracking ID based on BHDG meeting	Huong Nguyen, PM
10/7/2016	Draft 2	Changes based on BHDG meeting discussions. Included are changes for transactions discussed: Header, cascade delete, cascade merge, demographics, address, & profile: * Addition of summary of data elements at beginning * Changed watermark to make it more readable and printer friendly * Does not include data element changes corresponding to the changed transactions, this will be in the next version uploaded	Huong Nguyen, PM
10/4/2016	Draft 1	New document based on version 1.2 Interim with additional information and discussed changes	Huong Nguyen, PM

Appendix B: Error Codes

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

MessageID	MessageSeverity	MessageDesc
20001	2	Error: Unknown
20101	2	Error: User name not known to system.
20102	2	Error: Invalid password given.
20103	2	Error: Password has expired. Must change password every 30 days.
20104	2	Error: Account no longer active. Account has not been used for 90 days.
20201	2	Error: Access to requested information is denied.
20301	2	Error: Invalid type of search requested.
20302	2	Error: Surname cannot be blank.
20303	2	Error: Requested invalid search area.
20321	2	Message: PIC has not been reported by Agency. Cannot process.
20401	2	Error: Invalid option. Must be REG, ENR or ALL.
20601	2	Error: Password cannot be left blank.
20602	2	Error: Cannot use same password.
20701	2	Error: Cannot change another Agency's password.
20702	2	Error: CMLS record does not exist.
20703	2	Error: Old password is not valid. Request terminated.
21910	0	Info: Batch file %s was not found, expected since %s at %s.
21911	0	Info: Batch file %s still not found, expected since %s at %s.
21912	1	Batch Error: Retransmit batch file %s, decryption error, expected since %s at %s.
21913	1	Batch Error: Retransmit batch file %s, header transaction does not match file name.
21914	1	Batch Error: Retransmit batch file %s, decryption error - checksums do not match.
21915	0	Retransmit batch file %s, batch file apparently not encrypted.
21916	0	Info: Batch successfully posted. Trans: %s; Processed: %s; Warnings: %s; Errors: %s; Soft Errors: %s
21950	1	Batch file %s posted, %s transactions, %s errors, %s warnings.
21951	1	Batch file %s marked skipped on %s at %s.
22000	3	Warning: Social Security Number is blank.
22001	3	Warning: Social Security Number is not valid.
22005	2	Event Date is more than 12 months from present date. Transaction not posted
22006	2	Event Date is beyond present date. Transaction not posted
22007	2	Error: Referenced Consumer ID cannot be blank or null. Transaction not posted
22011	2	CaseMgr identified by RUID %s and CaseMgrID %s does not exist. Transaction not posted
22030	2	No Consumer ID row found for RUID %s, CID %s.
22071	2	No data provided for BHO of Admit, County of Admit or Lead Agency RUID.
22072	2	No BHO ID identified using BHO of Admit %s, County of Admit %s or Lead Agency %s.
22100	2	Surname %s is blank or contains punctuation characters only.
22105	2	Given name %s is blank or contains punctuation characters only. Error: Date of Birth %s is not valid, should be 8 digits in format CCYYMMDD. Cannot be greater than
22120	2	current date.
22121	3	Warning: Date of Birth is blank or null

22122	2	Discharge date is blank or null. Transaction not posted
22130	2	Error: Gender is invalid.
22131	2	Error: Gender is blank or null.
22172	3	Warning: Time is invalid. Time should be HHMM and between 0000 and 2400.
22180	2	Daily Activity code is blank.
22181	2	Daily Activity code %s is invalid.
22190	2	Impairment Activity codes field is blank.
22191	2	One or more Impairment Activity codes in %s is invalid.
22192	3	Warning: Impairment Kind codes field is blank or null. Set to Z - None
22193	3	Warning: One or more Impairment Codes are invalid. Set to Z - None.
22195	2	Start date %s is later than End date %s.
22210	2	%s Date %s is invalid, should be 8 digits (YYYYMMDD).
22211	2	%s Date is blank.
22220	3	Warning: Income Indicator code %s is invalid.
22221	3	Income Indicator code is blank.
22222	3	TXIX Indicator is null or blank. TXIX Indicator set to blank.
22224	2	Legal Action code %s is invalid.
22225	2	Legal Action code is blank.
22226	2	Legal Action Location code %s is invalid.
22227	2	Legal Action Location code is blank.
22228	3	EPSDT Certification Level is null or blank. EPSDT Certification Level set to blank.
22232	2	Priority code %s is invalid.
22233	2	Priority code is blank.
22234	3	Warning: Residential Arrangement code %s is invalid.
22235	3	Warning: Residential Arrangement code is blank.
22236	2	Residential Situation code %s is invalid.
22237	2	Residential Situation code is blank.
22238	2	Status code %s is not valid. Transaction not posted.
22239	2	Status code is blank. Transaction not posted.
22320	2	Service code is blank.
22321	2	Service code is invalid.
22322	2	Service location code is blank.
22323	2	Service location code is invalid.
22324	2	Acute indicator %s is invalid, should be either 0 or 1.
22325	2	%s value %s is invalid, must be greater than 0.
22326	2	%s value %s is invalid, must be numeric.
22330	2	%s Year Month %s is invalid, should be 6 digits (YYYYMM).
22331	2	%s Year Month is blank.
22340	2	Financial Eligibility Identifier is blank.
23000	2	Identifying Reporting Unit ID %s unknown. Transaction not posted.
23001	2	Primary Reporting Unit ID %s unknown. Transaction not posted.
23002	2	Secondary Reporting Unit ID %s unknown. Transaction not posted.
23003	2	Error: Reporting Unit ID is unknown. Transaction not posted.

23004	3	Neither primary nor secondary Reporting Unit ID may be blank.
23005	3	Neither primary nor secondary Consumer ID may be blank.
23006	2	Consumer Cross Reference already exists. Transaction not posted.
23007	2	Case Manager Reporting Unit ID %s unknown. Transaction not posted.
23008	2	Error: Primary key fields cannot be blank or null. Transaction not posted.
23009	2	Error: Action code %s invalid. Transaction not posted.
23010	2	Error: Date is out of range or invalid. Transaction not posted.
23011	2	Error: No Consumer Case Manager data found for RUID %s, CID %s. Delete not posted.
23012	3	Consumer Cross reference add failed for RUID %s, CID %s due to error #%.s.
23013	3	Consumer Cross reference add failed for %s, %s, %s, %s %s due to error #%.s.
23014	2	Consumer Cross reference not found with BHOID %s for IdentRUID %s, delete not processed.
23015	2	Valid RUID must be supplied to create BHOPerson row. Row not added.
23016	2	Primary and Secondary Consumer IDs identical. Consumer Cross reference add not posted.
23017	2	Unable to access Cross reference work tables. Transaction not posted.
23018	2	Admission Date is prior to January 1, 1998. Transaction not posted.
23019	2	RUID is not valid beginning Jan 1 1998. Transaction not posted.
23020	2	No Consumer Demographics data found for RUID %s, CID %s. Delete not posted. Error: Consumer Demographics Add for RUID %s, CID %s failed due to error #%.s. Transaction not posted.
23021	2	posted.
23022	2	Consumer Demographics Chg for RUID %s, CID %s failed due to error #%.s. Transaction not posted.
23023	2	Error: Given Name is blank or null. Transaction not posted.
23024	2	Error: Surname is blank or null. Transaction not posted.
23025	2	Error: Ethnicity Code is not valid. Transaction not posted.
23026	2	Error: Ethnicity Code is null or blank. Transaction not posted.
23027	2	Error: Hispanic Origin code is not valid. Transaction not posted.
23028	2	Error: Hispanic Origin code is null or blank. Transaction not posted.
23029	2	Error: Language code is not valid. Transaction not posted.
23030	2	No Consumer data found for RUID %s, CID %s. Cascade Delete not posted.
23031	2	ConXRef delete failed for RUID %s, CID %s due to error #%.s. Cascade Delete transaction not posted.
23032	2	Error: Language code is null or blank. Transaction not posted.
23033	2	Error: County code is invalid. Transaction not posted.
23034	2	Error: County code is blank. Transaction not posted.
23035	2	Error: Sexual Orientation Code is invalid. Transaction not posted
23036	2	Error: Sexual Orientation Code is blank. Transaction not posted
23037	2	Event Date cannot be Jan 1, 1998 or after. Transaction not posted.
23038	2	Error: Case Manager Primary Phone cannot be blank or null. Transaction not posted.
23039	2	Error: Case Manager Password cannot be blank or null. Transaction not posted.
23040	2	No Daily Activity Evaluation data found for RUID %s, CID %s, event date %s. Delete not posted.
23041	2	Priority Code may not be null or blank. Transaction not posted.
23042	2	Priority Code is invalid. Transaction not posted.
23043	3	Warning: Acute Indicator is null or blank
23044	3	Warning: Acute Indicator is invalid
23045	3	Income Indicator is null or blank

23046	3	Income Indicator is invalid
23047	2	Error: Invalid Contractor ID. Transaction not posted.
23048	2	Error: Discharge Date is prior to Admission Date. Transaction not posted.
23050	2	No Disability data found for RUID %s and CID %s. Delete not posted.
23051	2	Vocational Rehab code cannot be null or blank. Transaction not posted.
23052	2	Vocational Rehab code is invalid. Transaction not posted.
23053	2	Error: Reporting Unit is not valid for E&T Center. Transaction not posted.
23054	2	Error: Legal Status code is blank or null. Transaction not posted.
23055	2	Legal Status code is invalid. Transaction not posted.
23056	2	Error: Admission or Discharge date is beyond current date. Transaction not posted.
23057	2	Transaction cannot be deleted after 1 year. Delete rejected.
23058	3	Warning: Monthly Case Status transaction does not exist. Delete rejected.
23059	2	Error: Monthly Case Status has related Outpatient Service information posted. Delete rejected.
23060	2	No IncomeCategory data found for RUID %s, CID %s, event date %s. Delete not posted.
23061	3	Warning: Title XIX Indicator is null or invalid.
23062	3	Warning: Title XIX Indicator is invalid.
23063	3	Warning: Priority Code is blank or null
23064	3	Warning: Priority Code is invalid
23065	2	EPSDT Certification level cannot be null or blank. Transaction not posted.
23066	2	EPSDT Certification level is invalid. Transaction not posted.
23067	3	Warning: Employment Code is blank or null
23068	2	Error: Employment Code is invalid.
23069	2	Error: Admission date is older than one year. Transaction not posted.
23070	2	No Inpatient Service data found for RUID %s, CID %s and start date %s. Delete not posted.
23071	3	Warning: No Inpatient Service data found for transaction.
23072	2	Error: Contractor not permitted to alter transaction for this RUID, CID.
23073	2	Invalid RUID for State Hospital. Transaction not posted.
23074	2	Authorization Date is beyond current date. Transaction not posted.
23075	2	Authorization Date is before Jan 1, 1998. Transaction not posted.
23076	2	Error: Health Care Service Location code is not valid. Transaction not posted.
23077	2	Error: Health Care Service Location code is blank or null. Transaction not posted.
23078	2	Event Date is on or after Jan 1 1998. Transaction not posted
23079	3	Minutes of Service %s is invalid. Set to 0 (zero). No Legal Action data found for RUID %s, CID %s, event date %s and legal action %s. Delete not
23080	2	posted.
23081	2	Error: Date is outside dictionary requirements. Transaction not posted.
23082	2	Error: Date older than 12 months from current date. Transaction not posted.
23083	3	Warning: Date is prior to January 1, 1998.
23084	2	Error: Monthly Case Status transaction does not exist for RUID, CID. Transaction not posted.
23085	2	Residential Type code is null or blank. Transaction not posted.
23086	2	Residential Type code is invalid. Transaction not posted.
23087	2	Event Date %s is not valid until 199801. Transaction not posted.
23088	2	Error: CID is voided. Transaction not posted

23089	2	Error: RUID not in Contractor service area. Transaction not posted.
23090	2	No Priority data found for RUID %s, CID %s, event date %s. Delete not posted.
23091	2	Contractor may not add/change Inpatient Service trans for RUID, CID. Transaction not posted.
23092	2	Error: Contractor ID provided not valid. Transaction not posted.
23093	2	Transaction cannot be added/changed after 1 year. Transaction not posted.
23094	2	Error: Service Date is prior to January 1, 1998. Transaction not posted.
23095	2	Delete option for Consumer Demographics is no longer available. Delete rejected.
23096	1	Error: Consumer ID for BHO ID has been voided. Add/Change not posted.
23097	2	Transaction is discontinued. Transaction not posted.
23098	1	Error: Record does not exist. Delete rejected.
23099	2	Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23100	3	Warning: No Case Manager row found for RUID and Case Manager ID. Delete not posted.
23101	3	EPSDT Flag code is invalid. Set to N.
23102	3	EPSDT Flag code is blank or null. Set to N.
23103	2	CMR not found for HospitalID. Transaction not posted.
23104	2	Error: Outpatient Service Type Code is invalid. Transaction not posted
23105	2	Error: Outpatient Service Type Code is blank. Transaction not posted
23106	2	Status Code same as previous code for this month. Transaction not posted
23107	2	Error: BHO or Contractor ID not valid. Transaction not posted.
23108	3	Warning: No Outpatient Service row found. Delete not posted.
23109	2	Error: Admission Date is prior to Jan 1, 1997. Transaction not posted
23110	2	No Residential Usage data found for RUID %s, CID %s, event date %s, type %s. Delete not posted.
23111	2	No Residential Situation data found for RUID %s, CID %s and start date %s. Delete not posted.
23112	3	Warning: Homeless Indicator is blank or null
23113	3	Warning: Homeless Indicator is invalid
23114	3	Warning: Education Code is blank or null
23115	2	Error: Education Code is invalid.
23116	2	Error: County of detention is blank or null
23117	2	Error: County of detention is invalid
23118	2	Error: Detention Location is blank or null
23119	3	Error: Detention Location is not valid code No ServiceDetail row found for RUID %s, CID %s, EventDate %s and SvcTransID %s. Delete not posted.
23120	2	posted.
23121	2	Contractor ID %s, CID %s, Detention Date %s not found. Delete rejected
23122	2	Error: Face to Face Indicator is not valid. Transaction not posted
23123	2	Error: Direct Service Indicator is not valid. Transaction not posted
23124	2	Error: Emergency-Crisis Indicator is not valid. Transaction not posted
23125	2	Error: Admission Date is after Jan 1 2002. Transaction not posted. No ServiceSummary row found for RUID %s, CID %s, EventYrMon %s, SvcCd %s, SvcLocCd %s and AcuteInd %s. Delete not posted.
23130	2	AcuteInd %s. Delete not posted.
23131	2	Key field Event Yr Mon %s is invalid. Transaction not posted.
23132	2	Key field Service Code %s is invalid. Transaction not posted.
23133	2	Key field Svc Location %s is invalid. Transaction not posted.
23134	2	Key field Acute Ind %s is invalid. Transaction not posted.

23140	2	No State Funding Source data for RUID %s and CID %s. Transaction not posted. Financial Eligibility Identifier %s already exists in StateFundSrc for RUID %s and CID %s. Transaction not posted.
23141	2	ConXRef delete failed for RUID %s, CID %s due to error #%. StateFundSrc transaction not posted.
23142	2	No Status data found for RUID %s, CID %s, status code %s. Delete not posted.
23150	2	Error: Authorization Number not found for Community Hospital identified. Transaction not posted.
23151	2	Error: Diagnosis null or blank. Transaction not posted.
23152	2	Error: Transaction not valid before Jan 1, 2000. Transaction not posted.
23153	2	Error: RUID not valid for Inpatient facility. Transaction not posted
23154	2	Error: Invalid Return to Inpatient/RevocationAuthority Code
23155	2	Error: Invalid Legal Status codes. Transaction not posted.
23156	2	Authorization Number is not numeric
23157	2	ConID row already exists, cannot add.
23200	2	BHO Person row already exists, cannot add.
23201	2	SAID is not a valid reporting unit ID.
23300	3	Batch number does not exist for SAID.
23301	3	Error: Transaction ID is invalid.
23302	1	Transaction ID is blank, probably due to extra linefeed in batch file.
23303	3	Reporting Unit is not valid to submit this transaction. Transaction not posted.
23304	2	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23305	2	Error: Consumer ID for Contractor has been previously voided.
23306	1	Warning: Referenced Consumer ID for Contractor has been previously voided.
23307	3	Error: Date of Birth for RUID, CID not found or invalid. Transaction not posted.
23308	2	Error: Investigation Outcome code is blank or null. Transaction not posted.
23309	2	Error: Investigation Outcome code is invalid. Transaction not posted.
23310	2	Error: County code is blank or null. Transaction not posted.
23311	2	Error: County code is invalid. Transaction not posted.
23312	2	Error: CID and Referenced CID are equal. Transaction not posted.
23313	2	Error: Case Manager transaction not found for CaseMgrID and CaseMgrRUID. Transaction not posted
23314	2	Priority Code already posted for RUID, CID. Transaction not posted.
23504	2	PROGRAM ERROR: tp_ConXRefDel - @batch_said and @sysxrtype both null.
23900	3	PROGRAM ERROR: tp_StateFundDel - No RUID in ReptUnit for MHD PIC.
23901	3	Error: Reserved for system use only.
23910	2	Error: Reserved for System use only.
23911	2	JobStatus table not found. Job terminated.
24001	4	MMISProvData table not found. Job terminated.
24701	4	Job MMISProvPost already executing. Request to run job refused.
24702	4	Job MMISProvPost terminated by request.
24703	4	MMISUtilData table not found. Job terminated.
24721	4	Job MMISUtilPost already executing. Request to run job refused.
24722	4	Job MMISUtilPost terminated by request.
24723	4	Warning: Batch Header transaction found in middle of batch file.
24724	3	Error: Ethnicity Code submitted is no longer in use. Please correct and submit again.
24725	2	

24726	2	Error: Invalid primary phone number entered. Must contain area code.
24727	2	Error: Transaction will not post if investigation date is after Dec 31, 1999.
24728	3	Warning: Cannot delete outpatient service record because it was not found
24729	3	Warning: Service Record is more than six months old. May not be counted in BHO totals
24730	2	Error: Service Date is invalid or post dated.
24731	2	Error: Invalid ICD9 Code
24732	2	Error: CPT or HCPCS Code cannot be blank or null. Transaction not processed
24733	2	Error: Invalid CPT or HCPCS Code. Transaction not processed
30001	2	Error: Investigation Outcome required. Transaction not processed
30002	2	Error: Minutes of Service contains unusual value (must be between 0 and 1440). Transaction not posted.
30003	2	Error: Hearing Outcome Code is invalid. Transaction not posted
30004	2	Error: Invalid Hearing County Code. Transaction not posted
30005	2	Error: Invalid RUID for E&T Center, CLIP facility or Hospital. Transaction not posted
30006	3	Warning: Date(s) are more than 6 months old.
30007	2	Error: A valid Diagnosis is required. Transaction not posted.
30008	3	Warning: Provider number is unknown. Please contact MHD to report new provider Number.
30009	2	Error: Need a valid provider number.
30010	2	Error: Invalid PIC. If entered, a PIC must be in valid format. Transaction not posted.
30011	3	Warning: Could not find PIC in MHD Eligibility files.
30012	3	Warning: Date Paid is an invalid date.
30013	2	Error: Consumer Periodics transaction does not exist. Delete rejected.
30014	2	Error: GAF and/or CGAS contains invalid values. Transaction not posted.
30015	2	Error: Month of Service is invalid date format. Transaction not processed.
30016	3	Warning: A Principle Diagnosis is required for either Axis I or Axis II.
30017	3	Warning: EPSDT is invalid
30018	2	Error: Non numeric Gross Income. Transaction not posted.
30019	2	Error: Non Numeric Number of Dependents. Transaction not posted.
30020	2	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30021	3	Warning: Priority Code is blank or null. Set to 'O'
30022	2	Error: Invalid Priority Code. Transaction not posted.
30023	3	Warning: Living Situation blank or null. Set to '99' = Unknown
30024	2	Error: Invalid Living Situation Code. Transaction not posted.
30025	3	Warning: Grade Level is blank or null.
30026	2	Error: Invalid Grade. Transaction not posted.
30027	2	Error: Education is blank or null.
30028	2	Error: Invalid Education code. Transaction not posted.
30029	2	Error: Employment is blank or null.
30030	2	Error: Invalid Employment code. Transaction not posted.
30031	2	Error: CID has been merged or deleted. Transaction not posted.
30032	2	Error: Legal Status not 'V' or 'I'. Transaction not posted.
30033	2	Error: Discharge Disposition coded 'Y' but there is no identified BHO at Discharge
30034	3	Warning: Should have at least one non-zero assessment: GAF, CGAS, or DC03.

30035	2	Error: Discharge Disposition must be value 'Y' or 'N'.
30036	3	Warning: Missing Consumer Periodic report within last 3 months.
30037	3	Warning: Invalid primary phone number - Need full 10 digits including Area Code
30038	2	Error: Invalid Investigation County Code. Transaction not processed.
30039	2	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.
30040	2	Error: Date of Birth can not be beyond current date. Transaction not posted.
30041	1	Error: No record found to delete.
30042	2	Error: Full Cascade Delete requires prior MHD authorization. Transaction not posted.
30043	2	Error: Invalid Transaction for services after December 01. Transaction not posted.
30044	2	Error: Invalid Transaction for services prior to January 02. Transaction not posted.
30045	3	Warning: Diagnosis is missing.
30046	3	Warning: Diagnosis is invalid.
30047	3	Warning: Service Provider Type Code is blank
30048	2	Error: Service Provider Type Code is invalid. Transaction not posted
30049	2	Error: Invalid RUID for transaction. Transaction not posted
30050	2	Error: Type of Service is blank. Transaction not posted
30051	2	Error: Type of Service is invalid. Transaction not posted Error: PerDiem Service Unit contains unusual value (must be between 1 and 31). Transaction not posted.
30052	2	posted.
30053	2	Error: PerDiem Service Unit contains unusual value (must be 1). Transaction not posted.
30054	2	Error: Non-behavioral health CPT or HCPCS Code. Transaction not posted
30057	2	Error: Billing provider RUID not valid for the service. Transaction not posted
30058	2	Error: Billing Provider not in Contractor service area. Transaction not posted
30060	2	Error: Invalid behavioral service code for outpatient service. Transaction not posted
30061	2	Error: Invalid Investigation Outcome for transaction ID - Transaction not posted. Error: Invalid Investigation Outcome for Reporting Unit ID - Only for use by pilot project BHO.
30062	2	Transaction not posted. Error: Invalid RUID for Reporting Unit ID. Restricted to use by pilot project BHOs. Transaction not posted.
30063	2	posted.
30064	2	Error: Referral Source required. Transaction not posted.
30065	2	Error: Invalid Referral Source. Transaction not posted. Error: Invalid Referral Source for Reporting Unit ID- Only for use by pilot project BHOs. Transaction not posted.
30066	2	not posted.
30067	2	Error: Investigation Reason required. Transaction not posted.
30068	2	Error: Invalid Investigation Reason. Transaction not posted. Error: Invalid Investigation Reason for Reporting Unit ID- Only for use by pilot project BHOs.
30069	2	Transaction not posted.
30070	2	Error: Transaction not valid for investigation date. Transaction not posted. Error: Invalid RUID for Facility Reporting Unit ID. Restricted to use by pilot project BHOs. Transaction not posted
30071	2	not posted Error: Hearing Outcome is invalid for BHO Reporting Unit ID. Restricted to use by pilot project BHOs.
30072	2	Transaction not posted Error: Hearing Outcome is invalid for Facility Reporting Unit ID. Restricted to use by pilot project BHOs. Transaction not posted
30073	2	BHOs. Transaction not posted
30074	2	Error: Behavioral service code invalid for Service Date. Transaction not posted
30075	2	Error: Procedure Modifier Code is Invalid. Transaction not posted.
30076	2	Error: Procedure Modifier Code is invalid for Behavioral Service code. Transaction not posted.

30077	2	Error: Procedure Modifier code is invalid for Service Date, Transaction not posted.
30078	2	Error: Duplicate Procedure Modifier encountered for this transaction. Transaction not posted.
30079	2	Error: Service Date surpasses 365 day limit. Transaction not posted.
30080	3	Warning: Service Provider Type invalid for behavioral service code.
30081	2	Error: Procedure Modifier code missing for behavioral service code. Transaction not posted.
30082	2	Error: Screening Score is missing. Transaction not posted.
30083	2	Error: Screening Score is invalid. Transaction not posted.
30084	2	Error: Assessment Quadrant Value is missing. Transaction not posted.
30085	2	Error: Assessment Quadrant Value is invalid. Transaction not posted.
30086	2	Error: Assessment expects Screening. Screening not found for consumer. Transaction not posted.
30087	3	Warning: Service Provider Type Code is invalid.
30088	2	Error: Disposition is blank or null. Transaction not posted
30089	2	Error: Disposition is invalid. Transaction not posted
30090	2	Error: Disposition requires a service within previous 12 months. Transaction not posted Error: Program Participation End Date is prior to program participation start date. Transaction not posted
30091	2	Error: Program Participation Start Date is after program participation end date. Transaction not posted
30092	2	posted
30093	2	Error: Program ID is invalid. Transaction not posted
30094	2	Error: Program ID is not active for participant start date. Transaction not posted
30095	2	Error: Consumer is currently participating in program submitted. Transaction not posted Error: Consumer previously participated in program submitted during the same period. Transaction not posted
30096	2	not posted
30097	3	Warning: Referral Source is blank or null.
30098	3	Warning: Referral Source is invalid.
30099	2	Error: Impairment Kind code is blank or null. Transaction not posted.
30100	2	Error: Priority code is blank or null. Transaction not posted.
30101	2	Error: Living Situation blank or null. Transaction not posted.
30102	3	Warning: Grade Level is blank or null.
30103	2	Error: GAF or CGAS requires at least one non-zero assessment. Transaction not posted.
30104	2	Error: BHO restricted from adding,changing,deleting this program data. Transaction not posted.
30105	2	Error: Gain-SS Screening Assessment Indicator Invalid, Transaction not posted
30106	2	Error: Action Code Invalid, Transaction not posted Error: No new encounters data can be posted to MH CIS following P1 go-live (5/10/2010).
30107	2	Transaction not posted.
30108	2	Error: Consumer Periodic transaction does not exist for key combination. Change rejected.
30109	2	Error: Effective Date is in the future. Transaction not posted.
30110	2	Error: No record found to delete. Transaction not posted.
30111	2	Error: No record found to change. Transaction not posted.
30112	2	Error: Start Date is in the future. Transaction not posted.
30113	2	Error: End Date is in the future. Transaction not posted.
30114	2	Error: Start Date is missing. Transaction not posted.
30115	2	Error: End Date is prior to Start Date. Transaction not posted.
30116	2	Error: End Date is NOT NULL but Disposition is NULL. Transaction not posted.
30117	2	Error: End Date is NULL but Disposition is NOT NULL. Transaction not posted.

30118	2	Error: Record already exists with same RUID, CMHA RUID, CID, Start Date but different Episode Record Key. Transaction not posted.
30119	2	Error: End Date is NOT NULL but is not a valid date. Transaction not posted. Error: Transactions 035.05 and 035.06 are no longer allowed for new records following Oct. 1, 2011.
30120	2	Please use transaction 035.07. Transaction not posted. Error: Incorrect data type used. Please refer to data dictionary for the correct data type (e.g. integer or string) to use.
30121	2	Error: Incorrect length for the data element. Please refer to the data dictionary for the correct data element length.
30122	2	
30200	1	BHO Client ID may not be blank. Transaction not posted.
30201	1	BHO ID is invalid. Transaction not posted.
30202	1	Valid Client Demographics transaction not found. Transaction not posted.
30203	1	Invalid Provider NPI. Transaction not posted.
30204	1	First name may not be blank. Transaction not posted.
30205	1	Last name may not be blank. Transaction not posted.
30206	1	Invalid SSN. If not blank, must be exactly nine digits without dashes. Transaction not posted.
30207	1	Invalid birthdate. May not be blank. Transaction not posted.
30208	1	Invalid Gender code. Transaction not posted.
30209	1	Invalid Military Service code. Transaction not posted.
30210	1	Invalid Assessment Date. Transaction not posted.
30211	1	Invalid ASAM Level code. Transaction not posted.
30212	1	Invalid Hispanic Origin code. Transaction not posted.
30213	1	Invalid Language code. Transaction not posted.
30214	1	Problem with Race codes. Must be multiple of 3 to parse correctly. Transaction not posted.
30215	1	Invalid Sexual Orientation code.
30216	1	Invalid Education code. Transaction not posted.
30217	1	Invalid Emploment code. Transaction not posted.
30218	1	Invalid Marital Status code. Transaction not posted.
30219	1	Invalid Parenting code. Transaction not posted.
30220	1	Invalid Authorization Decision Date. Transaction not posted.
30221	1	Invalid Authorization ID. May not be blank. Transaction not posted.
30222	1	Invalid Start Date. May not be blank. Transaction not posted.
30223	1	Invalid End Date. Transaction not posted.
30224	1	Start Date may not be later than End Date. Transaction not posted.
30225	1	Invalid Authorization Decision Code. Transaction not posted.
30226	1	Error: Invalid Effective date. May not be blank or longer than 8 digits. Transaction not posted.
30227	1	Invalid County code. Transaction not posted.
30228	1	Invalid State code. Transaction not posted.
30229	1	Zip Code not numeric. Transaction not posted.
30230	1	Invalid Zip Code Length. Transaction not posted.
30231	1	Invalid WA Zip Code. Transaction not posted.
30232	1	Invalid OR Zip Code. Transaction not posted.
30233	1	Invalid ID Zip Code. Transaction not posted.
30330	1	Invalid Pregnant code. Transaction not posted.
30331	1	Invalid Smoking Status code. Transaction not posted.

30332	1	Invalid Residence code. Transaction not posted.
30333	1	Invalid School Attendance code. Transaction not posted.
30334	1	Invalid Self Help code. Transaction not posted.
30335	1	Invalid Needle used recently code. Transaction not posted.
30336	1	Invalid Needle Use Ever code. Transaction not posted.
30337	1	Invalid GAINS Date. Transaction not posted.
30338	1	Invalid Screen Assessment Indicator code. Transaction not posted.
30339	1	Invalid IDS code. Transaction not posted.
30340	1	Invalid EDS code. Transaction not posted.
30341	1	Invalid SDS code. Transaction not posted.
30342	1	Invalid Screen Assessment Score. May not be blank. Transaction not posted.
30343	1	Missing one or more of IDS, EDS, SDS when required
30344	1	Missing Assessment Score when required
30345	1	Invalid Detention Facility NPI. Transaction not posted.
30346	1	Invalid DMHP Agency NPI. Transaction not posted.
30347	1	Invalid Start Time. Transaction not posted.
30348	1	Invalid Investigation Outcome code. Transaction not posted.
30349	1	Invalid Referral Source code. Transaction not posted.
30350	1	Invalid Hearing Outcome. Transaction not posted.
30351	1	Invalid Hearing Date. Transaction not posted.
30352	1	Invalid Program code. Transaction not posted.
30353	1	Invalid Episode Record key. May not be blank. Transaction not posted.
30354	1	Invalid Episode Modality code. Transaction not posted.
30355	1	Invalid Discharge Reason code. Transaction not posted.
30356	1	Invalid Referral Source code. Transaction not posted.
30357	1	Invalid Substance One code. Transaction not posted.
30358	1	Invalid Substance Two code. Transaction not posted.
30359	1	Invalid Substance Three code. Transaction not posted.
30360	1	Invalid Age at First Use One code. May not be blank. Transaction not posted.
30361	1	Invalid Age at First Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30362	1	Invalid Age at First Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30363	1	Invalid Frequency Use One code. May not be blank. Transaction not posted.
30364	1	Invalid Frequency Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30365	1	Invalid Frequency Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30366	1	Invalid Peak Use One code. May not be blank. Transaction not posted.
30367	1	Invalid Peak Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.
30368	1	Invalid Peak Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30369	1	Invalid Method Use One code. May not be blank. Transaction not posted.
30370	1	Invalid Method Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted.

30371	1	Invalid Method Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted.
30372	1	Invalid Last Used One Date. May not be blank. Transaction not posted.
30373	1	Invalid Last Used Two Date. May not be blank unless Substance Two equals 1. Transaction not posted.
30374	1	Invalid Last Used Two Date. May not be blank unless Substance Three equals 1. Transaction not posted.
30375	1	Invalid Batch Date. Transaction not posted.
30376	1	Invalid Transaction Code. Transaction not posted.
30377	1	Attempt to add same primary key in same batch. Have you tried to update a record at the same time you have added it? Transaction not posted.
99999	1	Temp error number place holder

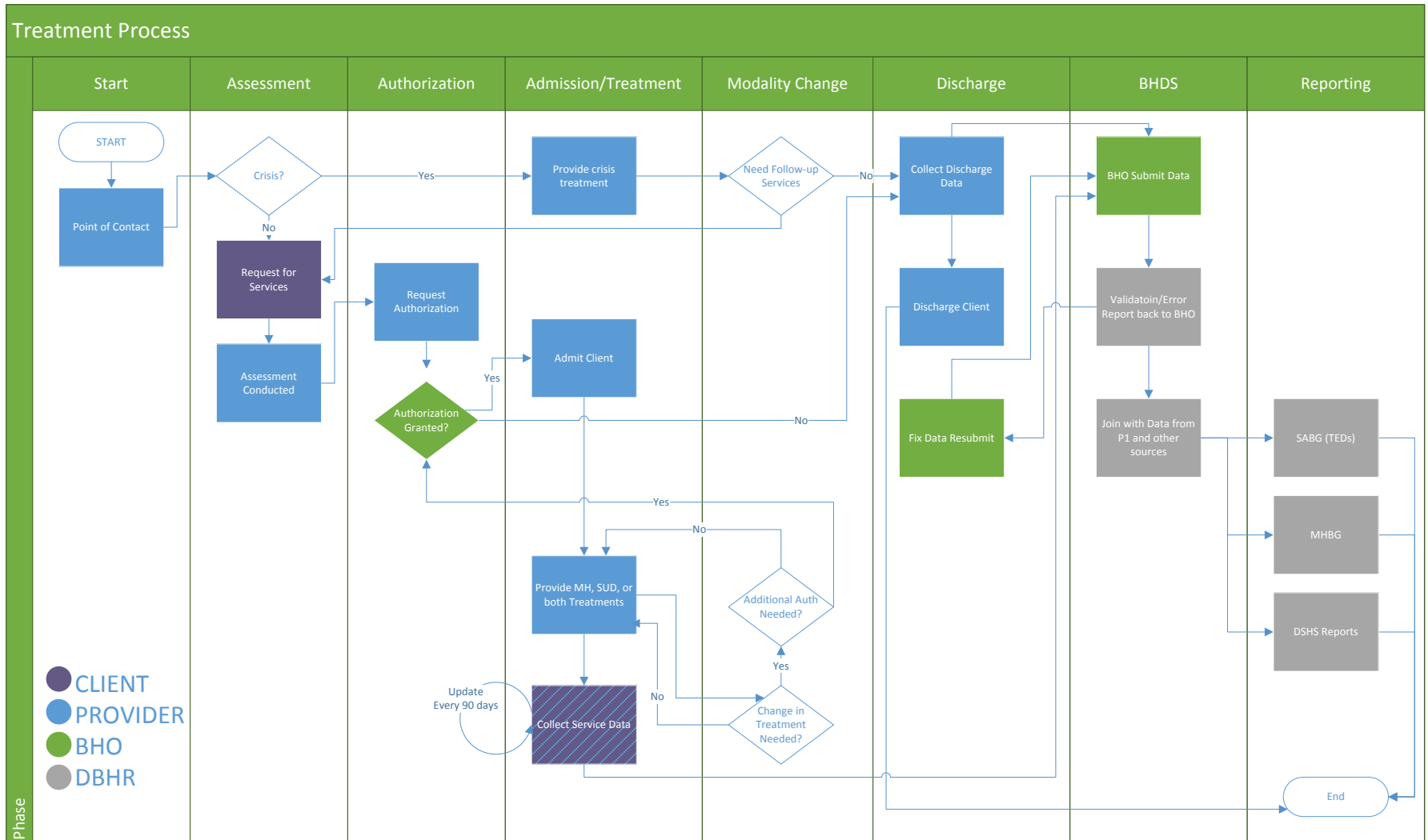
Appendix C: Entity Relationship Diagram (ERD)

[To be provided upon completion of Embarcadero software installation]

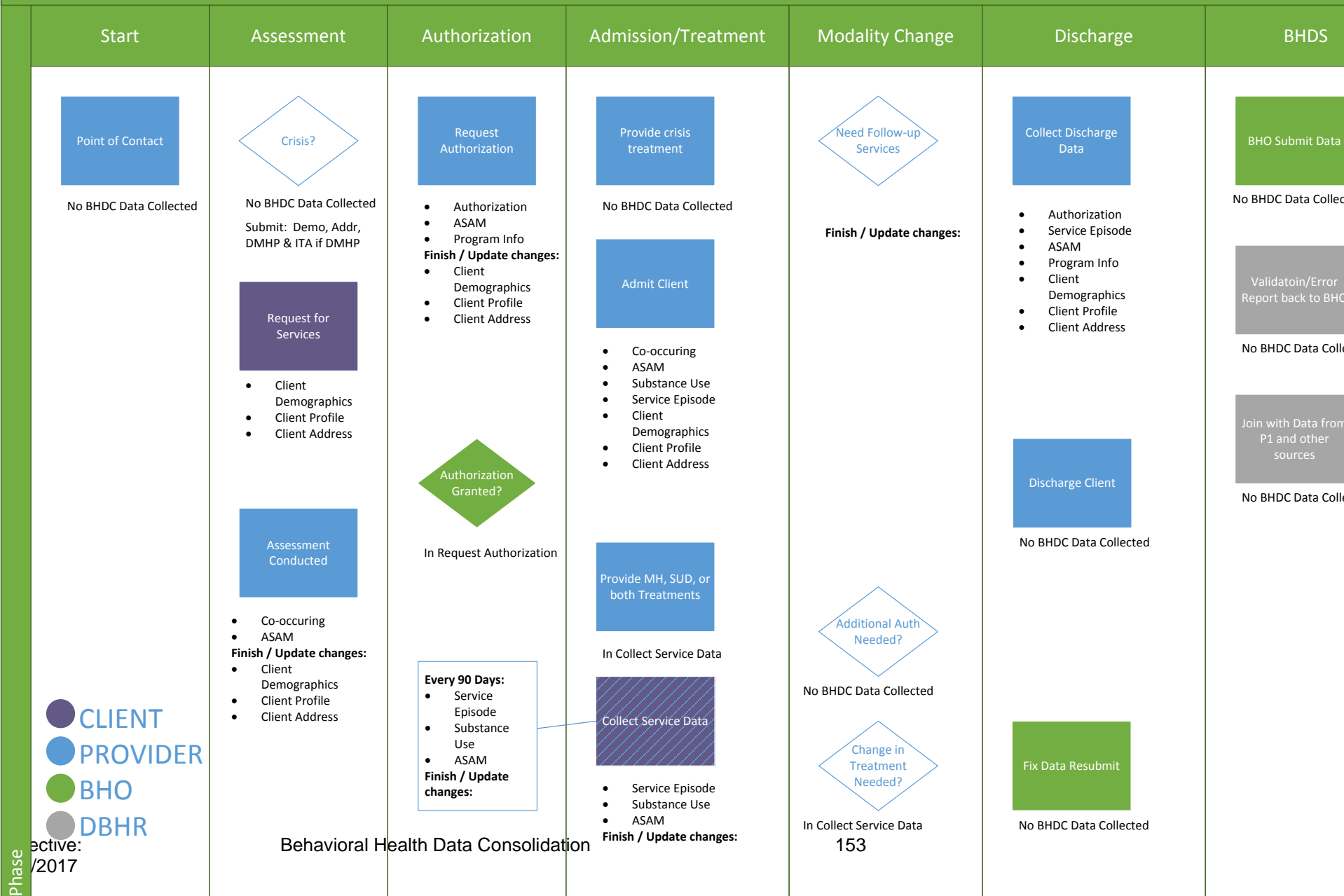
Logical:

Appendix D: Process Flow Chart

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



Treatment Process – Data Elements



Appendix E: Submission Instructions

1. Each MCO will have a login account that is made up of the MCO initials, the type of user (BHO, MCO, ASO), and the number "1". The test accounts have a "-t" in the login name.
 - a. Using Salish as an example for BHO's
 - "sabho1" is the Production account
 - "sabho1-t" is the Test account
 - b. Using Molina Health Care as an example for MCO
 - "mhmco1" is the Production account
 - "mhmco1-t" is the Test account
 - c. Using Beacon as an example for ASO
 - "beaso1" is the Production account
 - "beaso1-t" is the Test account
2. The MCO will use their account to log into the SFTP. The SFTP account folders look like this:



3. Once logged in with the production account the MCOs place txt files in the "BHO" production folder corresponding to their account if they are submitting production data. If they are testing they will use the testing login and place a text file in the test account. **Only txt files will be accepted.**
4. The SQL Agent job runs every hour of the day from 6am to 6pm, 7 days a week to process the files, unless there is an "urgent" need. If there is an urgent need the MCO needs to contact IT for processing.

The job processes the file and produces an error report that gets returned to the MCO with error information regarding which records were processed. Validation of the data will be based on date in the transaction (ie. Effective Date).
5. If there are any issues, the MCO would contact DBHR IT for help.

Appendix F: Primary Language Code List

https://www.loc.gov/standards/iso639-2/php/code_list.php

Codes submitted should be the first 3 letters. If there are two codes for a particular language they can be used interchangeably, but preferably the bibliographic version marked with an asterisk(*) of the code is used.

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

ISO 639-2 Code	English name of Language
abk	Abkhazian
ace	Achinese
ach	Acoli
ada	Adangme
ady	Adyghe; Adyghei
aar	Afar
afh	Afrihili
afr	Afrikaans
afa	Afro-Asiatic languages
ain	Ainu
aka	Akan
akk	Akkadian
alb	Albanian*
sqi	Albanian
ale	Aleut
alg	Algonquian languages
tut	Altaic languages
amh	Amharic
anp	Angika
apa	Apache languages
ara	Arabic
arg	Aragonese
arp	Arapaho
arw	Arawak
arm	Armenian*
hye	Armenian
rup	Aromanian; Arumanian; Macedo-Romanian
art	Artificial languages
asm	Assamese
ast	Asturian; Bable; Leonese; Asturleonese
ath	Athapascan languages
aus	Australian languages
map	Austronesian languages
ava	Avaric
ave	Avestan
awa	Awadhi
aym	Aymara
aze	Azerbaijani
ban	Balinese
bat	Baltic languages

bal	Baluchi
bam	Bambara
bai	Bamileke languages
bad	Banda languages
bnt	Bantu languages
bas	Basa
bak	Bashkir
baq	Basque*
eus	Basque
btk	Batak languages
bej	Beja; Bedawiyet
bel	Belarusian
bem	Bemba
ben	Bengali
ber	Berber languages
bho	Bhojpuri
bih	Bihari languages
bik	Bikol
bin	Bini; Edo
bis	Bislama
byn	Blin; Bilin
zbl	Blissymbols; Blissymbolics; Bliss
nob	Bokmål, Norwegian; Norwegian Bokmål
bos	Bosnian
bra	Braj
bre	Breton
bug	Buginese
bul	Bulgarian
bua	Buriat
bur	Burmese*
mya	Burmese
cad	Caddo
cat	Catalan; Valencian
cau	Caucasian languages
ceb	Cebuano
cel	Celtic languages
cai	Central American Indian languages
khm	Central Khmer
chg	Chagatai
cmc	Chamic languages
cha	Chamorro
che	Chechen
chr	Cherokee
chy	Cheyenne
chb	Chibcha
nya	Chichewa; Chewa; Nyanja
chi	Chinese*
zho	Chinese
chn	Chinook jargon
chp	Chipewyan; Dene Suline
cho	Choctaw
chu	Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic
chk	Chuukese

chv	Chuvash
nwc	Classical Newari; Old Newari; Classical Nepal Bhasa
syc	Classical Syriac
cop	Coptic
cor	Cornish
cos	Corsican
cre	Cree
mus	Creek
crp	Creoles and pidgins
cpe	Creoles and pidgins, English based
cpf	Creoles and pidgins, French-based
cpp	Creoles and pidgins, Portuguese-based
crh	Crimean Tatar; Crimean Turkish
hrv	Croatian
cus	Cushitic languages
ces	Czech
cze	Czech*
dak	Dakota
dan	Danish
dar	Dargwa
del	Delaware
din	Dinka
div	Divehi; Dhivehi; Maldivian
doi	Dogri
dgr	Dogrib
dra	Dravidian languages
dua	Duala
dum	Dutch, Middle (ca.1050-1350)
dut	Dutch; Flemish*
nld	Dutch; Flemish
dyu	Dyula
dzo	Dzongkha
frs	Eastern Frisian
efi	Efik
egy	Egyptian (Ancient)
eka	Ekajuk
elx	Elamite
eng	English
enm	English, Middle (1100-1500)
ang	English, Old (ca.450-1100)
myv	Erzya
epo	Esperanto
est	Estonian
ewe	Ewe
ewo	Ewondo
fan	Fang
fat	Fanti
fao	Faroese
fij	Fijian
fil	Filipino; Pilipino
fin	Finnish
fiu	Finno-Ugrian languages
fon	Fon

fra	French
fre	French*
frm	French, Middle (ca.1400-1600)
fro	French, Old (842-ca.1400)
fur	Friulian
ful	Fulah
gaa	Ga
gla	Gaelic; Scottish Gaelic
car	Galibi Carib
glg	Galician
lug	Ganda
gay	Gayo
gba	Gbaya
gez	Geez
geo	Georgian*
kat	Georgian
deu	German
ger	German*
gmh	German, Middle High (ca.1050-1500)
goh	German, Old High (ca.750-1050)
gem	Germanic languages
gil	Gilbertese
gon	Gondi
gor	Gorontalo
got	Gothic
grb	Grebo
grc	Greek, Ancient (to 1453)
ell	Greek, Modern (1453-)
gre	Greek, Modern (1453-)*
grn	Guarani
guj	Gujarati
gwi	Gwich'in
hai	Haida
hat	Haitian; Haitian Creole
hau	Hausa
haw	Hawaiian
heb	Hebrew
her	Herero
hil	Hiligaynon
him	Himachali languages; Western Pahari languages
hin	Hindi
hmo	Hiri Motu
hit	Hittite
hmn	Hmong; Mong
hun	Hungarian
hup	Hupa
iba	Iban
ice	Icelandic*
isl	Icelandic
ido	Ido
ibo	Igbo
ijo	Ijo languages
ilo	Iloko

smn	Inari Sami
inc	Indic languages
ine	Indo-European languages
ind	Indonesian
inh	Ingush
ina	Interlingua (International Auxiliary Language Association)
ile	Interlingue; Occidental
iku	Inuktitut
ipk	Inupiaq
ira	Iranian languages
gle	Irish
mga	Irish, Middle (900-1200)
sga	Irish, Old (to 900)
iro	Iroquoian languages
ita	Italian
jpn	Japanese
jav	Javanese
jrb	Judeo-Arabic
jpr	Judeo-Persian
kbd	Kabardian
kab	Kabyle
kac	Kachin; Jingpho
kal	Kalaallisut; Greenlandic
xal	Kalmyk; Oirat
kam	Kamba
kan	Kannada
kau	Kanuri
krc	Karachay-Balkar
kaa	Kara-Kalpak
krl	Karelian
kar	Karen languages
kas	Kashmiri
csb	Kashubian
kaw	Kawi
kaz	Kazakh
kha	Khasi
khi	Khoisan languages
kho	Khotanese; Sakan
kik	Kikuyu; Gikuyu
kmb	Kimbundu
kin	Kinyarwanda
kir	Kirghiz; Kyrgyz
tlh	Klingon; tlhIngan-Hol
kom	Komi
kon	Kongo
kok	Konkani
kor	Korean
kos	Kosraean
kpe	Kpelle
kro	Kru languages
kua	Kuanyama; Kwanyama
kum	Kumyk
kur	Kurdish

kru	Kurukh
kut	Kutenai
lad	Ladino
lah	Lahnda
lam	Lamba
day	Land Dayak languages
lao	Lao
lat	Latin
lav	Latvian
lez	Lezghian
lim	Limburgan; Limburger; Limburgish
lin	Lingala
lit	Lithuanian
jbo	Lojban
nds	Low German; Low Saxon; German, Low; Saxon, Low
dsb	Lower Sorbian
loz	Lozi
lub	Luba-Katanga
lua	Luba-Lulua
lui	Luiseno
smj	Lule Sami
lun	Lunda
luo	Luo (Kenya and Tanzania)
lus	Lushai
ltz	Luxembourgish; Letzeburgesch
mac	Macedonian*
mkd	Macedonian
mad	Madurese
mag	Magahi
mai	Maithili
mak	Makasar
mlg	Malagasy
may	Malay*
msa	Malay
mal	Malayalam
mlt	Maltese
mnc	Manchu
mdr	Mandar
man	Mandingo
mni	Manipuri
mno	Manobo languages
glv	Manx
mao	Maori*
mri	Maori
arn	Mapudungun; Mapuche
mar	Marathi
chm	Mari
mah	Marshallese
mwr	Marwari
mas	Masai
myn	Mayan languages
men	Mende
mic	Mi'kmaq; Micmac

min	Minangkabau
mw	Mirandese
moh	Mohawk
mdf	Moksha
lol	Mongo
mon	Mongolian
mkh	Mon-Khmer languages
mos	Mossi
mul	Multiple languages
mun	Munda languages
nah	Nahuatl languages
nau	Nauru
nav	Navajo; Navaho
nde	Ndebele, North; North Ndebele
nbl	Ndebele, South; South Ndebele
ndo	Ndonga
nap	Neapolitan
new	Nepal Bhasa; Newari
nep	Nepali
nia	Nias
nic	Niger-Kordofanian languages
ssa	Nilo-Saharan languages
niu	Niuean
nqo	N'Ko
zxx	No linguistic content; Not applicable
nog	Nogai
non	Norse, Old
nai	North American Indian languages
frr	Northern Frisian
sme	Northern Sami
nor	Norwegian
nno	Norwegian Nynorsk; Nynorsk, Norwegian
nub	Nubian languages
nym	Nyamwezi
nyn	Nyankole
nyo	Nyoro
nzi	Nzima
oci	Occitan (post 1500)
arc	Official Aramaic (700-300 BCE); Imperial Aramaic (700-300 BCE)
oji	Ojibwa
ori	Oriya
orm	Oromo
osa	Osage
oss	Ossetian; Ossetic
oto	Otomian languages
pal	Pahlavi
pau	Palauan
pli	Pali
pam	Pampanga; Kapampangan
pag	Pangasinan
pan	Panjabi; Punjabi
pap	Papiamento
paa	Papuan languages

nso	Pedi; Sepedi; Northern Sotho
fas	Persian
per	Persian*
peo	Persian, Old (ca.600-400 B.C.)
phi	Philippine languages
phn	Phoenician
pon	Pohnpeian
pol	Polish
por	Portuguese
pra	Prakrit languages
pro	Provençal, Old (to 1500);Occitan, Old (to 1500)
pus	Pushto; Pashto
que	Quechua
raj	Rajasthani
rap	Rapanui
rar	Rarotongan; Cook Islands Maori
qaa-qtz	Reserved for local use
roa	Romance languages
rum	Romanian; Moldavian; Moldovan*
ron	Romanian; Moldavian; Moldovan
roh	Romansh
rom	Romany
run	Rundi
rus	Russian
sal	Salishan languages
sam	Samaritan Aramaic
smi	Sami languages
smo	Samoan
sad	Sandawe
sag	Sango
san	Sanskrit
sat	Santali
srd	Sardinian
sas	Sasak
sco	Scots
sel	Selkup
sem	Semitic languages
srp	Serbian
srr	Serer
shn	Shan
sna	Shona
iii	Sichuan Yi; Nuosu
scn	Sicilian
sid	Sidamo
sgn	Sign Languages
bla	Siksika
snd	Sindhi
sin	Sinhala; Sinhalese
sit	Sino-Tibetan languages
sio	Siouan languages
sms	Skolt Sami
den	Slave (Athapascan)
sla	Slavic languages

slo	Slovak*
slk	Slovak
slv	Slovenian
sog	Sogdian
som	Somali
son	Songhai languages
snk	Soninke
wen	Sorbian languages
sot	Sotho, Southern
sai	South American Indian languages
alt	Southern Altai
sma	Southern Sami
spa	Spanish; Castilian
srn	Sranan Tongo
zgh	Standard Moroccan Tamazight
suk	Sukuma
sux	Sumerian
sun	Sundanese
sus	Susu
swa	Swahili
ssw	Swati
swe	Swedish
gsw	Swiss German; Alemannic; Alsatian
syr	Syriac
tgl	Tagalog
tah	Tahitian
tai	Tai languages
tgk	Tajik
tmh	Tamashek
tam	Tamil
tat	Tatar
tel	Telugu
ter	Tereno
tet	Tetum
tha	Thai
tib	Tibetan*
bod	Tibetan
tig	Tigre
tir	Tigrinya
tem	Timne
tiv	Tiv
tli	Tlingit
tpi	Tok Pisin
tkl	Tokelau
tog	Tonga (Nyasa)
ton	Tonga (Tonga Islands)
tsi	Tsimshian
tso	Tsonga
tsn	Tswana
tum	Tumbuka
tup	Tupi languages
tur	Turkish
ota	Turkish, Ottoman (1500-1928)

tuk	Turkmen
tvl	Tuvalu
tyv	Tuvinian
twi	Twi
udm	Udmurt
uga	Ugaritic
uig	Uighur; Uyghur
ukr	Ukrainian
umb	Umbundu
mis	Uncoded languages
und	Undetermined
hsb	Upper Sorbian
urd	Urdu
uzb	Uzbek
vai	Vai
ven	Venda
vie	Vietnamese
vol	Volapük
vot	Votic
wak	Wakashan languages
wln	Walloon
war	Waray
was	Washo
wel	Welsh*
cym	Welsh
fry	Western Frisian
wal	Wolaitta; Wolaytta
wol	Wolof
xho	Xhosa
sah	Yakut
yao	Yao
yap	Yapese
yid	Yiddish
yor	Yoruba
ypk	Yupik languages
znd	Zande languages
Zap	Zapotec
Zza	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki
Zen	Zenaga
Zha	Zhuang; Chuang
Zul	Zulu
Zun	Zuni

BHDS Glossary

Term	Definition	Clarification
1st routine encounter	First non-crisis encounter following the intake/assessment	
EDI 837	The EDI (Electronic Data Interchange) 837 transaction set is the format established to meet HIPAA requirements for the electronic submission of healthcare claim information. The claim information included amounts to the following, for a single care encounter between patient and provider.	
EDI X12N	EDI X12 (Electronic Data Interchange) is data format based on ASC X12 standards. It is used to exchange specific data between two or more trading partners. Term 'trading partner' may represent organization, group of organizations or some other entity.	
Action Code	This is the code submitted by the user that is a status or change the user intended. How this is used is covered in the Add/Change Status section of the document.	
Admission		
Agency		
ASOs	Self-funded health care also known as Administrative Services Only (ASO) is a self-insurance arrangement whereby an employer provides health or disability benefits to employees with its own funds.	
Assessment	Clinical medicine, evaluation of the patient for the purposes of forming a diagnosis and plan of treatment.	In this context it is synonymous with intake in mental health
Provider Agency	Sites providing mental health and substance abuse services to clients.	
BHDC	Behavioral Health Consolidation: The project effort to integrate both mental health and substance use disorder resulting in the.	
BHDS	Behavioral Health Data System: This is the process for submission of the client level data to DBHR.	
BHO Administrator		
BHO ProviderOne ID		
BHOs	Behavioral Health Organizations	
Client	Person needing services	Person identified in BHDS
Client Unique ID (CUID)		
clinician	Medical professional having direct contact with and responsibility for patients	
Data Element	Field of data	
Date of Request for Service	Date client asks for service. Can be done in via multiple methods such as phone call, walk in, referral, others requesting services on behalf of client	
DBHR	Division of Behavioral Health and Recovery	

Discharge	Client no longer receives services from a particular BHO	
DSHS	Department of Social and Health Services	
Gain-SS	GAIN-SS (Global Assessment of Individual Needs-Short Screener)	
Identifier	Unique key for an entity	
Intake	The process of admission of an individual to a health facility, during which data regarding the health history and other pertinent personal information is gathered.	
MCOs	Managed Care Organizations	Includes BHO's, MCO, and ASOs.
Mental Health		
MH-CIS	Legacy Mental Health Information System –Mental Health Consumer Information System	
Modality	The method of application of a therapeutic agent or regimen.	Specific to a substance use level of care
Native Transaction	Transactions submitted to the BHDS, aka: Non-encounter transactions	
On change	Verification with Client if information has changed.	
pre-intake	Prior to assessment/intake	
Quadrant Placement		
SAMHSA	Substance Abuse and Mental Health Services Administration	
Service Episode		
Service Episode End Date	The date the episode of care (container) ended/closed by a provider agency.	
Service Episode Start Date	Start of services provided to a particular client, that contracting BHO is authorized to pay for.	
SUD	Substance Use Disorder	
TARGET	Legacy SUD System - Treatment and Assessment Reports Generation Tool	
Transaction		
Washington Administrative Code (WAC)	Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency.	
Withdrawal Management Services	Professional services to people in the process of screening, assessing, preparing, planning, and monitoring of withdrawal symptoms.	
EDI	Electronic Data Interchange (EDI) is the computer-to-computer exchange of business data in standard formats.	
Revised Code of Washington (RCW)	An RCW, or law, is the result of legislation that has been passed by the House and Senate and has been signed by the Governor. The Revised Code of Washington contains all laws that have been adopted in the State of Washington, as well as a history of all laws that have previously existed or been amended.	