Utah Division of Substance Abuse and Mental Health

Treatment Episode Data Set (TEDS)
Admission/Transfer File Format and Definitions

**Official Document for FY2021 Data Submission
Effective 7/1/2020**

Updated 7/13/2020

Change History

DATE	AUTHOR	VERSION	NOTES
6/8/2020	Terrance Barker Justin Hyatt	3.1	Updated all field names. Order and content of fields didn't change (With exception to MAT – field 37). Updated Medication Assisted Treatment (Field 37) codes. Changed code (2) to "No MAT" and changed code (4) to "Buprenorphine". Updated Justice Risk Level (Filed 56) to be required on any Justice Involved Client, with Justice Involved being defined as any client with an Admit Referral (Field 13) of "11 – Justice Referral." Updated Primary Diagnosis (Field 28) to include Primary Diagnosis.
2/20/2020	Justin Hyatt	3.0	Deleted fields: Enrolled in Education, Diagnoses (with date) Diag A2 – Diag B3, Probation, Parole, DCFS, DORA, Recommended Service Type, EBPs, Compelled, Tobacco Age at first use. DLA Scores were moved to the SUD Events file. Added Admission ID (Field 5) and changed Methadone field to Medication Assisted Treatment (Field 37).
8/9/2019	Kimberlie Raymond	2.1	Added rows 100 – 104.
4/3/2019	Kimberlie Raymond	2.0	Added a Nonbinary option to gender to identify client's gender.
5/9/2018	Kimberlie Raymond	1.9.0	Updated for FY2019. Added new field: County of residence at admission (field 99)
3/13/2018	Kimberlie Raymond	1.8.9	Updated the admit referral source. Updated secondary and tertiary substance codes.
3/28/2017	Ryan Carrier	1.8.8	Updated for FY2018. Updated Tobacco Use notes to cover nicotine products including vaping and electronic cigarette. Provided specificity to Compelled notes. Updated Justice Risk notes to define instrument and requirement for compelled to treatment clients.
07/01/2016	Sandra Cerchiari	1.8.7	Updated for FY2017. Added Unknown count of 10% for Compelled into Treatment field.
11/16/2015	Sandra Cerchiari	1.8.6	Added new data elements, court compelled indicator and justice risk starting January 1, 2016.
5/27/2015	Sandra Cerchiari	1.8.4	Updated for FY2016, changed the DSM/ICD-10 code length and added free text field for comments.
7/15/2014	Sandra Cerchiari, Brenda Ahlemann	1.8.3	Updated for FY2015, removed outdated narrative, revised treatment episode section.
7/10/2013	Sandra Cerchiari	1.8.2	Added new variable for employment for kids 0-5 and updated education notes.
4/22/2013	Sandra Cerchiari	1.8.1	Updated for FY2014. Added Veteran's status and changed the drug court variables.
7/30/2012	Sandra Cerchiari	1.8	Fixed error by adding omitted 10th EBP field.
3/26/2012	Sandra Cerchiari	1.7	Updated for FY2013. Added EBP's and sequencing date. Changed code values for Tobacco Use. Added file processing sort rules to narrative.
12/9/2011	Sandra Wissa	1.6.7	Changes to the SSN valid number rules.
5/10/2011	Dori Wintle	1.6.6	Additional information in Service Transaction Type notes.
4/22/2010	Casey Loveland	1.6.5	Updated for FY2011.
1/13/2010	Casey Loveland	1.6.4	Added text to narrative regarding changes in DORA and Drug Court status. Updated Social Support Codes to match Federal TEDS specification (released Jan 2010)
12/10/2009	Casey Loveland, Dori Wintle	1.6.3	Changed social support code (field 83) descriptions to match the Federal TEDS specification.
10/29/2009	Casey Loveland	1.6.2	Add misdemeanor drug court participation code.
6/1/2009	Casey Loveland, Dori Wintle	1.6.1	Add new DORA indicator value for new 'Amended' DORA. Added Sub-contracting Patient Services section. Added DORA submission timeframe. Removed Discharge submission specific text. Added new CSAT values to the social_support_cd field.
3/23/2009	Casey Loveland	1.6	Reved spec to FY2010. No signification changes.
9/30/2008	Casey Loveland	1.5b	Rename social_support_ind to social_support_cd. Remove SOMMS code value from the social_support_cd field.
6/2/2008	Casey Loveland	1.5a	Fix typo on note for field 15.
05/07/2008	Casey Loveland, Dori Wintle	1.5	Renamed NOMS code value to SOMMS and added a new NOMS code to mark actual NOMS fields. Added new text to all NOMS fields that the data should be clinician verified. Added new note to fields 37 and 39. Fix field code descriptions (page 3) Added new race code: Two or more races. Changed race code "Other" to "Other single race"
04/02/2008	Casey Loveland	1.4	Added SSN validation rules.
03/12/2008	Casey Loveland, Dori Wintle	1.3	Added new field: Participation in Social Support of Recovery Indicator (field 83). Updated fiscal year to 2009. Moved Change History section from page 1 to page 2.
01/07/2008	Casey Loveland, Dori Wintle	1.2	Added age validation rule.
10/04/2007	Casey Loveland	1.1.1	Added clarification on fields 78 – 81 for default values if not collected. Added new code value to Recommended Service/Program Type (field 82) of 98 for Not Collected.
9/25/2007	Casey Loveland	1.1	Added note to the system transaction type code field that admissions that have already been discharged cannot be deleted until the discharge has been deleted first.
9/21/2007	Casey Loveland	1.0	Added note that change records should be sent anytime a data element in the spec is modified.

8/22/2007	Dori Wintle, Casey Loveland	.09	Added comment about co-dependent/collateral rows are excluded from unknown 5% calculations. Added note to Limited Treatment for usage on co-dependent/collateral clients.
8/7/2007	Dori Wintle, Casey Loveland	.08	Changed field 82 from Women in Treatment Indicator to Recommended Service/Program code. Renamed Adult Probation Indicator (field 79) to Probation Indicator and added additional descriptive text. Renamed Adult Parole Indicator to Parole Indicator. Changed Service/Program Type code value for Assessment Only to Assessment. Changed Assessment Only Service description. Fixed field cross references.
6/21/2007	Dori Wintle	.07	Added definition for Women in Treatment Indicator (field 82)
6/21/2007	Dori Wintle	.06	Added clarification on rules for submitting data under Limited Treatment and for DUI clients receiving only Prime for Life education services. Removed Expected Payment Source codes; DORA and Women's General Fund.
6/13/2007	Casey Loveland	.05	Fixed field cross-reference on field 81 and 82 to reference field 35 not 34.
5/24/2007	Casey Loveland	.04	Added System Transaction Type Code field.
5/9/2007	Dori Wintle, Casey Loveland	.03	Added definition for the calculation of Length of Stay Episode and Modality. Changed dates on continuation in treatment to be consistent with Federal reporting requirements. Added new Expected Payment Source codes for DORA and Women's General Fund. Added new legal status fields and DORA and Women's Treatment Indicators.
9/15/2006	Casey Loveland	.02	Added note about submitting data for multiple providers.
8/25/2006	Casey Loveland, Dori Wintle, Brad Loveland	.01	HLCI column changed to SAMHIS client ID. Removed leading zeros from unknown and not applicable code values for Medicaid ID. Added note to Medicaid ID that it should be either 2 or 10 characters in length. Added note to Primary Substance 1st age of use that it must be less than client's current age, but not less than their birth date. Added notes to Service/Program Types that are not required to have less than 5% of unknowns.

Introduction

NOTE: New content for FY2021 highlighted in <mark>*yellow italics*</mark>.
Two documents, the Client Data Record Format and the TEDS Definitions, have been combined into one document to make it easier to know what is required. The last column in the following table is labeled "Code" and is used to describe each element as follows:

Codes
KEY: These fields are used to match discharge records with admission records. These data fields must be complete and accurate for both admission and discharge records.
SOMMS: These fields are required to be sent to the Federal Substance Abuse and Mental Health Administration (SAMHSA) by the State Outcomes Measurement and Management System (SOMMS) Subcontract. For each Local Authority area, these variables must have no more than 5% unknown or missing codes.
Service/Program Type Codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing values.
Rows with the Co-dependent/collateral flag set to 'Yes' (1) are excluded when calculating unknown percentages.
NOMS: These fields are used to calculate National Outcome Measures.
FED: These fields are reported to SAMHSA.
STATE: These fields are not reported to SAMHSA, but are still required by the State.
DIAG: Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.

NOTE: No blanks are allowed in the file except *where specified above. The middle name field and SAMHIS Client ID fields can also be left blank if not available.*
CSV File Generation Guidelines

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

Supplemental Definitions

Client: A person who meets <u>all</u> of the following criteria:
1. has an alcohol or drug related problem,
2. has completed the screening and intake process,
3. has been formally admitted for treatment or recovery service in an Alcohol or Drug Treatment unit operated or funded (fully or partially) by a State Alcohol or State Drug Authority, and
4. has his or her own client record.

If a person has only completed the assessment process and it is determined that he/she does not need treatment and therefore does not meet all of the above criteria of a client, the person can still be included as a TEDS admission but must have a code of "Assessment" in the *Service/Program Type*.

*(A person is **not** a client if he/she has only completed a screening or intake process or has been placed on a waiting list or is a co-dependent or collateral.)*

Service/Program Type: (Field #11) – the service that the client is admitted or transferred into.

For co-dependent/collateral clients this should be the actual treatment being received. If not applicable then code as 9; Limited Treatment.

<u>Assessment</u>: All assessments performed must be reported. This code should be used if a person has completed the assessment process; regardless if they need substance abuse treatment or not.

Records with this service code are not required to have less than 5% unknown or missing.

<u>Detoxification, 24-hour service, Hospital Inpatient</u>: 24-hour per day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV-D or Level III.7-D** which are as follows: 1) an organized service delivered by medical and nursing professionals that provides for 24-hour medically-directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Or, 2) an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds.

Records with this service code are not required to have less than 5% unknown or missing.

<u>Detoxification, 24-hour service, Free-Standing Residential</u>: 24-hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.2-D** which are as follows: an organized service delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal.

Records with this service code are not required to have less than 5% unknown or missing.

Rehabilitation/Residential, Hospital (other than detoxification): 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV** which are as follows: an organized service, staffed by designated addiction physicians or addiction credentialed clinicians and requires an interdisciplinary staff to care for patients whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available.

Rehabilitation/Residential, Short Term: Typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.7 or Level III.5** which are as follows: Level III.7—an organized service, staffed by designated addiction treatment personnel or addiction-credentialed physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting. Twenty-four hour observation, monitoring and treatment are available; however, the full resources of an acute care general hospital or a medically-managed inpatient treatment service system are not necessary. Level III.5—programs designed to address significant problems with living skills, that are accurately characterized by the intensity of the addiction treatment services and the highly structured program activity, where the resident's activities are prescribed 24 hours a day until the resident demonstrates specified treatment progress. With increased staff training and nursing supervision, programs at this level are able to address the medical needs of residents who have slightly more severe medical problems.

Rehabilitation/Residential, Long Term: Typically more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as half way houses. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.1 or Level III.3** which are as follows: Level III.1—offers low-intensity professional addiction treatment services at least 5 hours a week. This level of care is best understood in its component parts. The professional addiction treatment services provided in this setting are low-intensity outpatient services focused on problems in applying recovery skills. The other component is a structured recovery environment, staffed 24 hours a day. Level III.3—provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Services generally are considered to be of medium intensity and are presented at a slower pace than in more intensive residential programs. Persons who are appropriately placed in this level of care are characterized by their need for a slower paced treatment presentation because of mental health problems or reduced cognitive functioning or the chronicity of their illness.

Ambulatory, Intensive Outpatient: As a minimum the client must receive treatment lasting two or more hours per day three or more days per week. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level II.5 or Level II.1** which are as follows: involves a structured day or evening treatment program that may

be offered before or after work or school, in the evening or on a weekend. Programs have the capacity to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. In addition, they have active affiliations with other levels of care and can assist in accessing clinically necessary "wraparound" support services such as child care, transportation and vocational training. Distinctions are made among various subtypes of Level II program as follows: Level II.5) generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services. Level II.1) generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education around alcohol and other drug problems. The patient's needs for psychiatric and medical services are addressed through consultation or referral arrangements. II.1 differs from II.5 in the intensity of clinical services that are directly available: specifically, II.1 has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.

Ambulatory, Non-Intensive Outpatient: Treatment services including individual, family and/or group services; these may include pharmacological therapies. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I** which are as follows: organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provides professionally directed evaluation, treatment and recovery services to persons with substance-related disorders. Such services are provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

Ambulatory, Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting – pharmacological or non-pharmacological. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I-D, or Level II-D** which are as follows: 1) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Or 2) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Essential to this level of care is the availability of appropriately-credentialed and licensed nurses (R.N., L.P.N.) for monitoring of patients over a period of several hours each day of service.

Records with this service code are not required to have less than 5% unknown or missing.
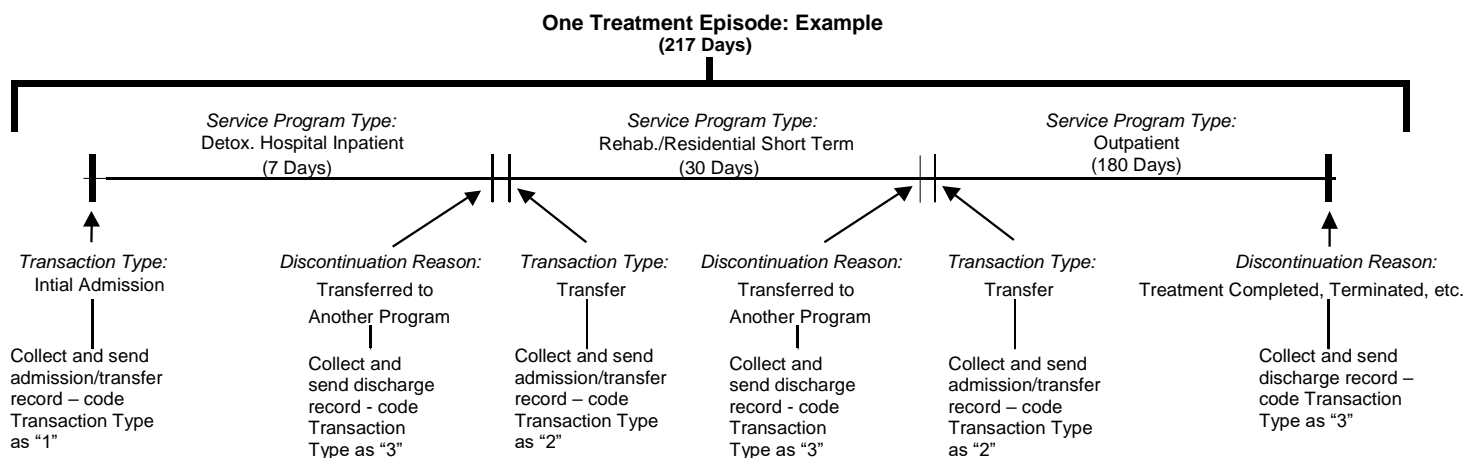
Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as "limited treatment," the provider must submit a separate explanation or description of specifically what these services are. It should also be noted, that any clients reported to the State under this service type are not included in any statistical reports produced by the State.

Records with this service code are not required to have less than 5% unknown or missing.

DUI Prime for Life: Clients receiving only education under the DUI Prime for Life program should not be reported as patients in TEDS and should be reported in the prevention data

system. Clients receiving treatment, and who are also participating in the DUI Prime for Life program, should be reported as a patient in TEDS using the appropriate program type for the treatment they are receiving.

Treatment Episode: the period of service between the initiation of substance abuse treatment services for a client with a drug or alcohol abuse or dependency problem and the termination of services for that client, where no significant break in services has occurred. There is only one initial admission per episode. Therefore, if a client in the midst of a single episode of

One Treatment Episode: Example
(217 Days)

| *Service Program Type:* Detox. Hospital Inpatient (7 Days) | *Service Program Type:* Rehab./Residential Short Term (30 Days) | *Service Program Type:* Outpatient (180 Days) |

Transaction Type: Initial Admission

Collect and send admission/transfer record – code Transaction Type as "1"

Discontinuation Reason: Transferred to Another Program

Collect and send discharge record - code Transaction Type as "3"

Transaction Type: Transfer

Collect and send admission/transfer record – code Transaction Type as "2"

Discontinuation Reason: Transferred to Another Program

Collect and send discharge record - code Transaction Type as "3"

Transaction Type: Transfer

Collect and send admission/transfer record – code Transaction Type as "2"

Discontinuation Reason: Treatment Completed, Terminated, etc.

Collect and send discharge record – code Transaction Type as "3"

treatment changes services/modalities or providers, this event is considered a "**transfer**" rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a transfer, not a new initial admission. A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode (if not discharged already), if the client has not been seen in 7 days in the case of an inpatient, residential or detoxification and 30 days in the case of an intensive or general outpatient. Admissions and transfers must be sent in the TEDS Admit/transfer file format and Discharges must be sent in the TEDS Discharge file format as a separate file. Clients returning for services after the elapsed time described need to be reported as an initial admission to a subsequent treatment episode.

Admission / Transfer File

Duplicate Admit Date for the same client and ASAM (service_program_cd) will produce an error.

All TEDS Admission / Transfer records are generally inserts into SAMHIS.

Age Validation:
Client's age is calculated using the client's birth date and the admission date.

Sub-contracting Patient Services:

When a Local Substance Abuse Authority (LSAA) sub-contracts any patient services, it is the responsibility of the LSAA to collect necessary documentation from any sub-contracted provider necessary to maintain TEDS data reporting to the Division.

Drug Court Submissions

If a client enters a Drug Court while already receiving treatment as a non-Drug court client, the client should be discharged from the current admission, and readmitted to the same level of care with an admission date as the start date of the Drug Court funding/supervision.

<u>Client Name Validation Rules:</u>

TEDS file will have fields for the following parts of a name:
- Last name
- First name
- Middle name

<u>Naming Rules:</u>
Names can be entered in upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example:	*Mc Donald*	*should be entered as*	*McDonald*
	De La Cruz	*should be entered as*	*DeLaCruz*
Example:	*Le Ann Mary Ann Mc Cartney*		
	Can be entered as:		
	First: Le Ann		
	Middle: Mary Ann		
	Last: McCartney		

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

Examples:
(last name) Smith-Jones should be entered as   Smith-Jones
(first name) Jo-Ann   should be entered as   Jo-Ann
(last name) O'Rilley   should be entered as   ORilley
(last name) St. James   should be entered as   StJames
(first name) D'Ann   should be entered as   DAnn or D Ann

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: *J. Edgar Hoover*

First name: J (no period)

Middle name: Edgar

Last Name: Hoover

Enter legal names rather than nicknames
Example: "Bill" should be entered as William
        "Bob" should be entered as Robert
        "C.J." should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed
Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

Submitting for Multiple Providers

TEDS Admit files can contain data for more than one provider per file. SAMHIS backend processing engines associate data in TEDS Admit files to the provider ID specified on every row in the file.

Processing Sort Rules

TEDS Admissions
Sorting as follows with subsequent sort rules applying within the 'parent' sort rule.
- System Trans Type (Delete, Add and then Change)
 - TEDS Provider ID (alphanumeric ascending)
 - Provider client ID (provider's) (alphanumeric ascending)
- Admission ID (numeric ascending)
 - Admit date (chronological)
        - "sequencing date" (applies to change records)

	Name and Description	Allowed Values	Format	Required	% Unknown	Definition	Code
1	SystemTransactionType	A - Add D - Delete C - Change	string(1)	Yes		Add is for adding new rows. Delete is for removing rows from SAMHIS. Submit a delete row in conjunction with an Add row to fix a key field that has changed. Change is for updating an existing row with new updated information for an existing admission. Update cannot be used to fix a key field change. For Add and Change system transaction type codes all fields must be supplied with valid data in each field. Only difference will be that a change record will error out if an existing admission record is not already found. Change records should be sent anytime one of the data elements in the spec are modified or when needing to change a baseline (T1 or T2) or For Delete records all the key fields must be supplied. The rest of the fields can be filled-in or left blank. Admission records that have already been discharged cannot be deleted until the discharge data has been deleted. To deleted an admission that has been discharged send in a delete record for the discharge and then a delete record for the admission. Remember that every row must have the correct number of commas.	FED SOMMS
2	RecordNumber	1,2,….., (Number of Records)	number (10)	Yes		Any number unique in the file. It can be sequential and is for provider use only. This field is NOT used to match records.	STATE
3	ProviderId	UTNNNNNN	string (15)	Yes		Identifies the provider of the alcohol or drug treatment service, the provider's National Facility Register (NFR) number. Must begin with "UT."	KEY FED SOMMS
4	ProviderClientId	Unique Client identifier	string (15)	Yes		An identifier that is from 1 to 15 alphanumeric characters and at a minimum is unique within the provider. The identifier: 1. Must NOT be reassigned to another client, 2. Can be meaningless, and 3. Must ensure confidentiality of client records - must not identify the client 4. An individual cannot have more than one ID at a given provider.	KEY
5	AdmissionId	Admission Identifier	string (50)	Yes		A unique Admission identifier will be be used to tie SUD events back to Admit	STATE
6	SocialSecurityNumber	Client's SSN 999-99-9999=None 000-00-0000=Unknown	string (11) (used to say 15)	Yes		The client's social security number. SSA modified the SSN assignment rules June 25, 2011 and SSNs are assigned randomly using all available numbers except those starting 000, 666, 900-999. We will also do not allow 123-45-6789 or 099-99-9999. Valid SSNs cannot be utilized by more than 1 client.	STATE
7	MedicaidIdNumber	Clients Medicaid ID Number 97=Unknown 98=Not Applicable	string (10)	Yes		The client's Medicaid number. Field must be either 2 (Unknown / NA) or 10 characters in length	STATE
8	CoDependentCollateral	1=Yes 2=No	number (1)	Yes		A person who has no alcohol or other drug abuse problem, but satisfies all of the following conditions: 1. Is seeking services because of problems arising from his/her relationship with an alcohol or drug abuser. 2. Has been formally admitted for service to a program. 3. Has his/her own client record. Rows with the Co-dependent/collateral flag set to 'Yes' (1) are excluded when calculating SOMMS 'unknown' percentages.	FED
9	TransactionType	1=Initial Admit (Beginning of Episode) 2=Transfer/Change in Service	number (1)	Yes		This field identifies the record as an admit/transfer record. Only a value of 1 or 2 is valid	FED
10	DateOfAdmission	Date	MM/DD/YYYY	Yes		The month, day and year when the client receives his or her first direct treatment or recovery service. A duplicate Admit Date for the same patient and for the same ASAM level will produce an error.	KEY FED
11	ServiceProgramType	0=Assessment 1=Detox. Hospital Inpat. 2=Detox. Free Standing 3=Rehab/Res. Hospital 4=Rehab./Res. Short Term 5=Rehab./Res. Long Term 6=Amb. Intensive Outpatient 7=Amb. Outpatient 8=Amb. Detox.	number (1)	Yes		The service that the client is admitted or transferred into. See Supplemental Definitions for the definition of each service type. *Records with codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing.* For co-dependent/collateral rows this should be the actual treatment being received. If not applicable then code as 9; Limited Treatment.	KEY FED SOMMS

		9=Limited Treatment					
12	NumberOfPriorEpisodes	0=0 Prior Treatments 1=1 Prior Treatment 2=2 Prior Treatments 3=3 Prior Treatments 4=4 Prior Treatments 5=5 or More Prior Treatments 7=Unknown	number (1)	Yes	5%	The number of previous treatment episodes the client has received in any drug or alcohol program. Changes in service/modality during the same treatment episode should not be counted as separate episodes. Also, the count should not include episodes prior to 1/1/90.	FED SOMMS
13	ReferralSource	1 = Individual/Self 2 = Family or Friend 3 = Alcohol/Drug Abuse Care Provider 4 = Mental Health Provider 5 = Other Health Care Provider 6 = School 7 = Employer/EAP 8 - Division of Workforce Services 9 = DCFS 10 = DSPD 11 = Justice Referral 12 = Clergy 13 = Other Community Referral 97 = Unknown	number (2)	Yes	5%	Describes the specific person or agency referring the client to the alcohol or drug treatment program. Family or Friend: Includes a family member or friend. Alcohol/Drug Abuse Care Provider: Includes any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse programs, or a program whose activities are related to alcohol or drug abuse prevention, education or treatment. Mental Health Provider: Includes a psychiatrist, psychiatric hospital, mental program or licensed mental health professionsal. Other Health Care Provider: Includes a physician or other licensed health care professional; or general hospitals or nursing home. School (Educational): Includes a principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. Employer/EAP: Includes a supervisor or an employee counselor. Justice Referral: includes anyone prompted into treatment by the legal system Other Community Referral: Community or any federal, State or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare, that is not listed above. Self-help groups such as AA, Al-Anon, and NA are also included in this category.	FED SOMMS
14	DateOfBirth	Date 01/01/0007=Unknown	mm/dd/yyyy	Yes	5%	The client's legal birth date. This field should only be coded as "unknown" (01/01/0007) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information.	FED SOMMS
15	Gender	1=Male 2=Female 3=Nonbinary	number (1)	Yes	5%	Indentifies the client's gender.	FED SOMMS
16	Race	1=Alaskan Native 2=American Indian 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Black/African American 6=White 7=Unknown 8=Two or more races 0=Other single race	number (1)	Yes	5%	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa or the Middle East.	FED SOMMS

						Two or more races: Use this code when your system collects multiple races and does not have a way to designate a primary race. Other single race: Use this category for instance in which the client is not classified in any other category or whose origin group, because of area is regarded as a racial class distinct from the above categories. (DO NOT use this category for clients indicating multiple races.)	
17	Ethnicity	1=Puerto Rican 2=Mexican 3=Cuban 4=Other Hispanic 5=Not of Hispanic Origin 7=Unknown	number (1)	Yes	5%	Identifies the specific Hispanic Origin. Puerto Rican: Of Puerto Rican origin regardless of race. Mexican: Of Mexican origin regardless of race. Cuban: Of Cuban origin regardless of race. Other Specific Hispanic: Of known or unknown Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.	FED SOMMS
18	MaritalStatus	1=Never Married 2=Married 3=Separated 4=Divorced 5=Widowed 7=Unknown	number (2)	Yes		Specifies the client's marital status. Never Married: Includes those whose only marriage was annulled. Married: Includes those living together as married. Separated: Includes those separated legally or otherwise absent from spouse because of marital discord.	FED
19	Education	0=Less than One Grade Completed 1-25=Years of School (Highest Grade) Completed (For GED use 12) 97=Unknown	number (2)	Yes	5%	Specify the highest school grade the client has completed. *If more than 25 years have been completed, use "25".*	FED SOMMS
20	EmploymentStatus	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 10 = Ages 0-5 20=Other "Not In the Labor Force" 97=Unknown	number (2)	Yes	5%	Identifies the client's current employment status. Employed Full Time: Working 35 hours or more each week, including members of the uniformed service. Employed Part Time: Working fewer than 35 hours each week. Unemployed: Looking for work during the past 30 days or on layoff from a job. Other "Not in the Labor Force": Not looking for work during the past 30 days. *If the client is employed and going to school, the employment code takes priority over the "Student" code. Field 50 indicates whether the client is enrolled in an education program.* *Data is to be verified by treatment staff.*	FED SOMMS NOMS
21	PrimarySubstance	1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants 18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD	number (2)	Yes	5%	Identifies the client's primary substance problem. This field can only be coded as "unknown" (97) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information. This field must be coded as "none" (1) if and only if the client was admitted as co-dependent/collateral. Data is to be verified by treatment staff.	FED SOMMS NOMS

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		32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) 35=Lorazepam (Ativan) 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown				
22	SecondarySubstance	Same as Field 21	number (2)	Yes	5%	This should not be the same as the Primary or Tertiary Substance Codes at Data is to be verified by treatment staff.	FED SOMMS NOMS
23	TertiarySubstance	Same as Field 21	number (2)	Yes	5%	This should not be the same as the Primary or Secondary Substance Codes Data is to be verified by treatment staff.	FED SOMMS NOMS
24	PrimaryAdministrationRoute	0=Other 1=Oral (Swallowed) 2=Smoking 3=Inhalation (Fumes) 4=Iv Injection 5=Non-Iv Injection 6=Nasal (Snorted, Sniffed) 7=Unknown 8=Not Applicable	number (1)	Yes	5%	The way the client usually administers his/her primary substance of abuse. This field should be coded as "unknown" (7) only if the client's Substance Code Primary at Admission was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's Substance Code Primary at Admission was coded as "none" (1).	FED SOMMS
25	SecondaryAdministrationRoute	Same as field 24	number (1)	Yes	5%	The same as Route of Administration – Primary, but for the client's secondary substance.	FED SOMMS
26	TertiaryAdministrationRoute	Same as field 24	number (1)	Yes	5%	The same as Route of Administration – Primary, but for the client's tertiary substance.	FED SOMMS

27	PrimaryFrequencyOfUse	1=No Use During Last 30 Days 2=1-3 Times During Last 30 Days 3=1-2 Times Per Week During Last 30 Days 4=3-6 Times Per Week During Last 30 Days 5=Daily Use During Last 30 Days 7=Unknown 8=Not Applicable	number (1)	Yes	5%	Identifies the approximate number of times the primary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field should be coded as "unknown" (7) only if the client's Substance Code Primary at Admission was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's Substance Code Primary at Admission was coded as "none" (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
28	SecondaryFrequencyOfUse	Same as field 27	number (1)	Yes	5%	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's Substance Code Secondary at Admission was coded as "none" (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
29	TertiaryFrequencyOfUse	Same as field 27	number (1)	Yes	5%	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's Substance Code Tertiary at Admission was coded as "none" (1). Data is to be verified by treatment staff.	FED SOMMS NOMS
30	PrimaryAgeOfFirstUse	*0=Indicates a newborn with a substance dependency problem* *1-95=Age* 97=Unknown 98=Not Applicable	number (2)	Yes	5%	For drugs other than alcohol, this field identifies the first voluntary use of the substance in the corresponding primary substance of abuse. For alcohol as the primary substance, it is the age of first intoxication. This field should be coded as "unknown" (97) if the client's Substance Code Primary at Admission was also coded as "unknown" (97). This field must be coded as "not applicable" (98) if and only if the client's Substance Code Primary at Admission was coded as "none" (1). **The age must be less than the client's current age, but not less than their birthdate. Current age is calculated by taking the date the file was processed and calculating years since birth date.**	FED SOMMS
31	SecondaryAgeOfFirstUse	Same as field 30	number (2)	Yes	5%	The same as the Age of First Use – Primary, but for the secondary substance of abuse.	FED SOMMS
32	TertiaryAgeOfFirstUse	Same as field 30	number (2)	Yes	5%	The same as the Age of First Use – Primary, but for the tertiary substance of abuse.	FED SOMMS
33	LivingArrangement	1=On the street or in a homeless shelter 2=Private residence - Independent 3=Private residence - Dependent 4=Jail or correctional facility 5=Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6=24-hour residential care 7=Adult or child foster home 8=Unknown	number (1)	Yes	5%	Private Residence - Independent = Individaul lives alone or with others without supervision. Private Residence - Dependent = Individual is living with parents, relatives, or guardians. Data is to be verified by treatment staff.	FED SOMMS NOMS
34	PrimarySourceOfIncome	1=Legal Employment, Wages and Salary 2=Welfare, Public Assistance 3=Pension, Retirement Benefits, Social Security 4=Disability, Worker's Compensation 5=Other 6=None 7=Unknown	number (1)	Yes		Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.	FED
35	HealthInsurance	1=Private Insurance	number (1)	Yes		Specifies the client's health insurance. The insurance may or **may not**	FED

		2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=HMO 6=Other (Champus) 7=Unknown 8=None 9=CHIP				cover alcohol or drug treatment.	
36	PaymentSource	1=Self Pay 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=Other Government Payments 6=Worker's Compensation 7=Other Health Insurance Co. 8=No Charge/Free/Charity 9=CHIP 11=Drug Court 20=Other 97=Unknown	number (2)	Yes		Identifies the primary source of payment for the current treatment event/modality. Those clients operating under a split payment fee arrangement between multiple payment sources are to default to the payment source with the largest percentage. When the payment percentages are equal, either one can be selected. ** CIAO is an invalid code value as of FY2008	FED
37	MedicationAssistedTreatment	1=Methadone2=No MAT3=Naltrexone4=B	number (2)	Yes	5%	Identifies the planned or actual use of methadone, Buprenorphine or Naltrexone for medication assisted treatment as part of the client's treatment plan. Suboxone should be coded as "4 - Bupenorphine." Vivitrol should be coded as "3 - Naltrexone."	FEDSOMM
38	Pregnant	1=Yes 2=No 7=Unknown	number (1)	Yes		Identifies whether or not the client is pregnant at admission. Only females may be coded as pregnant. Women who report at first contact a need for services and who report being pregnant must be admitted into treatment, or at a minimum, approved interim services, within 48 hours or be referred to DSAMH within 24 hours.	FED
39	CoOcurringDisorder	1=Yes 2=No 7=Unknown	number (1)	Yes		Identifies whether the client has a psychiatric problem (a DSM Axis I or II Diagnosis) **in addition** to his/her alcohol or drug use problem.	FED
40	DaysWaitingToEnterTreatment	0-996=Number of Days 997=Unknown	number (3)	Yes		Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was available. Women who report at first contact a need for services and who report being pregnant must be admitted into treatment, or at a minimum, approved interim services, within 48 hours or be referred to DSAMH within 24 hours.	FED
41	NumberOfChildren	0-96=Number of Children 97=Unkown	number (2)	Yes		Specifies the number of children, age 17 or less, birth, adopted or foster. The child may or may not live with the client.	STATE
42	NumberOfArrests	0-96=Number of Arrests 97=Unknown	number (2)		5%	*This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of admission to treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. (Data was previously collected for the six months prior to admission. NOMS asks for 30 days.)* *Data is to be verified by treatment staff.*	FED SOMMS NOMS
43	DrugCourt	See Code list on SAMHIS Website	string (2)	Yes		This field is to track the clients who are involved in drug court in some way.	STATE

44	TobaccoUse	1 = Never Smoked/Vaped 2 = Former Smoker/E-Cig 3 = Current Some Day Smoker/E-Cig User 4 = Current Everyday Smoker/E-Cig User 6 = Use Smokeless Nicotine Only (In Last 30 Days) 97 = Current Status Unknown 98 = Not Applicable 99 = Former Smoking/E-Cig Status	number (2)	Yes		This field is used to track the nicotine (both cigarettes, including e-cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both cigarettes/vaping and smokeless tobacco, only keep track of the frequncy of cigarette/vaping use. Current Some Day Smoker/E-Cig User - Occasional User	STATE
45	LastName	Last Name of Client 97=Unknown	string (30)	Yes		The last name of the client. Please limit the last name to 30 letters. Any names exceeding 30 letters will be reduced in the State database to the first twenty letters. *Please see the Supplemental Defintions for more details.*	STATE
46	FirstName	First Name of Client 97=Unknown	string (25)	Yes		The first name of the client. Please limit the first name to 25 letters. Any names exceeding 25 letters will be reduced in the State database to the first twenty letters. *Please see the Supplemental Defintions for more details.*	STATE
47	MiddleName	Middle Name of Client	*string (25)*	No		*Middle name of the client. If there is no middle name or it is not available,* leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed. *Please see the Supplemental Defintions for more details.*	STATE
48	FamilySize	1-9=Number of Persons 10=More than 9 persons in client's household 97=Unknown	number (2)	Yes		The total number of persons in the client's legal family with whom he/she lives, **including the client.** *The following should be included: Include spouse if legally married, anyone claimed as a tax dependent.	STATE

49	FamilyIncome	Monthly Gross Income	number (6)	Yes		Total of all legal **monthly** Household income for the household in which the Do not use commas, decimals, or dollar signs ($). *For example, $100.00 should be "100", not "100.00" or "10000".*	STATE
50	PrimaryDiagnosis	ICD 10 Code	String (10)	No		Submit Primary diagnosis. No diagnoses are required if the client is a Co-Dependent/Collateral.	FED DIAG
51	SamhisClientId	SAMHIS client ID	number (10)	No		SAMHIS Client ID should be included or left blank until available	FED SOMMS

52	SocialSupportAttendance	2 = No attendance in the past month 3 = 1-3 times in past month 4 = 4-7 times in past month 5 = 8-15 times in past month 6 = 16-30 times in past month 7 = Some attendance in past month, but frequency unknown 97 = Unknown 98 = Not Collected	number (2)	Yes		Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) during the 30 days PRECEDING the date of admission. Cannot be left blank As of July 1, 2009 new CSAT standard code values must be used and 'Yes' (code value '1') will be obsolete and will not be allowed. Data is to be verified by treatment staff.	NOMS
53	ChangeRecordSequenceDate	Date	mm/dd/yyyy	Yes		On a change record, use date to indicate in what order change records should be processed.	STATE
54	Veteran	Y = Yes N = No 97 = Unknown	string (2)	Yes		This required variable is to be updated at the 6-month case review. (Have you ever or are you currently serving in the military?)	FED
55	ProviderNote	Comment Field	Text (50)	No		Comment field for provider use. Cannot contain single or double quotes.	STATE
56	JusticeRiskLevel	1 = Low risk 2 = Not low risk (moderate/high risk) 97 = Unknown 98 = Not collected	number (2)	Yes		Criminogenic risk level as determined by the validated tool approved in your Justice Certification Plan. Risk Level should be collected on any client with an admission referral source code of "11 - Justice Referral" This variable is to indicate whether the ciminogenic risk level is Low or Not Low risk.	STATE
57	CountyOfResidence	001 = Beaver 003 = Box Elder 005 = Cache 007 = Carbon 009 = Daggett 011 = Davis 013 = Duchesne 015 = Emery 017 = Garfield 019 = Grand 021 = Iron 023 = Juab 025 = Kane 027 = Millard 029 = Morgan 031 = Piute 033 = Rich 035 = Salt Lake 037 = San Juan 039 = Sanpete 041 = Sevier 043 = Summit 045 = Tooele 047 = Uintah 049 = Utah 051 = Wasatch 053 = Washington 055 = Wayne 057 = Weber 097 = Unknown	string (3)	Yes			STATE