



**MACSIS
BEHAVIORAL HEALTH DATA
INSTRUCTION MANUAL**

Ohio Department of Alcohol
and Drug Addiction Services
and
Ohio Department of Mental Health

September 1998

Last Revised:
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This manual gives instructions and definitions to participate in the Multi-Agency Community Services Information System (MACSIS) Behavioral Health (BH) Data Set shared by the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health. The system has been designed to meet increasingly complex information needs of the providers, boards, state and federal systems.

Alcohol and other drug addiction service providers whose clients are funded in part or in whole directly or indirectly by ODADAS or the ADAMHS/ADAS Boards are required to participate in this system. This includes ODADAS-funded Medicaid providers. Mental health only providers may submit their client data on a voluntary basis. 11/2003

A BH Module Admission and Closure record shall be submitted by the provider within a two-week period but no later than 60 days after the date of admission and discharge, respectively. 11/2003

The development and design of this system are a result of the collaborative efforts of representatives from providers, ADAMHS/ADAS/MH Boards, ODADAS and ODMH staff.

Please call ODADAS' Division of Management Information Services at (614) 644-8314 or the ODMH Office of Information Services at (614) 644-1556 for additional information.

NOTES

1. The two record types (Field 6 or F6), Admission and Closure, are represented in the Transaction Data File. Record types are not to be confused with "Transaction Types" which are adds, changes or deletes (Field 7). Throughout this instruction manual, "A" will designate "Admission record", "C" will designate "Closure record" and "A/C" means the item refers to both the "Admission and Closure records".
2. To **Add** a record, data must be supplied according to the editing criteria. Failure to conform to selected criteria may result in entire file rejection.
3. To **Change** a record, you must have all the mandatory fields completed, and the fields to be changed. You cannot use a "Change Transaction" to change any mandatory fields. To alter mandatory fields you must first delete the original record, then submit a new "ADD" record. You may change any field that is required or optional. **Caution:** "Change Transactions" are edited to reject the entire record if any one changed field is invalid. The Departments do not want to accidentally overlay good data with invalid data.
4. To **Delete** a record, you must complete all of the mandatory fields.
5. As ODADAS Standards of Alcohol and Other Drug Addiction Services are promulgated, Ohio Administrative Code (O.A.C.) numbers will be added to the "The ODADAS Protocol for Levels of Care".
- ~~6. ***Providers that admit clients for solely mental health services that later receive alcohol and other drug addiction services from the same provider and which are recorded "NA" in Field 9 "Level of Care", must Delete the original admission and submit a new "ADD" admission record showing appropriate level of care and new diagnosis.***~~ 10/2001

6. *This manual depicts three types of fields which are collected by the State. They are defined as follows:*

Mandatory : Fields which are considered “Key” fields to the State’s BH Module. Must be entered with one of the options described. as defined within the manual. There are no “default” values to these fields.

Required : Fields which are required by the State to be collected and must be entered to avoid edit warnings and errors. Many, but not all, have “Default” values associated with them. These “default” values are only to be used if the data cannot be obtained from the client.

Optional : Fields which the State does not require to be collected.. “Default” values exist for these fields to avoid edit warnings. 10/2001

~~7. *All mandatory fields except the Date Provider Sent Data field (F49) on the Closure record must match the mandatory fields on the Admission record.*~~

7. *When matching a Closure record against an Admission record, all mandatory fields except the Record Type field (F6) and the Date Provider Sent Data field (F49) must match.*

10/2001

8. *MACSIS uses F1-F5 inclusive as its information system key. Mismatches in these five fields will result in a record system rejection.*

10/2001

MANDATORY FIELDS

1. MACSIS UNIVERSAL CLIENT IDENTIFICATION (UCI):

CLIENT NUMBER: (*Positions 1-12; left justified; blank filled to the right*) 10/2001

This field represents the client number assigned by MACSIS for the client. This unique number will remain with the client throughout the treatment history. This client ID can only be obtained from MACSIS. The number starts with one million (1#####) and is followed by five blank spaces for a total of 12 spaces.

INVALID CLIENT NUMBER.

- A/C "ADD" TRANSACTION
- F1-R-1 If UCI is all "0" Reject
- F1-R-1A If UCI is not a "1" in the most left position Reject
- F1-R-1B If UCI last 5 spaces are not blank Reject
- F1-R-1C If UCI fails to match with MACSIS Reject
- F1-R-1F UCI Number not 7 characters long** **Reject** 10/2001

CLIENT PERSON NUMBER: (*Positions 13-14*)

Must always be "00".

INVALID CLIENT PERSON NUMBER.

- A/C "ADD" TRANSACTION
- F1-R-1D If not "00" Reject

CLIENT SUB NUMBER: (*Positions 15-16*)

Must always be "00".

INVALID CLIENT SUB NUMBER.

- A/C "ADD" TRANSACTION
- F1-R-1E If not "00" Reject

2. FIRST THREE LETTERS OF LAST NAME: (*Positions 17-19*)

This field represents the first three letters of the client's last name. If the client's last name is only two letters in length, put the letter "A" in the third position.

INVALID FIRST THREE (3) LETTERS OF THE CLIENT'S LAST NAME.

First three letters of client's last name must be alphabetical A to Z.

- A/C "ADD" TRANSACTION
- F2-R-2 If blank or is less than 3 letters Reject

3. BIRTH DATE: (*Positions 20-27*)

This field represents the year, month and day of the client's birth.

INVALID BIRTH DATE.

The Date Limits are: Year (4 digits), Month 01 to 12 and Day 01 to 31 (YYYYMMDD).

- A/C "ADD" TRANSACTION
- F3-W-3B If birth date is before 1900 Warning
- F3-R-3 If blank or invalid (e.g., 1999/02/30) Reject
- F3-R-3A If birth date is greater than the current date Reject

Mandatory Fields Continued

4. GENDER: (Position 28)

This field denotes the gender of the client and must be completed with M or F and must match Gender in the Diamond File. Unknown codes of "U" in the Diamond file must be corrected before submitting BH transactions since "U" codes are not accepted in the BH module.

INVALID GENDER.

Gender must be an alphabetical M or F. No numbers are to be used.

- A/C "ADD" TRANSACTION
F4-R-4 If blank or invalid Reject

5. MACSIS UNIVERSAL PROVIDER ID (UPID):

(Positions 29-40, 5 actual digits in length, left-justified; preceding zeroes to the left, if necessary; blank-filled to the right) 10/2001

This field is part of the MACSIS identification and cannot be blank. This number is assigned by the MACSIS system and maintained by the Departments. ***This number must be 5 digits in length preceding with zeroes, if necessary.*** The UPID on the Closure record must match the UPID on the Admission record. 10/2001

INVALID MACSIS UPID.

- A/C "ADD" TRANSACTION
F5-R-5 If blank or invalid Reject
F5-R-5A Admission Date after BH Termination Date Reject 10/2001
F5-R-5B Closure Date after BH Termination Date Reject 10/2001

Note: ODADAS defines the BH Termination Date as a date that the Provider is no longer Federally required to submit Behavioral Health records for the services performed. 10/2001

6. RECORD TYPE: (Position 41)

This field denotes the record as an Admission (A) or a Closure (C).

INVALID RECORD TYPE.

Record Type must be alphabetical A or C.

- A/C "ADD" TRANSACTION
F6-R-6 If blank or invalid Reject

7. TRANSACTION TYPE: (Position 42)

This field denotes the type of transaction on the specific record.

Add Record

This field must be an "A" if you are adding a record either as an Admission or as a Closure. All fields must be completed.

Change Record

This field must be a "C" to make a correction to the previously submitted Admission or Closure record. To Change a record, you must have all the mandatory fields completed, and the fields to be changed. You cannot use a "Change Transaction" to change any mandatory fields. To alter mandatory fields you must first delete the original record, then submit a new "ADD" record. You may change any field that is required or optional.

Delete Record

Mandatory Fields Continued

This field must be a “D” to delete an Admission or Closure record that had been previously submitted. To Delete a record, all mandatory fields must be completed.

INVALID TRANSACTION TYPE.

Transaction Type must be an alphabetical A, C, or D.

- A/C TRANSACTION
F7-R-7 If blank or invalid Reject

8. ADMISSION DATE: (*Positions 43-50*)

This field represents the year, month and day the client came to the provider for alcohol and/or other drug services or mental health services and represents when the client was officially administratively admitted to this provider for this episode of care.

INVALID ADMISSION DATE.

Admission Date must be numbers. The Date Limits are: Year (1980 to current), Month 01 to 12, Day 01 to 31.

- A/C “ADD” TRANSACTION
 - F8-R-8 If blank or invalid (e.g., 1999/02/30) Reject
 - F8-R-8A If Admission Date is greater than Current Date Reject
 - F8-R-8B If Admission Date is less than client birth date Reject
 - F8-R-8C If Admission year less than 1980 Reject

9. LEVEL OF CARE CODE AT ADMISSION

(Clients with alcohol and other drug addiction diagnosis and/or clients that receive alcohol and other drug addiction services):

(Positions 51-52)

This field represents “The ODADAS Protocol for Levels of Care” which denotes the primary treatment approach or regimen assigned to all clients by provider staff. This field applies to clients admitted for alcohol and other drug addiction services.

Clients with a primary mental health diagnosis and that only receive mental health services are to have “NA” coded in this field.

Providers that admit clients for solely mental health services and recorded as “NA” that later want to change the Level of Care to reflect alcohol and other drug addiction services on that Admission Date, must Delete the original admission and submit a new “ADD” admission record showing the appropriate AOD Level of Care and new diagnosis.10/2001

A Provider cannot submit records that indicate a client is receiving both a mental health and AOD Level of Care simultaneously. 10/2001

A Provider who will be admitting clients for both mental health and AOD services on the same Admission Date should submit a record that only depicts the AOD Level of Care (The AOD Level of Care will take precedence). 10/2001

A Provider can submit only one AOD Level of Care per client for a given Admission Date. However, multiple AOD Levels of Care are allowed to be submitted for a client before any closures take place as long as the Admission Dates are unique. 10/2001

A1. Consultation and Early Intervention (Level 0.5): Two distinct services that may be delivered in any setting **prior** to considering placement of the client in a given level of care. Consultation is cross-system or within-system collaboration among staff on behalf of a client or client group to assist assessment and triage decisions, or between staff and family/significant others. Early interventions are services intended to address problems or risk factors that appear to be related to alcohol and drug use and to assist the client in recognizing the harmful consequences of such use.

Mandatory Fields Continued

- B1. Outpatient Services (Level I-A):** Ongoing or intermittent services of low level intensity in a home or community setting, including pre-treatment and evaluation, individual, family and group counseling, Methadone treatment, case management and skills training.
- B2. Intensive Outpatient Services (Level I-B):** Organized therapeutic services provided in a non-residential setting, including individual and group/evaluation, individual, family, and group counseling, Methadone treatment, case management, skills training, in the range of 5 to 10 hours per week, **at least three days a week** in a professionally supervised program.
- B3. Day Treatment (Level I-C):** Organized and ongoing non-residential treatment services providing professionally directed treatment services, including regularly scheduled **individual and group therapy, and all services available in Outpatient and Intensive Outpatient.** Generally available **25-hours** per week, over at least **four days** per week.
- C1. Non-Medical Community Residential Treatment (Level II-A):** Residential Services of a wide continuum in support of the recovery progress and home/community reintegration **without** 24-hour per day medical/nursing monitoring, e.g., halfway house.
- C2. Medical Community Residential (Level II-B):** Residential services that are short-term and require **24-hour-a-day** medical/nursing monitoring. This level of care may be provided in a variety of settings. It may be affiliated with a hospital, as part of the inpatient /residential continuum, or in a free-standing facility.
- D1. Ambulatory Detoxification (Level III-A):** The lowest level of detoxification provided to clients who can safely be treated on an outpatient basis. Ambulatory detoxification services should be made available in the context of total treatment strategies to promote recovery.
- D2. 23-Hours Observation Bed (Level III-B):** Services are up to **23-hours** duration for evaluation under close medical/nursing supervision to determine appropriate treatment of choice and plan for the next level of care; can also be used to assess co-existing disorders or other complex conditions.
- D3. Sub-Acute Detoxification (Level III-C)** (formerly known as Freestanding Residential Detoxification Services): Detoxification services provided with **24-hour** monitoring. Services are of brief duration, and linkage to other formal and informal services should be made. Sub-acute detoxification may be provided in a hospital setting as a step-down service from acute detoxification, or may be provided in a freestanding setting with medical monitoring.
- E1. Acute Hospital Detoxification (Level IV):** Services include face-to-face interactions with an individual who is suffering severe symptoms of withdrawal and/or severe concomitant medical/psychological conditions that **require** medical management, including nursing interventions in a hospital. **Twenty-four-hours-a-day** medical and nursing monitoring and management is required to complete detoxification from alcohol and other substance abuse.
- NA. Not Applicable:** This refers to a client that has a mental health primary diagnosis and does not receive any alcohol or other drug addiction services.

Example scenarios:

10/2001

Scenario 1:

Client is admitted only for MH services on 7/1. On 7/5 it is determined the client needs AOD services and is placed in a B1 (Day Treatment) Level of Care (LOC). On 8/15, client completes B1 LOC and on 10/1 client completes MH services.

The following Behavioral Health records should be submitted in order:

Mandatory Fields Continued

- 1. Admission/Add with an Admission Date of 7/1 and NA LOC.*
- 2. Admission/Add with an Admission Date of 7/5 and B1 LOC.*
- 3. Closure/Add with an Closure Date of 8/15 for B1 LOC.*
- 4. Closure/Add with an Closure Date of 10/1 for NA LOC.*

Scenario 2:

Client is admitted for MH and AOD services on 7/1 and it is determined the client needs to be placed in a B1 (Day Treatment) LOC. On 8/15, client completes B1 LOC and on 10/1 client completes MH services.

The following Behavioral Health records should be submitted in order:

- 1. Admission/Add with an Admission Date of 7/1 and B1 LOC.*
- 2. Closure/Add with an Closure Date of 8/15 for B1 LOC.*
- 3. Admission/Add with an Admission Date of 8/15 and NA LOC.*
- 4. Closure/Add with an Closure Date of 10/1 for NA LOC.*

INVALID LEVEL OF CARE.

Level of Care must be A1, B1, B2, B3, C1, C2, D1, D2, D3, E1, or NA. "NA" is only applicable for clients with a mental health primary diagnosis that receive no alcohol and other drug addiction services.

- A/C "ADD" TRANSACTION
F9-R-9 If blank or invalid Reject

10. LAST DATE OF SERVICE: *(Positions 53-60)*

This field represents the year, month and day of last service.

For an Admission Record, the value should be Blank 10/2001
For a Closure Record, the value should equal the Last Date of Service 10/2001

INVALID LAST DATE OF SERVICE.

The Date Limits are: Year 1995 +, Month 01-12, and Day 01-31.

- C "ADD" TRANSACTION
F10-R-10 If invalid (e.g., 1999/02/30) Reject
F10-R-10A Last date of service greater than current date Reject
F10-R-10B Last date of service less than 1995 Reject
F10-R-10C Last date of service not = Blank &
Record Type = A Reject
F10-R-10D Last date of service must be greater than F8 Reject

11. CLOSURE DATE: *(Positions 61-68)*

This field represents the year, month and day of closure.

If Admission Record = Blank

If Closure Record = Closure Date

INVALID CLOSURE DATE.

The Date Limits are: Year 1995 +, Month 01-12 and Day 01-31 (YYYYMMDD).

- C "ADD" TRANSACTION
F11-R-11 If invalid Reject
F11-R-11A Closure date greater than current date Reject
F11-R-11B Closure date less than last date of service Reject
F11-R-11C Closure date less than Admission date Reject
F11-R-11D Closure date not = blank and (F 6) record type = A Reject

12. DISPOSITION AT DISCHARGE: *(Position 69)*

Mandatory Fields Continued

This field represents the disposition of the case at closure.
If Admission Record = Blank
If Closure Record = Disposition at Discharge

- A = Case closed with referral to alcohol/drug treatment.
- B = Case closed with referral to mental health treatment.
- C = Case closed with referral to mental health and AOD treatment.
- D = Case closed with referral to AOD aftercare.
- E = Case closed with referral to MH aftercare.
- F = Case closed with referral to MH and AOD aftercare.
- G = Goals met - no additional services needed.
- H = Needed services not available.
- I = Client rejects continuation.
- J = Client did not return.
- K = Client moved.
- L = Client died.
- M = Other.

INVALID DISPOSITION AT DISCHARGE.

Disposition at discharge must be alphabetical A to M.. *Default/Unknown value is 'M'.* 10/2001

- C “ADD” TRANSACTION
F12-R-12 If invalid Reject

13. IS THIS CLIENT A CODEPENDENT/COLLATERAL: (*Position 70*)

Indicate if the client is seeking services due to problems arising from his or her relationship with an alcohol and/or drug user by recording a Y for yes or N for no.

INVALID CODEPENDENT/COLLATERAL.

Codependent/Collateral must be an alphabetical Y or N. *Default/Unknown value is 'N'.* 10/2001

- A/C “ADD” TRANSACTION
F13-R-13 If blank or invalid Reject

IMPORTANT NOTE:

Field 49, “Date Provider Sent Data”, is also a mandatory field but must come at the end of the record.

REQUIRED FIELDS

14. PATIENT CONTROL NUMBER AT AGENCY:

(Positions 71-85;left-justified;blank filled)

This field represents the number assigned at the provider for the client, starting in the first position on the left. This assigned number will remain with the client throughout the treatment process. When assigning a number, any future reporting on the same client must be under that originally assigned number. The number and length (up to 15 characters) are at the discretion of the provider but should be completed so a provider can link returning BH data items with its own data set. Patient control number must be unique for each client. ***It is recommended that the Social Security Number not be coded in this field as it may violate HIPAA confidentiality requirements.***

10/2001

INVALID PATIENT CONTROL NUMBER.

Patient Control Number must be alphanumeric. Only hyphens are permitted. No other special characters, decimal points or spaces are to be used.

- | | | |
|---|---|---------|
| ● | A/C "ADD" TRANSACTION | |
| | F14-W-14 If invalid | Warning |
| | F14-W-14A PCN is already assigned to another client | Warning |
| | C "ADD" TRANSACTION | |
| | F14-W-14B PCN does not match the admission record | Warning |
| ◆ | A/C "CHANGE" TRANSACTION | |
| | F14-R-14C If invalid | Reject |
| | C "CHANGE" TRANSACTION | |
| | F14-R-14D PCN does not match the admission record | Reject |

15. REFERRED BY:

15A. REFERRED BY CODE. *(Position 86)*

This field represents the appropriate letter to denote the principal source of the referral (public and private).

- A. Individual (Self):** refers to self, family or friend, or any other individual that referred the client to the program/clinic that is not listed in any category below.
- B. Alcohol/Other Drug Abuse Care Provider:** refers to 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.
- C. Mental Health Provider:** refers to psychiatric hospitals and mental health programs, clinics, agencies or specialists.
- D. Dual Providers:** refers to treatment for alcohol/other drug abuse and mental health.
- E. Other Health Care Provider:** refers to a physician or other licensed health care professional, general hospitals or nursing homes.
- F. School (Educational):** refers to a school principal, counselor or teacher, Student Assistance Program (SAP), the school system or an educational provider.
- G. EAP (Employer):** refers to a program designed to assist employees in overcoming job performance problems. Referral can come from a supervisor or an employee counselor.
- H. County Human Services:** refers to county Ohio Department of *Job and Family Services* offices originally known as "County Welfare Department" or "Social Services

Required Fields Continued

Department”.

10/2001

I. Other Community Referral: refers to community and religious organizations or any Federal, State or local providers that provide aid in poverty relief, unemployment, shelter or social welfare. Self-help groups such as Alcoholics Anonymous (AA), Al-Anon, Narcotics Anonymous (NA) are also included in this category.

Criminal Justice/Court/DUI: refers to any police official, judge, prosecutor, probation officer or other person affiliated with a Federal, State or County judicial system. Any referral for DWI/DUI includes clients referred in lieu of prosecution or for deferred prosecution, or during pretrial release, or before or after officially designated as “on parole.”

- J. State/Federal Court**
- K. Municipal Court**
- L. Common Pleas Court**
- M. Juvenile Court**
- N. Diversionary Program**
- O. Prison**
- P. Other Criminal Justice**
- Q. Forensic**

INVALID REFERRED BY CODE.

Referred by Code must be an alphabetical A to Q. *Default/Unknown value is ‘A’.*

10/2001

- A/C “ADD” TRANSACTION
F15-W-15 If invalid Warning
- ◆ A/C “CHANGE” TRANSACTION
F15-R-15A If invalid Reject

15B. REFERRED BY MACSIS UNIVERSAL PROVIDER ID (UPID)

(Positions 87-98, 5 actual digits in length, left-justified; proceeding zeroes to the left, if necessary; blank-filled to the right)

10/2001

This field represents the MACSIS UPID of the referring provider, if one has been assigned by the Departments and is known, and is OPTIONAL.

INVALID REFERRED BY MACSIS UPID.

Default/Unknown value is blank.

10/2001

- A/C “ADD” TRANSACTION
F15-W-15B If invalid Warning
- ◆ A/C “CHANGE” TRANSACTION
F15-R-15C If invalid Reject

16. EDUCATIONAL LEVEL: (Positions 99-100)

This field denotes the highest school grade the client has completed.

- 00 = Less than one grade completed**
- 01-11 = Grades 1 to 11**
- 12 = High School Diploma/GED**
- 13 = Trade or Technical School**
- 14 = Some College**
- 15 = 2 years College/Associate Degree**
- 16 = 4 years College/Undergrad. Degree**
- 17 = Graduate Courses**
- 18 = Graduate Degree**
- 19 = Post-Graduate Studies**
- 20 = Further Specialized Studies**
- 21-25 = Additional Years of Education**

10/2001

10/2001

INVALID EDUCATIONAL LEVEL.

Educational Level must be numerical 00 to 25.

10/2001

Required Fields Continued

- A/C "ADD" TRANSACTION
F16-W-16 If blank or invalid Warning
- ◆ A/C "CHANGE" TRANSACTION
F16-R-16A If invalid Reject

17. EDUCATION TYPE: (*Position 101*)

This field represents the type of educational program in which the child or adolescent is enrolled at the time of submission.

- 0 = Non Applicable** 08/2002
- 1 = Regular
- 2 = Severe Behavioral Handicapped (SBH)
- 3 = Learning Disabled (LD)
- 4 = Hearing Impaired (HI)
- 5 = Visually Impaired (VI)
- 6 = Multihandicapped
- 7 = Developmentally Disabled (DD)
- 8 = Orthopedically Handicapped (OH)
- 9 = Other/Adult

INVALID EDUCATION TYPE.

- A/C "ADD" TRANSACTION
F17-W-17 If blank or invalid Warning
- ◆ A/C "CHANGE" TRANSACTION
F17-R-17A If invalid Reject

18. EMPLOYMENT STATUS: (*Position 102*)

This field represents the appropriate letter that denotes the client's current employment status (includes Armed Forces, either as full or part time).

- A. Full Time:** 35 hours or more per week.
- B. Part Time:** Less than 35 hours per week.
- C. Sheltered Employment:** e.g., Shelter Workshop, etc.
- D. Unemployed:** Seeking work.

NOT IN THE LABOR FORCE (Not looking for work in the past 30 days):

- E. Homemaker**
- F. Student**
- G. Retired**
- H. Disabled**
- I. Inmate of Institution**
- J. Other**

INVALID EMPLOYMENT STATUS.

Employment Status must be alphabetical A to J.

Note: A value of 'I' is only for clients in a penal institution, not juveniles or hospital patients. 10/2001

- A/C "ADD" TRANSACTION
F18-W-18 If blank or invalid Warning
- ◆ A/C "CHANGE" TRANSACTION
F18-R-18A If invalid Reject

19. INCOME SOURCE: (*Positions 103-105*)

This field denotes client's income/source. *Primary denotes the client's major source of income (not household income sources). If the client has only one source of income or no income, only position "1" is to be completed. If the client has two sources of

Required Fields Continued

income, only complete "1" and "2". If the client has three sources of income, complete positions 1, 2 and 3. If the client has more than three sources of income, this item represents the highest three sources.

- A. Wages/Salary Income:** refers to payment received for work done by the client. This work can be part-time, full-time or sheltered employment.
- B. Family or Relative:** refers to income provided to the client by the family or a relative. *NOTE: Any wages the child earns are considered income. A homemaker supported by a spouse should be reported as having no income.
- C. Alimony:** refers to income received from alimony payments.
- D. Child Support:** refers to income received from child support payments.
- E. Savings or Investments:** refers to income derived from savings accounts earned on investments or generated by the sale or surrender of investment options.
- F. Disability Insurance/Worker's Compensation:** refers to income received from private disability insurance or Worker's Compensation for a permanent or temporary disability.
- G. Unemployment Compensation:** refers to income received from the State or Federal government for loss of employment.
- H. Retirement Pension:** refers to income from a public or private retirement program, not social security retirement.
- I. Social Security Retirement:** refers to income from social security retirement.
- J. General Relief/Welfare:** refers to a need-based program of financial assistance for people ineligible for federal programs. The program is administered by county Ohio Department of Human Services offices.
- K. Aid for Dependent Children (ADC or AFDC):** refers to a program administered by county Ohio Department of Human Services offices designed to meet the financial needs of children and their care-takers. *NOTE: ADC is considered the child's income if Human Services has taken custody of the child and the ADC funds are issued in the child's name.
- L. Supplemental Security Income (SSI):** refers to a federal need-based program providing monthly payments to aged, blind and disabled persons. *NOTE: Social Security checks (SSI or SSDI) issued in the child's name should be considered the child's income.
- M. Social Security Disability Insurance (SSDI):** refers to a federal program providing cash benefits to disabled workers and their dependents. SSDI is sometimes referred to as Title II. *NOTE: Social Security checks (SSI or SSDI) issued in the child's name should be considered the child's income.
- N. Other:** refers to other income sources that can be identified but are not mentioned on this record.
- P. None:** refers to a client with no income.

INVALID CLIENT'S INCOME/SUPPORT.

Client's Income/Support must be alphabetical A to N or P. *NOTE: There is no alphabet O.

- A/C "ADD" TRANSACTION
 - F19-W-19 If invalid Warning
 - F19-W-19B If 1st inc. source = P and 2nd and 3rd source are not blank Warning
 - F19-W-19C If 1st inc. source is valid and 2nd source = P Warning

Required Fields Continued

- ◆ A/C "CHANGE" TRANSACTION
F19-R-19A If invalid

Reject

20. CURRENT LIVING ARRANGEMENTS: (*Position 106*)

This item denotes the client's current living arrangements.

- A. Own Home:** refers to a house, apartment or room that the client owns or rents, which is not sponsored, licensed, supervised or otherwise connected to mental health or alcohol and other drug providers. Individual is head of household or living in a natural family environment. This category would be used for children living with parents, a wife living with a husband or an adult who has a roommate where they share household expenses equally.
- B. Friend's Home:** refers to a house, apartment or other living situation in which the client lives with a friend who is head of the household.
- C. Relative's Home:** refers to a house, apartment or other living situation in which the client lives with a relative who is the head of the household. Children living with a relative who is also the legal foster parent should be reported as living in Relative's Home.
- D. Supervised Group Living:** refers to halfway houses, lodge programs and transitional living (usually provider operated and staffed) which provides 24-hour supervision in an active, treatment-oriented environment.
- E. Supervised Apartment:** refers to cooperative apartments, sponsored apartments, coordinated apartments; refers to financial sponsorship and/or the provision of some degree of on-site supervision for client's living in an apartment dwelling on referral/placement/lease basis from mental health providers. Community Residence service should be classified as "Supervised Apartment".
- F. Boarding Home:** refers to rooming houses and some resident hotel situations; refers to living situations in which room and board are provided but services or supervision provided by the operation/landlord are minimal or informal; owner and boarder interactions focus primarily on the establishment and enforcement of house rules.
- G. Crisis Residential:** refers to the provision of intensive treatment and supervision to individuals experiencing acute emotional problems. This may be provided in any of the types of residential facilities with designated crisis-care beds or may be provided in a facility that is solely for providing residential crisis care. This includes women's shelters.
- H. Children's Foster Care:** refers to living situations in which the (child) client resides with a non-related family or person in that person's residence for purposes of receiving care, supervision, assistance and accommodations.
- I. Adult Foster Care:** refers to living situations in which the (adult) client resides with a non-related family or person in that person's residence for purposes of receiving care, supervision, assistance and accommodations.
- J. Intermediate Care Facility:** refers to a nursing home licensed by the Ohio Department of Health for the provision of intermediate nursing care.
- K. Skilled Nursing Facility:** refers to a nursing home licensed by the Ohio Department of Health for the provision of skilled nursing care.
- L. Respite Care:** refers to the provision of supervision, services and accommodations for those in need of temporary placement to avoid impending crisis or during the absence of another caretaker in whose facility the client usually resides.
- M. Mental Retardation Intermediate Care Facility:** refers to a facility licensed by the Ohio Department of Health for the provision of care to persons with a primary diagnosis of moderate, severe or profound mental retardation.

Required Fields Continued

- N. Licensed Mental Retardation Facility:** refers to any Ohio Department of Mental Retardation Developmental Disabilities licensed group home or community facility (that is not an ICF-MR) where supervision, services and/or accommodations are provided.
- O. State Mental Retardation Institution:** refers to any state-operated institution under the jurisdiction of the Ohio Department of Mental Retardation/Developmental Disabilities.
- P. State Mental Health Institution:** refers to any state-operated institution under the jurisdiction of the Ohio Department of Mental Health.
- Q. Hospital:** refers to any non-state operated hospital, including a private psychiatric hospital or the psychiatric division of a general medical facility.
- R. Correctional Facility:** refers to jail, workhouse, prison; refers to any facility operated by city, county, state or federal law enforcement providers.
- S. Homeless:** refers to those who have no residence and/or those who reside in shelters that provide overnight lodging for homeless persons.
- T. Rest Home:** refers to convalescent home residency.
- U. Other:** refers to any living arrangements that are not listed above.

INVALID CURRENT LIVING ARRANGEMENTS.

Living Arrangements must be alphabetical A to U.

- A/C “ADD” TRANSACTION
F20-W-20 If blank or invalid Warning
F20-W-20A If “R” is reported & F15A is not A or J to Q Warning
- ◆ A/C “CHANGE” TRANSACTION
F20-R-20B If invalid **Reject 10/2001**

21. NUMBER ADA INPATIENT EPISODES: (*Positions 107-108*)

This field represents the number of previous alcohol and other drug addiction inpatient treatment episodes.

INVALID NUMBER ADA INPATIENT EPISODES.

The number of ADA Inpatient Episodes must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
F21-W-21 If blank or invalid Warning
F21-W-21A If F21 is greater than 10 Warning
- ◆ A/C “CHANGE” TRANSACTION
F21-R-21B If invalid **Reject**

22. NUMBER ADA INTENSIVE OUTPATIENT EPISODES: (*Positions 109-110*)

This field represents the number of previous alcohol and other drug addiction intensive outpatient treatment episodes.

INVALID NUMBER ADA INTENSIVE OUTPATIENT EPISODES.

The number of ADA Intensive Outpatient Episodes must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
F22-W-22 If blank or invalid Warning

Required Fields Continued

F22-W-22A If F22 is greater than 10 Warning

- ◆ A/C “CHANGE” TRANSACTION
F22-R-22B If invalid Reject

23. NUMBER ADA GENERAL OUTPATIENT EPISODES: (*Positions 111-112*)

This field represents the number of previous alcohol and other drug addiction general outpatient treatment episodes.

INVALID NUMBER ADA GENERAL OUTPATIENT EPISODES.

The number of ADA General Outpatient Episodes must be numerical 00 to 99.

Default/Unknown value is 99. 10/2001

- A/C “ADD” TRANSACTION
F23-W-23 If blank or invalid Warning
F23-W-23A If F23 is greater than 10 Warning
- ◆ A/C “CHANGE” TRANSACTION
F23-R-23B If invalid Reject

24. NUMBER ADA REHABILITATION EPISODES: (*Positions 113-114*)

This field represents the number of previous alcohol and other drug addiction rehabilitation episodes.

INVALID NUMBER ADA REHABILITATIONS EPISODES.

The number of ADA Rehabilitations Episodes must be numerical 00 to 99.

Default/Unknown value is 99. 10/2001

- A/C “ADD” TRANSACTION
F24-W-24 If blank or invalid Warning
F24-W-24A If F24 is greater than 10 Warning
- ◆ A/C “CHANGE” TRANSACTION
F24-R-24C If invalid Reject

25. DIAGNOSIS:

This field represents the Diagnosis Type, Primary Diagnosis Code and Secondary Diagnosis Code. The Primary and Secondary Diagnosis Code is an alphanumeric five-character code; no decimals. Both the Type and Code must be completed.

Note: Not all ICD9, DSM III-R and DSM IV codes will be accepted. Only Diagnosis Codes which are documented as being accounted for by the MACSIS and Behavioral Health systems will be accepted. 10/2001

25A. DIAGNOSIS TYPE: (*Position 115*)

- A = DSM III-R
- B = DSM IV
- C = ICD9

INVALID DIAGNOSIS TYPE.

Diagnosis Type must be alphabetical A, B, or C.

- A/C “ADD” TRANSACTION
F25-W-25 If blank or invalid Warning
F25-W-25F Primary Diagnosis Type Adjusted Warning 10/2001
- ◆ A/C “CHANGE” TRANSACTION
F25-R-25A If invalid Reject

Required Fields Continued

25B. PRIMARY DIAGNOSIS CODE: *(Positions 116-120)*

Refer to DSM or ICD9 Lists.

INVALID PRIMARY DIAGNOSIS CODE.

Primary Diagnosis Code must be alphanumeric, *left justified, blank filled* with no decimals. V codes are acceptable.

- A/C “ADD” TRANSACTION
F25-W-25B If blank or invalid Warning
F25-R-25B *Blank or invalid Primary Diagnosis Code for AOD Level of Care* Reject 10/2001
F25-W-25G *Invalid Primary Diagnosis Code for MH Level of Care* Warning 10/2001
- ◆ A/C “CHANGE” TRANSACTION
F25-R-25C If invalid Reject

25C. SECONDARY DIAGNOSIS CODE: *(Positions 121-125)*

Refer to DSM or ICD9 Lists.

INVALID SECONDARY DIAGNOSIS CODE.

Secondary Diagnosis Code must be alphanumeric, *left justified, blank filled* with no decimals. V codes are acceptable.

Default/Unknown value is BLANK 08/2002

- A/C “ADD” TRANSACTION
F25-W-25D If invalid Warning
- ◆ A/C “CHANGE” TRANSACTION
F25-R-25E If invalid Reject

26. METHADONE AS PART OF TREATMENT: *(Position 126)*

This field denotes if the client's Individual Treatment Plan [as described in O.A.C. 3793:2-1-06(J)] included maintenance on methadone by a licensed physician.

INVALID METHADONE AS PART OF TREATMENT.

Methadone as Part of Treatment must be an alphabetical Y or N.
Default/Unknown value is ‘N’. 10/2001

- A/C “ADD” TRANSACTION
F26-W-26 If blank or invalid Warning
F26-W-26A *If Methadone is “Y” and F35A or F36A or F37A is not 0501, 0601, 0701-0707* Warning 10/2001
- ◆ A/C “CHANGE” TRANSACTION
F26-R-26B If invalid Reject

27. NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD: *(Positions 127-128)*

This field represents the number of children living in a single household under 18 years of age. Do not confuse this field with the “number of dependents” which is used to create the sliding fee scale. If a client *or a client’s spouse is pregnant*, you are to count the unborn child. **A “household” should represent a true family home. Those clients who are homeless or living in foster care, are not living in a true family home.** 10/2001

INVALID NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD.

Number of Children Under 18 in Household must be numerical 00 to 99.

Required Fields Continued

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
F27-W-27 If blank or invalid Warning
F27-W-27A If Family size is greater than 12 Warning
- ◆ A/C “CHANGE” TRANSACTION
F27-R-27B If invalid Reject

28. SPECIAL POPULATION GROUP:

This item refers to special population groups which may be applicable to the client. If the client’s description does not fall within any of these particular groups, please record a “Y” in “General Population/None of the Above”. Each field is to be completed with a “Y” for yes or “N” for no.

Severely Mentally Disabled: (*Position 129*) refers to those persons with severe mental or emotional disorders that are of considerable duration and which impede ability to participate and function in society without guidance and assistance.

Alcohol/Other Drug Abuse: (*Position 130*) refers to the use of chemical substances to the extent that an individual’s health is substantially impaired or endangered or to the extent that the social or economic functioning of the individual is substantially disrupted. The person may or may not be receiving services for alcohol and/or other drug abuse from this provider.

Forensic: (*Position 131*) refers to persons receiving both alcohol and/or other drug services and involved in the criminal justice system. This population includes persons accused of crimes who are in need of mental health, alcohol or other drug assessment for court purposes, persons who are in a local or state penal system and persons conditionally released in the community including parolees and probationers.

Developmentally Disabled (DD): (*Position 132*) refers to persons with physical, neurological, development or functioning impairments. The disability may be congenital or acquired. Included are persons with epilepsy, autism, narcolepsy, Tourette Syndrome, Spina Bifida, head injuries, learning disabilities and others who have chronic or lifelong conditions and impairments.

Mental Illness/Mental Retardation: (*Position 133*) refers to persons with mental retardation, regardless of the particular level of retardation, who are in need of mental health treatment or support for mental illness or emotional disturbance. Mental retardation is defined in the statute as a condition of significantly subaverage general intellectual functioning; that is, the condition impairs the person’s innate capacity to know and to comprehend, and therefore, to perform or participate in necessary activities of daily life or organized society. The assessed level of retardation is based on I.Q. scores moderated by adaptive behavior testing or an assessment of the individual’s actual functioning in daily life activities.

DUI/DWI: (*Position 134*) refers to clients referred to alcohol and/or other drug treatment; in lieu of incarceration or for deferred prosecution; or during pretrial release; or before or after officially designated as “on parole for DUI/DWI”.

Deaf: (*Position 135*) refers to a loss of hearing of such great magnitude that it prevents the learning of language and oral communication through audition. This person may or may not have total auditory impairment.

Hearing Impaired: (*Position 136*) refers to persons whose hearing loss interferes with their ability to process linguistic information through amplification that adversely affects performance.

Blind: (*Position 137*) refers to persons not able to see; the absence of perception of visual stimuli.

Visually Impaired: (*Position 138*) refers to persons even with corrective prescriptions where

Required Fields Continued

visual impairment affects performance.

Physically Disabled: (*Position 139*) refers to persons with a physical or mental impairment other than visual or auditory impairment listed above that substantially limits one or more of the major life activities of such persons.

Speech Impaired: (*Position 140*) refers to a person who suffers from a speech defect, i.e., stutter, lisp, stammer, etc.

Physical Abuse Victim: (*Position 141*) refers to a person who has been the victim of physical abuse (that was not of a sexual nature).

Sexual Abuse Victim: (*Position 142*) refers to a person who has been the victim of sexual abuse.

Domestic Violence: (*Position 143*) refers to persons within a family or household who have experienced physical and/or emotional abuse from another within the same family or household.

Children of Alcohol/Other Drug Abuser: (*Position 144*) means children of parents who have or had alcohol and other drug problems and/or addiction. This term is extended to include Adult Children of Alcoholics.

HIV or AIDS: (*Position 145*) Human Immunodeficiency Virus refers to a virus that attacks and destroys the immune system and leaves the body vulnerable to a variety of life-threatening illnesses including rare types of skin cancer, pneumonia, meningitis and dementia (mental illness). Acquired Immune Deficiency Syndrome refers to an impairment of the body's immune system that occurs in previously healthy individuals. While this impairment affects only a portion of the immune system, affected individuals are left vulnerable to illnesses that might not otherwise occur. These illnesses include opportunistic infections and rare cancers. (This item may be skipped by mental health only providers.)

Suicidal: (*Position 146*) refers to persons having the urge to take one's own life.

School Drop Out: (*Position 147*) refers to persons who withdraw from school before completion of the academic requirements for graduation, especially high school.

Probation/Parole: (*Position 148*) refers to persons on probation or paroled from a correctional facility.

General Population/None of the Above: (*Position 149*) This field should be marked if none of the above special populations applies to a particular client.

INVALID SPECIAL POPULATION GROUP.

Only characters Y or N are to be used. *Default/Unknown value is N.* 10/2001

- A/C "ADD" TRANSACTION
F28-W-28 Positions 129 through 149 If invalid Warning
- ◆ A/C "CHANGE" TRANSACTION
F28-R-28A Positions 129 through 149 If invalid Reject

29. CLIENT PREGNANT ON ADMISSION: (*Position 150*)

This field denotes if the client was pregnant at the time of admission for services.

INVALID PREGNANT AT TIME OF ADMISSION.

Pregnant at Time of Admission must be the alphabetical "Y" or "N."

Default/Unknown value is N. 10/2001

- A/C "ADD" TRANSACTION
F29-W-29 If blank or invalid Warning
F29-R-29A Pregnant = "Y" and Gender is "M" Reject

Required Fields Continued

F29-W-29B	If "Y" is selected and age is less than 11	Warning	
F29-W-29C	If "Y" is selected, F27 is equal 00	Warning	
◆ A/C "CHANGE" TRANSACTION			
F29-R-29D	If invalid	Reject	
F29-R-29E	If "Y" is selected and gender is not "F"	Reject	Reject
F29-R-29F	If "Y" is selected and age is less than 11	Reject	
F29-R-29G	If "Y" is selected, F27 is equal 00	Reject	

30. PRENATAL ASSESSMENT AND TREATMENT:

Data elements refer to a specific piece of Ohio legislation (HB 167) covering pregnant women referred for an assessment including referrals from their prenatal medical service provider (PMSP). Data reported from alcohol and other drug addiction providers in the mandatory managed health care counties includes Ohio Works First (previously ADC) and Healthy Start women.

30A. "ADMISSION" RECORD [Client is Medicaid HMO/PPO] (Position 151)

1 = HMO/PPO
 2 = Other
 blank = Not HB167

INVALID ADMISSION RECORD IS CLIENT MEDICAID HMO/PPO.

Client Medicaid HMO/PPO selection must be numerical 1, 2 or blank.

Default/Unknown value is blank.

10/2001

● A "ADD" TRANSACTION		
F30-W-30	If invalid	Warning
◆ A "CHANGE" TRANSACTION		
F30-R-30A	If invalid	Reject

30B. PRIMARY CARE PHYSICIAN (1ST VISIT) (Position 152)

1 = 1st Trimester
 2 = 2nd Trimester
 3 = 3rd Trimester
 blank = Not HB167

INVALID PRIMARY CARE PHYSICIAN (1ST VISIT).

Primary Care Physician (1st visit) must be numerical 1, 2, 3 or blank.

Default/Unknown value is blank.

10/2001

● A "ADD" TRANSACTION		
F30-W-30B	If invalid	Warning
◆ A "CHANGE" TRANSACTION		
F30-R-30C	If invalid	Reject

30C. DAYS FROM REFERRAL BY PRIMARY CARE PHYSICIAN TO ASSESSMENT FOR SUBSTANCE ABUSE (Positions 153-155)

000 - 999
 blank = Not HB167

INVALID DAYS FROM REFERRAL BY PRIMARY CARE PHYSICIAN TO ASSESSMENT FOR SUBSTANCE ABUSE.

Days From Referral To Assessment must be numerical 000-999 or blank.

Default/Unknown value is blank.

10/2001

Required Fields Continued

- A “ADD” TRANSACTION
F30-W-30D If invalid Warning
- ◆ A “CHANGE” TRANSACTION
F30-R-30E If invalid Reject

30D. BIRTH TYPE (*Position 156*)

INVALID BIRTH TYPE.

Birth Type must be left blank on Admission record. *Default/Unknown value is blank.* 10/2001

- A “ADD” TRANSACTION
F30-R-30F If not blank. Reject
- ◆ A “CHANGE” TRANSACTION
F30-R-30G If not blank. Reject

30A. “CLOSURE” RECORD [CLIENT IS MEDICAID HMO/PPO]:
(*Position 151*)

Closure record = Blank

INVALID CLOSURE RECORD IS CLIENT MEDICAID HMO/PPO.

Client Medicaid HMO/PPO selection must be left blank. *Default/Unknown value is blank.* 10/2001

- C “ADD” TRANSACTION
F30-R-30H If not blank. Reject
- ◆ C “CHANGE” TRANSACTION
F30-R-30I If not blank. Reject

30B. PRIMARY CARE PHYSICIAN (1ST VISIT) (*Position 152*)

Closure record = Blank

INVALID PRIMARY CARE PHYSICIAN (1ST VISIT).

Primary Care Physician (1st visit) must be left blank. *Default/Unknown value is blank.* 10/2001

- C “ADD” TRANSACTION
F30-R-30J If not blank. Reject
- ◆ C “CHANGE” TRANSACTION
F30-R-30K If not blank. Reject

30C. DAYS FROM REFERRAL BY PRIMARY CARE PHYSICIAN TO ASSESSMENT FOR SUBSTANCE ABUSE
(*Positions 153-155*)

Closure record = Blank

INVALID DAYS FROM REFERRAL BY PRIMARY CARE PHYSICIAN TO ASSESSMENT FOR SUBSTANCE ABUSE.

Days From Referral by Primary Care Physician to Assessment must be left blank on Closure record. *Default/Unknown value is blank.* 10/2001

- C “ADD” TRANSACTION
F30-R-30L If not blank. Reject
- ◆ C “CHANGE” TRANSACTION

Required Fields Continued

F30-R-30M If not blank.

Reject

30D. BIRTH TYPE (*Position 156*)

- 1 = Birth is Drug-Free
- 2 = Birth not Drug-Free
- 3 = No Birth during Treatment
- 4 = Birth Terminated
- blank = Not HB167

INVALID BIRTH TYPE.

Birth Type must be numerical 1 to 4 or blank. *Default/Unknown value is blank.*

10/2001

- C “ADD” TRANSACTION
F30-W-30N If invalid

Warning

- ◆ C “CHANGE” TRANSACTION
F30-R-30O If invalid

Reject

31. URINALYSIS REQUESTED: (*Position 157*)

This field denotes if an urinalysis was requested as a part of the Individual Treatment Plan (as described in O.A.C. 3793:2-1-06(J)) for the client.

INVALID URINALYSIS REQUESTED

Urinalysis requested must be an alphabetical Y or N. *Default/Unknown value is N.*

10/2001

- A/C “ADD” TRANSACTION
F31-W-31 If invalid

Warning

- ◆ A/C “CHANGE” TRANSACTION
F31-R-31A If invalid

Reject

32. MENTAL HEALTH HISTORY: (*Position 158*)

Refers to clients who have been treated for a mental illness or emotional disturbance in a state MH hospital, private hospital, VA hospital, private practitioner, clinic or other qualified mental health professional. This field represents “Y” equals yes or “N” equals no to denote if the client has a history of mental health treatment.

INVALID MENTAL HEALTH HISTORY.

Mental health history must be an alphabetical Y or N. *Default/Unknown value is N.*

10/2001

- A/C “ADD” TRANSACTION
F32-W-32 If invalid

Warning

- ◆ A/C “CHANGE” TRANSACTION
F32-R-32B If invalid

Reject

33. AGE OF FIRST ALCOHOL INTOXICATION: (*Positions 159-160*)

This field represents the age of first alcohol intoxication. Leave blank if this item does not apply.

INVALID AGE OF FIRST ALCOHOL INTOXICATION.

Age of First Alcohol Intoxication must be numerical 00 through 99 or blank. Age of first alcohol intoxication must be less than or equal to the client's age. *Default/Unknown value is blank.*

10/2001

Required Fields Continued

- A/C “ADD” TRANSACTION
 - F33-W-33 If invalid Warning
 - F33-W-33A If F35A, F36A or F37A equals 0201 then
F33 cannot be blank Warning
 - F33-W-33B If F35A, F36A or F37A equals 0201 then
F33 must be greater than or equal to
computed age of 1st use (F35D, F36D or F37D) Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F33-R-33C If invalid Reject

34. NUMBER OF ARRESTS IN PAST 30 DAYS: *(Positions 161-162)*

This field refers to the number of times the client was arrested for any offense in the past 30 days prior to date of admission.

INVALID CRIMINAL JUSTICE INVOLVEMENT.
Arrests past 30 days must be the numerical 00 to 99 or blank.
Default/Unknown value is blank.

10/2001

- A/C “ADD” TRANSACTION
 - F34-W-34 If invalid Warning
 - F34-W-34A If arrests is greater than 15. Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F34-R-34B If invalid Reject

35. PRIMARY ALCOHOL AND OTHER DRUG USE INFORMATION:

35A. PRIMARY DRUG CODE: *(Positions 163-166)*

This field represents the appropriate numerical code for drug type used. Trade or other common names follow each drug in parentheses and are not always sole descriptions. If the client did not use or does not use drugs, record “0000” for non-user in F35A, F36A and F37A then leave the balance of F35, F36 and F37 blank.

SINGLE DRUGS CODES

0201 = Alcohol	1303 = Clorazepate (Traxene)	
0301 = Crack	1304 = Diazepam (Valium)	
0302 = Other cocaine	1305 = Flurazepam (Dalmane)	
0401 = Marijuana/hashish	1306 = Lorazepam (Ativan)	
0501 = Heroin/morphine	1307 = Triazolam (Halcion)	
0601 = Non-prescription methadone	1308 = Other Benzodiazepine	10/2001
0701 = Codeine	1309 = Benzodiazepine	10/2001
0702 = D-Propoxyphene	1401 = Meprobamate	
0703 = Oxycodone	1501 = Phenobarbital/Pentobarbital	
0704 = Meperidine HCL	1502 = Secobarbital/Amobarbital	
0705 = Hydromorphone (Dilaudid)	1503 = Secobarbital	
0707 = Pentazocine	1601 = Ethchlorvynol	
0801 = PCP or PCP Combination	1602 = Glutethimide (Doriden)	
0901 = LSD (Acid, Microdot)	1603 = Methaqualone	
1001 = Methamphetamine/Speed	1606 = Flunitrazepam (Rohypnol)	10/2001
1101 = Amphetamine	1607 = GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)	10/2001
1102 = Methylphenidate (Ritalin)	1608 = Ketamine (Special K)	10/2001
1103 = Methylenedioxiamphetamine (MDMA, Ecstasy)	1609 = Clonazepam (Klonopin, Rivotril)	10/2001
1301 = Alprazolam (Xanax)	1801 = Diphenhydramine	
1302 = Chlordiazepoxide (Librium)	2001 = Diphenylhydantoin Sodium	

Required Fields Continued

MULTIPLE DRUGS CODES

0706 = Other Narcotic Analgesics	1702 = Nitrites	
0902 = Other Hallucinogens	1703 = Other Inhalants	
1201 = Other Stimulants	1704 = Solvents	
1310 = Other Depressants	1705 = Anesthetics	10/2001
1403 = Other Tranquilizers	2002 = Other Drugs	
1604 = Other Non-barbiturate Sedatives	2003 = Over the Counter	
1605 = Other Sedatives	9997 = Unknown	
1701 = Aerosols	9998 = Not Collected	
	0000 = None (non-user)	

INVALID PRIMARY DRUG CODE.

Primary Drug Code must be numerical 0201 to 9998.

If the client did not use drugs the value should be 0000. Default/Unknown value is 9997.

10/2001

- A/C "ADD" TRANSACTION
 - F35-W-35 F9 is not "NA" & F35 is invalid Warning
 - F35-W-35A F35A=F36A Warning
 - F35-W-35B F35A=F37A Warning
 - F35-W-35C F35A=0201 then F33 must not be blank or 00 Warning
 - F35-W-35D F35A = 0201& route of adm is not 1 Warning
 - F35-W-35E F35A = 0301& 0302 route of adm not 2, 3, 4 or 5 Warning
 - F35-W-35F F35A = 0401& route not 1 or 2 Warning
 - F35-W-35G F35A = 0501& route of adm not 1,2, 3, 4 or 5 Warning
 - F35-W-35H F35A = 0601& route of adm not 2, 4 or 5 Warning
 - F35-W-35I F35A = 0801& route not 1, 2, 3, 4 or 5 Warning
 - F35-W-35J F35A = 0901& route not 1 Warning
 - F35-W-35K F35A = 0902& route not 1, 2, 4 or 5 Warning
 - F35-W-35L F35A = 1001& route not 1, 2, 3, 4 or 5 Warning
 - F35-W-35M F35A = 1101or 1102& route not 1, 2, 4 or 5 Warning
 - F35-W-35N F35A = 1201& route not 1, 2, 4, or 5 Warning
 - F35-W-35O F35A = 1301 through 1308 & route not 1 Warning
 - F35-W-35P F35A = 1401 or 1403 & route not 1 Warning
 - F35-W-35Q F35A = 1605 & route not 1, 4 or 5 Warning

 - F35-W-35R F35A = 1701, 1702, 1703, 1704 or 1705
& route not 3 Warning
 - F35-W-35S F35A = 2002 & route not 1, 2, 3, 4 or 5 Warning
- ◆ A/C "CHANGE" TRANSACTION
 - F35-R-35T If invalid Reject

35B. PRIMARY FREQUENCY OF USE: (Position 167)

This field is the numerical code that denotes the frequency of the substance being used.

- 0 - No use during the month before.
- 1 - Less than once per week.
- 2 - Once per week.
- 3 - Several times per week.
- 4 - Once per day.
- 5 - 2-3 times per day.
- 6 - More than 3 times per day.

INVALID PRIMARY FREQUENCY OF USE.

Primary frequency of use must be numerical 0 to 6. ***Default/Unknown value is blank.***

10/2001

- A/C "ADD" TRANSACTION

Required Fields Continued

- F35-W-35U If invalid Warning
- F35-W-35V If frequency is not blank and F35A is 0000 Warning
- ◆ A/C “CHANGE” TRANSACTION
- F35-R-35W If invalid Reject

35C. PRIMARY ROUTE OF ADMINISTRATION: (*Position 168*)

This field represents the numerical code that denotes the route of administration of the drug used.

- 1 = Oral: Ingested by mouth.
- 2 = Smoking: Absorbed through the lungs and respiratory system by mouth.
- 3 = Inhalant: Absorbed through the lungs and respiratory system by nose or aspiration of fumes through a mouth.
- 4 = Intramuscular: Administered by injection into the muscles or subcutaneous use.
- 5 = Intravenous: Administered by injection into the veins.

INVALID PRIMARY ROUTE OF ADMINISTRATION.
 Primary Route of Administration must be numerical 1 to 5.
Default/Unknown value is blank.

10/2001

- A/C “ADD” TRANSACTION
- F35-W-35X If invalid Warning
- F35-W-35Y If F35A is 0000 and F35C is not blank Warning
- ◆ A/C “CHANGE” TRANSACTION
- F35-R-35Z If invalid Reject

ROUTES OF ADMINISTRATION

10/2001

The following shows some substances and routes of administration combinations. Any other selections will generate a warning!

Drug Code	Drug	Oral (1)	Smoking (2)	Inhalation(3)	Intramuscular/ Intravenous (4,5)
0201 -	Alcohol	Valid			
0301 -	Crack		Valid	Valid	Valid
0302 -	Cocaine		Valid	Valid	Valid
0401 -	Marijuana/Hashish	Valid	Valid		
0501 -	Heroin	Valid	Valid	Valid	Valid
0601 -	Non-Prescription Methadone		Valid		Valid
0706 -	Other Narcotic Analgesics	Valid	Valid	Valid	Valid
0801 -	PCP or PCP Combination	Valid	Valid	Valid	Valid
0901 -	LSD	Valid			
0902 -	Other Hallucinogens	Valid	Valid		Valid
1001 -	Methamphetamine/Speed	Valid	Valid	Valid	Valid
1101 -	Amphetamines	Valid			Valid
1201 -	Other Stimulants	Valid			
1308 -	<i>Other Benzodiazepine</i>	Valid			
1309 -	<i>Benzodiazepine</i>	Valid			
1403 -	Other Tranquilizers	Valid			
1501 -	Phenobarbital/Pentobarbital	Valid			Valid
1605 -	Other Sedatives or Hypnotic	Valid			Valid
1701-1703	Aerosols/Nitrites/Other Inhalants			Valid	
2002 -	Other drugs	Valid			Valid

Required Fields Continued

2003 - Over-The-Counter Valid Valid Valid Valid
 0000 - None

35D. PRIMARY FIRST YEAR OF USE: (*Positions 169-172*)

This field represents the four-digit year in which the client FIRST became involved with the drug(s) identified under Drug Code.

INVALID PRIMARY FIRST YEAR OF USE.

Primary first year of use must be numerical 1910 or greater.

Default/Unknown value is blank.

10/2001

- A/C “ADD” TRANSACTION
 - F35-W-35AA If invalid Warning
 - F35-W-35BB If primary drug code and no primary year of first use. Warning
 - F35-W-35CC If primary yr. of first use is greater than Admission yr. Warning
 - F35-W-35DD Year of 1st use must be greater than yr. of birth. Warning
 - F35-W-35EE If F35D not blank and F35A is 0000 Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F35-R-35FF If invalid Reject
 - F35-R-35GG If primary drug code and no primary year 1st use. Reject
 - F35-R-35HH If primary yr. of 1st use greater than Admit yr. Reject
 - F35-R-35II Year of 1st use must be greater than yr.of birth. Reject

36. SECONDARY ALCOHOL AND OTHER DRUG USE INFORMATION:

36A. SECONDARY DRUG CODE: (*Positions 173-176*)

(See the Primary Drug Codes.)

INVALID SECONDARY DRUG CODE.

Secondary Drug Code must be numerical 0201 to 9998.

If the client did not use drugs the value should be 0000. Default/Unknown value is 9997.

10/2001

- A/C “ADD” TRANSACTION
 - F36-W-36 F9 is not “NA” & F36 is invalid Warning
 - F36-W-36B F36A = F37A Warning
 - F36-W-36C F36A= 0201 then F33 must not be blank or 00 Warning
 - F36-W-36D F36A = 0201& route of adm is not 1 Warning
 - F36-W-36E F36A = 0301& 0302 route of adm not 2, 3, 4 or 5 Warning
 - F36-W-36F F36A = 0401& route not 1 or 2 Warning
 - F36-W-36G F36A = 0501& route of adm not 1,2, 3, 4 or 5 Warning
 - F36-W-36H F36A = 0601& route of adm not 2, 4 or 5 Warning
 - F36-W-36I F36A = 0801& route not 1, 2, 3, 4 or 5 Warning
 - F36-W-36J F36A = 0901& route not 1 Warning
 - F36-W-36K F36A = 0902& route not 1, 2, 4 or 5 Warning
 - F36-W-36L F36A = 1001& route not 1, 2, 3, 4 or 5 Warning
 - F36-W-36M F36A = 1101or 1102& route not 1, 2, 4 or 5 Warning
 - F36-W-36N F36A = 1201& route not 1, 2, 4, or 5 Warning
 - F36-W-36O F36A = 1301 through 1308 & route not 1 Warning
 - F36-W-36P F36A = 1401 or 1403 & route not 1 Warning
 - F36-W-36Q F36A = 1605 & route not 1, 4 or 5 Warning
 - F36-W-36R F36A = 1701, 1702, 1703, 1704 or 1705 & route not 3 Warning
 - F36-W-36S F36A = 2002 & route not 1, 2, 3, 4 or 5 Warning
- ◆ A/C “CHANGE” TRANSACTION

Required Fields Continued

F36-R-36T If invalid Reject

36B. SECONDARY FREQUENCY OF USE: (*Position 177*)
(See Primary Frequency of Use.)

INVALID SECONDARY FREQUENCY OF USE.
Secondary Frequency of Use must be numerical 0 to 6. **Default/Unknown value is blank** 10/2001

● A/C “ADD” TRANSACTION
F36-W-36U If invalid Warning
F36-W-36V If frequency is not blank and F36A is 0000 Warning

◆ A/C “CHANGE” TRANSACTION
F36-R-36W If invalid Reject

36C. SECONDARY ROUTE OF ADMINISTRATION: (*Position 178*)
(See Primary Route of Admission.)

INVALID SECONDARY ROUTE OF ADMINISTRATION.
Secondary Route of Administration must be numerical 1 to 5. **Default/Unknown value is blank.** 10/2001

● A/C “ADD” TRANSACTION
F36-W-36X If invalid Warning
F36-W-36Y If F36A is 0000 and F36C is not blank Warning

◆ A/C “CHANGE” TRANSACTION
F36-R-36Z If invalid Reject

36D. SECONDARY FIRST YEAR OF USE: (*Positions 179-182*)
(See Primary First Year of Use.)

INVALID SECONDARY FIRST YEAR OF USE.
Secondary First Year of Use must be numerical 1910 or greater. **Default/Unknown value is blank.** 10/2001

● A/C “ADD” TRANSACTION
F36-W-36AA If invalid Warning
F36-W-36BB If secondary drug code and no secondary yr. of first use. Warning
F36-W-36CC If secondary yr. of first use is greater than Admission yr. Warning
F36-W-36DD Year must be greater than year of birth. Warning
F36-W-36EE If F36D not blank and F36A is 0000 Warning

◆ A/C “CHANGE” TRANSACTION
F36-R-36FF If invalid Reject
F36-R-36GG If secondary drug code and no secondary yr. of first use Reject
F36-R-36HH If secondary yr. 1st use greater than Admit yr. Reject
F36-R-36II Year 1st use must be greater than year of birth Reject

37. TERTIARY ALCOHOL AND OTHER DRUG USE INFORMATION:

37A. TERTIARY DRUG CODE: (*Positions 183-186*)
(See the Primary Drug Codes.)

INVALID TERTIARY DRUG CODE.
Tertiary Drug Code must be numerical 0201 to 9998.

Required Fields Continued

If the client did not use drugs the value should be 0000. Default/Unknown value is 9997.

10/2001

- A/C “ADD” TRANSACTION
 - F37-W-37 F9 is not “NA” and F37 is invalid Warning
 - F37-W-37C F37A= 0201 then F33 must not be blank or 00 Warning
 - F37-W-37D F37A = 0201& route of adm is not 1 Warning
 - F37-W-37E F37A = 0301& 0302 route of adm not 2, 3, 4 or 5 Warning
 - F37-W-37F F37A = 0401& route not 1 or 2 Warning
 - F37-W-37G F37A = 0501& route of adm not 1,2, 3, 4 or 5 Warning
 - F37-W-37H F37A = 0601& route of adm not 2, 4 or 5 Warning
 - F37-W-37I F37A = 0801& route not 1, 2, 3, 4 or 5 Warning
 - F37-W-37J F37A = 0901& route not 1 Warning
 - F37-W-37K F37A = 0902& route not 1, 2, 4 or 5 Warning
 - F37-W-37L F37A = 1001& route not 1, 2, 3, 4 or 5 Warning
 - F37-W-37M F37A = 1101or 1102& route not 1, 2, 4 or 5 Warning
 - F37-W-37N F37A = 1201& route not 1, 2, 4, or 5 Warning
 - F37-W-37O F37A = 1301 through 1308 & route not 1 Warning
 - F37-W-37P F37A = 1401 or 1403 & route not 1 Warning
 - F37-W-37Q F37A = 1605 & route not 1, 4 or 5 Warning
 - F37-W-37R F37A = 1701, 1702, 1703, 1704 or 1705
& route not 3 Warning
 - F37-W-37S F37A = 2002 & route not 1, 2, 3, 4 or 5 Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F37-R-37T If invalid Reject

37B. TERTIARY FREQUENCY OF USE: (Position 187)
(See Primary Frequency of Use.)

INVALID TERTIARY FREQUENCY OF USE.

Tertiary Frequency of Use must be numerical 0 to 6. **Default/Unknown value is blank**

10/2001

- A/C “ADD” TRANSACTION
 - F37-W-37U If invalid Warning
 - F37-W-37V If frequency is not blank and F37A is 0000 Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F37-R-37W If invalid Reject

37C. TERTIARY ROUTE OF ADMINISTRATION: (Position 188)
(See Primary Route of Administration.)

INVALID TERTIARY ROUTE OF ADMINISTRATION.

Tertiary Route of Administration must be numerical 1 to 5. **Default/Unknown value is blank.**

10/2001

- A/C “ADD” TRANSACTION
 - F37-W-37X If invalid Warning
 - F37-W-37Y If F37A is 0000 and F37C is not blank Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F37-R-37Z If invalid Reject

37D. TERTIARY FIRST YEAR OF USE: (Positions 189-192)
(See Primary First Year of Use.)

INVALID TERTIARY FIRST YEAR OF USE.

Tertiary First Year of Use must be numerical 1910 or greater. **Default/Unknown value is blank.**

10/2001

Required Fields Continued

- A/C “ADD” TRANSACTION
 - F37-W-37AA If invalid Warning
 - F37-W-37BB If tertiary drug code and no tertiary yr. of first use. Warning
 - F37-W-37CC If tertiary yr. of first use is greater than Admission yr. Warning
 - F37-W-37DD Year 1st use must be greater than year of birth. Warning
 - F37-W-37EE If F37D not blank and F37A is 0000 Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F37-R-37FF If invalid Reject
 - F37-R-37GG If tertiary drug code and no secondary yr. 1st use. Reject
 - F37-R-37HH If tertiary yr. 1st use greater than Admit yr. Reject
 - F37-R-37II Year 1st use must be greater than year of birth. Reject

38. HEALTH CARE UTILIZATION (Based on PAST 12 months):

This field represents the number of times the client has used any of the health care services listed below in the past 12 months before date of Admission for the Admission transaction, and for the Closure transaction, health care services since the Admission date.

Number of Hospital admissions (*Positions 193-194*)

INVALID HOSPITAL ADMISSIONS.

Hospital Admissions must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
 - F38-W-38 If invalid Warning
 - F38-W-38A If hospital admissions is greater than 15. Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F38-R-38B If invalid Reject

Number of Emergency Room admissions/visits (*Positions 195-196*)

INVALID EMERGENCY ROOM ADMISSIONS.

Emergency Room Admissions must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
 - F38-W-38C If invalid Warning
 - F38-W-38D If emergency room admissions is greater than 12 Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F38-R-38E If invalid Reject

Number of Regular Visits to Doctor (*Positions 197-198*)

INVALID REGULAR VISITS DOCTOR

Regular Visits to Doctor must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
 - F38-W-38F If invalid Warning
 - F38-W-38G If regular visits to doctor is greater than 12. Warning
- ◆ A/C “CHANGE” TRANSACTION
 - F38-R-38H If invalid Reject

Number of Regular Visits to Dentist (*Positions 199-200*)

INVALID REGULAR VISITS TO DENTIST.

Required Fields Continued

Regular Visits to Dentist must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
F38-W-38I If invalid Warning
F38-W-38J If regular visits to dentist is greater than 12. Warning
- ◆ A/C “CHANGE” TRANSACTION
F38-R-38K If invalid Reject

Number of Outpatient Health Care Admissions/Visits (*Positions 201-202*)

INVALID OUTPATIENT HEALTH CARE ADMISSIONS/VISITS.

Outpatient Health Care Admissions/Visits must be numerical 00 to 99.

Default/Unknown value is 99.

10/2001

- A/C “ADD” TRANSACTION
F38-W-38L If invalid Warning
F38-W-38M If outpatient health care visits is greater than 12. Warning
- ◆ A/C “CHANGE” TRANSACTION
F38-R-38N If invalid Reject

39. REIMBURSEMENT/NON-PAYMENT:

This field denotes the source of reimbursement the provider has received or expects to receive for services provided to the client.

ADMISSION RECORD = Expected Pay

CLOSURE RECORD = Actual pay/Non-Pay

Enter “Y” for yes or “N” for no as applicable.

REIMBURSEMENT:

Self/Family: (*Position 203*) Client or family members will pay for all or part of the services received.

Blue Cross/Blue Shield (BC/BS): (*Position 204*) A private insurance carrier.

Private Contract: (*Position 205*) Individual is covered under an Employee Assistance Program (EAP) by contract through a private company, a non-public organization or a private benefits package.

HMO/PPO: (*Position 206*) Includes all HMOs and all PPOs other than Blue Cross/Blue Shield.

Other Private Insurance: (*Position 207*) Individual has other private health insurance that will pay for all or part of the services received other than those listed above.

Court: (*Position 208*) Includes use of indigent court funds.

Worker's Compensation: (*Position 209*)

Rehabilitation Services Commission/ Bureau of Vocational Rehabilitation (*Position 210*)

Employer/Union/EAP: (*Position 211*) Individual is covered under a non-contractual arrangement through an employer, union, or EAP.

Medicare: (*Position 212*) A federal insurance program that pays medical expenses for persons covered under the program. Medicare is referred to as Title XVIII funding.

Required Fields Continued

Medicaid: (Position 213) A federally-aided program that enables states to provide medical assistance to low-income, aged, blind or disabled persons and administered by county Department of Human Services offices and is referred to as Title XIX funding.

Title XX: (Position 214) A federal program designed to fund social services.

Forensic 503 Funds: (Position 215)

Other Government Provider: (Position 216) Any other federal, state or county provider that will be billed for services received (e.g., county Children's Services Board, any court, Veterans Administration, etc.).

Other Payment Source (Position 217)

NON-PAYMENT:

No Charge (Position 218)

Insurance Exhausted (Position 219)

Disputed (Position 220)

Non-Cooperative (client) (Position 221)

No Response from Insurance Company (Position 222)

Not Covered (Position 223)

Board Funded (Position 224)

INVALID SOURCE OF PAYMENT.

Source of payment or non-payment must be an alphabetical Y or N.

Default/Unknown value is N for each.

10/2001

- A/C "ADD" TRANSACTION
F39-W-39 [Positions 203 through 224] If blank or invalid Warning
- ◆ A/C "CHANGE" TRANSACTION
F39-R-39A If invalid Reject

OPTIONAL FIELDS

40. DATE SERVICE REQUESTED: (*Positions 225-232*)

This field represents the year, month and day that treatment services were requested.

INVALID DATE SERVICE REQUESTED.

The Date Limits are: ~~Year 1995+~~, Month 01- 12 and Day 01 to 31

Year 1980+

(YYYYMMDD). *Default/Unknown value is blank.*

08/2002
10/2001

- A/C “ADD” TRANSACTION
F40-W-40 If invalid Warning
F40-W-40A If Field 40 is greater than admission date (F8) Warning
- ◆ A/C “CHANGE” TRANSACTION
F40-R-40B If invalid (e.g. 1999/02/30) Reject

41. VETERAN STATUS: (*Position 233*)

This field denotes that the client is a Veteran of U.S. Armed Forces.

INVALID VETERAN STATUS.

Veteran Status must be an alphabetical Y or N. *Default/Unknown value is N.* 10/2001

- A/C “ADD” TRANSACTION
F41-W-41 If invalid Warning
- ◆ A/C “CHANGE” TRANSACTION
F41-R-41A If invalid Reject

42. CHILD CUSTODY: (*Position 234*)

This field indicates if the child is in legal custody of ODHS/Children Services.

INVALID CHILD CUSTODY

Child Custody must be an alphabetical Y or N. *Default/Unknown value is N.* 10/2001

- A/C “ADD” TRANSACTION
F42-W-42 If invalid Warning
- ◆ A/C “CHANGE” TRANSACTION
F42-R-42A If invalid Reject

43. LEGAL STATUS: (*Positions 235-249; left justify; blank filled*)

This field represents the appropriate Ohio Revised Code referring to forensic items (e.g., acceptable codes are 2945.371G3, 475.38B, 40/38B, 402A38B, H402/38B, 39A/38B, etc.) Contact ADAMHS/MH Board for further instructions and information on how to complete this field. *Default/Unknown value is blank.* 10/2001

44. INDIVIDUAL MONTHLY INCOME:
(*Positions 250-254; right justify; zero filled*)

This field represents client’s personal monthly income (round to nearest whole dollar); no decimals and represents those funds used to calculate sliding fee scales.

INVALID INDIVIDUAL MONTHLY INCOME.

Individual Monthly Income must be rounded to whole dollar.
Default/Unknown value is blank.

10/2001

- A/C “ADD” TRANSACTION

Optional Fields Continued

F44-W-44 If invalid Warning

◆ A/C “CHANGE” TRANSACTION
F44-R-44A If invalid Reject

45. REFERRED TO

45A. REFERRED TO CODE: (*Position 255*)

This field represents the appropriate letter of client referral. See Field 15A for definitions.

- A = Individual/Self
- B = Alcohol/Other Drug Addiction Provider
- C = Mental Health Provider
- D = Dual Provider
- E = Other Health Care Provider
- F = School (Education)
- G = EAP (Employer)
- H = County Human Services
- I = Other Community Referral
- J = State/Federal
- K = Municipal Court
- L = Common Pleas
- M = Juvenile Court
- N = Diversionary Program
- O = Prison
- P = Other Criminal Justice
- Q = Forensic

INVALID REFERRED TO CODE.

Referred to Code must be alphabetical A to Q. *Default/Unknown value is ‘A’.* 10/2001

● A/C “ADD” TRANSACTION
F45-W-45 If invalid Warning

◆ A/C “CHANGE” TRANSACTION
F45-R-45A If invalid Reject

45B. REFERRED TO MACSIS UNIVERSAL PROVIDER ID (UPID)

(Positions 256-267, 5 actual digits in length, left-justified; proceeding zeroes to the left, if necessary; blank-filled to the right) 10/2001

This field represents a MACSIS UPID that is to receive the referral.

INVALID REFERRED TO MACSIS UPID.

Default/Unknown value is blank. 10/2001

● A/C “ADD” TRANSACTION
F45-W-45B If invalid Warning

◆ A/C “CHANGE” TRANSACTION
F45-R-45C If invalid Reject

46. DATE FIELD (Not Defined): (*Positions 268-275*)
To be determined.

47. DATE FIELD (not defined): (*Positions 276-283*)
To be determined.

- 48. BLANK AREA (59 BYTES):** (*Positions 284-342*)
To be determined.

MANDATORY FIELD

49. DATE PROVIDER SENT DATA: *(Positions 343-350)*

This field represents the year, month and day the provider sent the client data.

INVALID DATE PROVIDER SENT DATA.

The Date Limits are: Year 1998 +, Month 01-12, and Day 01-31 (YYYYMMDD).

- A/C "ADD" TRANSACTION
 - F49-R-49 If blank or invalid Reject
 - F49-R-49A Date must equal to greater than admission date (F8) Reject
 - F49-R-49B Year Provider Sent Data less than 1998 Reject

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