



Data Dictionary
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Data Formatting

Data Element Separation

Data elements are separated by a TAB. eg 001.01 20190101 1111 5555555

Add/Change Status

When a transaction is submitted as a “Change”, and there is no record to update. the change status will be treated as an “Add.” If the transaction is submitted as “Add” and a record already exists, the transaction will be treated as a change. Deletes will always delete the record unless the record does not exist, in which case an error message will be returned.

Batch Header

| Field Description | Allow | Data Type | Length | |
|--------------------------|-------|--------------|--------|----------------|
| Transaction ID | N | Alphanumeric | 6 | 001.01 |
| Date | N | Alphanumeric | 8 | YYYYMMDD |
| Batch Number | N | Alphanumeric | 9 | 9 to 999999999 |
| Agency Reporting Unit ID | N | Alphanumeric | 10 | Org NPI |

Transactions

| <u>Demographic</u> | | | | |
|------------------------|------------|--------------|--------|--|
| Field Description | Allow NULL | Data Type | Length | |
| Transaction ID | N | Alphanumeric | 6 | 020.08 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| First Name | N | Alphanumeric | 35 | |
| Middle Name | Y | Alphanumeric | 25 | |
| Last Name | N | Alphanumeric | 60 | |
| Alternate Last Name | Y | Alphanumeric | 60 | |
| Social Security Number | Y | Alphanumeric | 9 | |
| Birthdate | N | Alphanumeric | 8 | YYYYMMDD |
| Gender | N | Alphanumeric | 2 | |
| Hispanic Origin | N | Alphanumeric | 3 | Table: Hispanic Origin |
| Primary Language | Y | Alphanumeric | 3 | Table: Language |
| Race(S) | N | Alphanumeric | 18 | e.g. “010050”, no delimiters between codes |
| Sexual Orientation | N | Alphanumeric | 2 | Table: Sexual Orientation |
| Provider One ID | N | Alphanumeric | 11 | When it exists, else Client Number |
| Source Tracking Id | Y | Alphanumeric | 40 | |

Address

| Field Description | Allow NULL | Data Type | Length | Notes |
|--------------------|------------|--------------|--------|-------------------------|
| Transaction ID | N | Alphanumeric | 6 | 022.03 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| Address Line 1 | N | Alphanumeric | 120 | 120 |
| Address Line 2 | Y | Alphanumeric | 120 | 120 |
| City | Y | Alphanumeric | 50 | 50 |
| County | Y | Alphanumeric | 5 | 5 |
| State | N | Alphanumeric | 2 | 2 |
| Zip Code | Y | Alphanumeric | 10 | 10 |
| Facility Flag | N | Alphanumeric | 1 | 1 |
| Source Tracking Id | Y | Alphanumeric | 40 | |

ASAM Placement

| Field Description | Allow NULL | Data Type | Length | Notes |
|----------------------|------------|--------------|--------|-------------------------|
| Transaction ID | N | Alphanumeric | 6 | 030.03 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider NPI | N | Alphanumeric | 10 | Facility NPI |
| ASAM Record Key | N | Alphanumeric | 40 | GUID |
| ASAM Assessment Date | N | Alphanumeric | 8 | YYYYMMDD |
| ASAM Level Indicated | N | Alphanumeric | 6 | |

| <u>Co-occurring Disorder</u> | | | | |
|---|-------------------|------------------|---------------|-------------------------|
| Field Description | Allow NULL | Data Type | Length | Notes |
| Transaction ID | N | Alphanumeric | 6 | 121.05 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider ID | N | Alphanumeric | 10 | Facility NPI |
| Gain-SS Date | N | Alphanumeric | 8 | YYYYMMDD |
| Screen Assessment Indicator | N | Alphanumeric | 1 | |
| Co-Occurring Disorder Screening (IDS) (Required, based on value in Screening Assessment Indicator) | Y | Alphanumeric | 2 | |
| Co-Occurring Disorder Screening (EDS) (Required, based on value in Screening Assessment Indicator) | Y | Alphanumeric | 2 | |
| Co-Occurring Disorder Screening (SDS) (Required, based on value in Screening Assessment Indicator) | Y | Alphanumeric | 2 | |
| Co-Occurring Disorder Assessment (Required If the Client Screens High (2 Or Higher) on either the IDS or EDS, and on SDS) | Y | Alphanumeric | 2 | |
| Source Tracking Id | Y | Alphanumeric | 40 | |

| <u>ITA Hearing</u> | | | | |
|---------------------------|-------------------|------------------|---------------|-----------------------------|
| Field Description | Allow NULL | Data Type | Length | Notes |
| Transaction ID | N | Alphanumeric | 6 | 162.05 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Hearing Date | N | Alphanumeric | 8 | YYYYMMDD |
| Hearing Outcome | N | Alphanumeric | 2 | Code Table: Hearing Outcome |
| Detention Facility NPI | Y | Alphanumeric | 10 | Code Table: Reporting Unit |
| Hearing County | N | Alphanumeric | 5 | Code Table: County |
| Detention County | N | Alphanumeric | 5 | Code Table: County |
| Cause Number | N | Alphanumeric | 15 | |
| Source Tracking Id | Y | Alphanumeric | 40 | |

Least Restrictive Alternative/Order

| Field Description | Allow NULL | Data Type | Length | Notes |
|--------------------------------------|-------------------|------------------|---------------|-------------------------|
| Transaction ID | N | Alphanumeric | 6 | 815.00 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 10 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| Termination Date | N | Alphanumeric | 8 | YYYYMMDD |
| County | N | Alphanumeric | 5 | Code Table: County |
| Cause Number | N | Alphanumeric | 15 | |
| Length | N | Alphanumeric | 3 | 999 |
| Participate in and follow... | Y | Alphanumeric | 1 | |
| Assigned Agency | Y | Alphanumeric | 30 | |
| Participate in and follow... | Y | Alphanumeric | 30 | |
| Assigned Agency | Y | Alphanumeric | 30 | |
| Reside at approved residence | Y | Alphanumeric | 1 | |
| Take prescribed meds | Y | Alphanumeric | 1 | |
| Refrain from drugs/alcohol | Y | Alphanumeric | 1 | |
| Refrain from threats or acts of harm | Y | Alphanumeric | 1 | |
| Maintain health and safety | Y | Alphanumeric | 1 | |
| Refrain from possessing firearms | Y | Alphanumeric | 1 | |
| Other conditions | Y | Alphanumeric | 255 | |
| Other conditions - second line | Y | Alphanumeric | 255 | |
| Source Tracking ID | Y | Alphanumeric | 40 | |

| <u>DCR Investigation</u> | | | | |
|--|------------|--------------|--------|---|
| Field Description | Allow NULL | Data Type | Length | Notes |
| Transaction ID | N | Alphanumeric | 6 | 160.05 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Investigation Start Date | N | Alphanumeric | 8 | YYYYMMDD |
| Investigation Start Time | N | Alphanumeric | 4 | HHMM, DCR begins gathering data |
| Investigation County | N | Alphanumeric | 5 | Code Table: County |
| Investigation Outcome | N | Alphanumeric | 2 | Code Table: Investigation Outcome |
| Detention Facility NPI | Y | Alphanumeric | 10 | Code Table: Placement Unit |
| Legal Reason for Detainment | Y | Alphanumeric | 4 | A-D or X or Z. Max of 4 Characters |
| Return to Inpatient/Revocation Authority | Y | Alphanumeric | 2 | Table: Return to Inpatient/Revocation Authority |
| DCR Agency ID | N | Alphanumeric | 10 | ORG NPI |
| Investigation Referral Source | N | Alphanumeric | 2 | Table: Investigation Referral Source |
| Investigation End Date | N | Alphanumeric | 8 | YYYYMMDD |
| Source Tracking ID | Y | Alphanumeric | 40 | |
| Dispatch Date | N | Alphanumeric | 8 | YYYYMMDD |
| Dispatch Time | N | Alphanumeric | 4 | HHMM |
| Dispatch Case Number | N | Alphanumeric | 10 | |
| Rights Read | N | Alphanumeric | 1 | Must be Y or will be rejected |
| Rights Read Date | Y | Alphanumeric | 8 | Rights Read Face to Face with Client |
| Rights Read Time | Y | Alphanumeric | 4 | Rights Read Face to Face with Client |
| Investigation Place of Service | Y | Alphanumeric | 2 | Place of service of Investigation (Client) |
| Primary Intervention Reason | N | Alphanumeric | 1 | Code Table: Primary Intervention Reason |
| Delay Reason | Y | Alphanumeric | 2 | Code Table: Delay Reason |

Mobile Crisis

To be Determined

| <u>ICRS - Voluntary</u> | | | | |
|--------------------------------|------------|--------------|--------|-----------------------------------|
| Field Description | Allow NULL | Data Type | Length | Notes |
| Transaction ID | N | Alphanumeric | 6 | 875.00 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Dispatch Date | N | Alphanumeric | 8 | YYYYMMDD |
| Dispatch Time | N | Alphanumeric | 4 | HHMM |
| Dispatch Case Number | N | Alphanumeric | 10 | |
| Dispatch/Consultation | N | Alphanumeric | 1 | Y or N |
| Face to Face Start Date | Y | Alphanumeric | 8 | Date face to face with the Client |
| Face to Face Start Time | Y | Alphanumeric | 4 | Start time with the Client |
| Non-Emergent | N | Alphanumeric | 1 | Y or N |
| Begin Date | N | Alphanumeric | 8 | YYYYMMDD |
| Begin Time | N | Alphanumeric | 4 | HHMM |
| Service County | N | Alphanumeric | 5 | Code Table: County |
| Crisis Outcome | N | Alphanumeric | 2 | Code Table: Voluntary Outcome |
| Detention Facility NPI | Y | Alphanumeric | 10 | Code Table: Detention Facility |
| Referral Source | N | Alphanumeric | 2 | Code Table: Referral Source |
| Primary Intervention Reason | Y | Alphanumeric | 1 | Code Table: Investigation Reason |
| Peer Involved | N | Alphanumeric | 1 | Y or N |
| Source Tracking ID | Y | Alphanumeric | 40 | |

| <u>Funding</u> | | | | |
|-------------------------|------------|--------------|--------|-------------------------------------|
| Field Description | Allow Null | Data Type | Length | Note |
| Transaction ID | N | Alphanumeric | 6 | 140.01 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| Type of Funding Support | Y | Alphanumeric | 2 | Table: Type of Funding Support |
| Source of Income | Y | Alphanumeric | 2 | Table: Source of Income/Support |
| Block Grant Funding | Y | Alphanumeric | 2 | Table: Block Grant Funding Services |
| Source Tracking ID | Y | Alphanumeric | 40 | |

Non-Medicaid Authorization

| Field Description | Allow NULL | Data Type | Length | Notes |
|--|------------|--------------|--------|---------------------------------------|
| Transaction ID | N | Alphanumeric | 6 | 980.00 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Requested Start Date | N | Alphanumeric | 8 | YYYYMMDD |
| Requested End Date | N | Alphanumeric | 8 | YYYYMMDD |
| Verification Date | N | Alphanumeric | 8 | YYYYMMDD |
| Verified Income Amount | N | Alphanumeric | 9 | 999999.99 |
| Verified Income Source | Y | Alphanumeric | 2 | Code Table: Income Source |
| Number of Dependents Dependent on Income | Y | Alphanumeric | 2 | 99 |
| Eligibility Type | N | Alphanumeric | 2 | Code Table: Eligibility Type |
| Poverty Level | Y | Alphanumeric | 2 | Code Table: Poverty Level |
| Eligibility Criteria 1 | Y | Alphanumeric | 2 | Code Table: Eligibility Criteria |
| Eligibility Criteria 2 | Y | Alphanumeric | 2 | Code Table: Eligibility Criteria |
| Eligibility Criteria 3 | Y | Alphanumeric | 2 | Code Table: Eligibility Criteria |
| Eligibility Criteria 4 | Y | Alphanumeric | 2 | Code Table: Eligibility Criteria |
| Primary Diagnosis | N | Alphanumeric | 7 | ICD-10-CM_Full |
| Diagnosis Date | N | Alphanumeric | 8 | YYYYMMDD |
| ID | N | Alphanumeric | 14 | P1ID whether eligible or not; else pn |
| Auth Request Type | N | Alphanumeric | 2 | Code Table: Auth Request Type |
| Auth Service Type | N | Alphanumeric | 2 | Code Table: Auth Service Type |
| ASAM Score Assessed Date | N | Alphanumeric | 8 | YYYYMMDD |
| ASAM Level Indicated | Y | Alphanumeric | 2 | Code Table: ASAM Level |
| ASAM Level Received | Y | Alphanumeric | 2 | Code Table: ASAM Level |
| Locus Level | Y | Alphanumeric | 2 | Range 1 to 6 |
| CALocus Level | Y | Alphanumeric | 2 | Range 1 to 6 |
| Source Tracking ID | N | Alphanumeric | 40 | |

Profile

| Field Description | Allow NULL | Data Type | Length | Notes |
|----------------------|------------|--------------|--------|---|
| Transaction ID | N | Alphanumeric | 6 | 035.10 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider Agency NPI | N | Alphanumeric | 10 | Facility NPI |
| Source Tracking ID | N | Alphanumeric | 40 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| Education | N | Alphanumeric | 2 | |
| Employment | N | Alphanumeric | 2 | |
| Marital Status | N | Alphanumeric | 2 | Table: Marital Status |
| Parenting | Y | Alphanumeric | 1 | Required For Substance Use Disorder, Optional Mental Health |
| Pregnant | Y | Alphanumeric | 1 | Required For Substance Use Disorder, Optional Mental Health |
| Smoking Status | N | Alphanumeric | 2 | Table: Smoking Status |
| Residence | N | Alphanumeric | 2 | Table: Residence |
| School Attendance | N | Alphanumeric | 1 | Table: School Attendance |
| Self Help Count | N | Alphanumeric | 2 | Required For Substance Use Disorder, Optional Mental Health |
| Used Needle Recently | N | Alphanumeric | 1 | Required For Substance Use Disorder, Optional Mental Health |
| Needle Use Ever | N | Alphanumeric | 2 | Required For Substance Use Disorder, Optional Mental Health |
| MILITARY SERVICE | N | Alphanumeric | 2 | Table: Military Service |
| SMI/SED STATUS | N | Alphanumeric | 2 | |

Service Episode

| Field Description | Allow NULL | Data Type | Length | Notes |
|------------------------------------|------------|--------------|--------|---|
| Transaction ID | N | Alphanumeric | 6 | 170.06 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider NPI | N | Alphanumeric | 10 | Facility NPI |
| Episode Record Key | N | Alphanumeric | 40 | |
| Service Episode Start Date | N | Alphanumeric | 8 | YYYYMMDD |
| Service Episode End Date | Y | Alphanumeric | 8 | YYYYMMDD |
| Service Episode End Reason | Y | Alphanumeric | 2 | |
| Service Referral Source | Y | Alphanumeric | 2 | |
| Date Of Last Client Contact | Y | Alphanumeric | 8 | YYYYMMDD – submitted when End Date is present |
| Date Of First Appointment Offered | Y | Alphanumeric | 8 | YYYYMMDD |
| Medication-Assisted Opioid Therapy | N | Alphanumeric | 2 | |
| Source Tracking ID | Y | Alphanumeric | 40 | |

Program Identification

| Field Description | Allow NULL | Data Type | Length | Notes |
|-----------------------|------------|--------------|--------|------------------------------|
| Transaction ID | N | Alphanumeric | 6 | 060.06 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider NPI | N | Alphanumeric | 10 | Facility NPI |
| Program ID Key | N | Alphanumeric | 40 | |
| Program Id | N | Alphanumeric | 3 | |
| Program Start Date | N | Alphanumeric | 8 | YYYYMMDD |
| Program End Date | Y | Alphanumeric | 8 | YYYYMMDD |
| Entry Referral Source | Y | Alphanumeric | 2 | Table: Entry Referral Source |
| Program End Reason | Y | Alphanumeric | 2 | Table: Program End Reason |
| Source Tracking Id | N | Alphanumeric | 40 | |

Substance Use

| Field Description | Allow NULL | Data Type | Length | Notes |
|----------------------|------------|--------------|--------|-------------------------|
| Transaction ID | N | Alphanumeric | 6 | 036.04 |
| Action Code | N | Alphanumeric | 1 | Code Table: Action Code |
| Agency ID | N | Alphanumeric | 10 | Agency Organization NPI |
| Client Number | N | Alphanumeric | 11 | |
| Provider NPI | N | Alphanumeric | 10 | Facility NPI |
| Program Id | N | Alphanumeric | 3 | |
| Effective Date | N | Alphanumeric | 8 | YYYYMMDD |
| Substance (1) | N | Alphanumeric | 2 | |
| Age At First Use (1) | N | Alphanumeric | 2 | |
| Frequency Of Use (1) | N | Alphanumeric | 2 | |
| Peak Use (1) | N | Alphanumeric | 2 | |
| Method (1) | N | Alphanumeric | 2 | |
| Date Last Used (1) | Y | Alphanumeric | 8 | YYYYMMDD |
| Substance (2) | Y | Alphanumeric | 2 | |
| Age At First Use (2) | N | Alphanumeric | 2 | |
| Frequency Of Use (2) | N | Alphanumeric | 2 | |
| Peak Use (2) | N | Alphanumeric | 2 | |
| Method (2) | N | Alphanumeric | 2 | |
| Date Last Used (2) | Y | Alphanumeric | 8 | YYYYMMDD |
| Substance (3) | Y | Alphanumeric | 2 | |
| Age At First Use (3) | N | Alphanumeric | 2 | |
| Frequency Of Use (3) | N | Alphanumeric | 2 | |
| Peak Use (3) | N | Alphanumeric | 2 | |
| Method (3) | N | Alphanumeric | 2 | |
| Date Last Used (3) | Y | Alphanumeric | 8 | YYYYMMDD |
| Source Tracking Id | Y | Alphanumeric | 40 | |

