



Data Dictionary 2021-01

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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 eg 99999-9999
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	

<b><u>Co-occurring Disorder</u></b>				
<b>Field Description</b>	<b>Allow NULL</b>	<b>Data Type</b>	<b>Length</b>	<b>Notes</b>
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	

<b><u>ITA Hearing</u></b>				
<b>Field Description</b>	<b>Allow NULL</b>	<b>Data Type</b>	<b>Length</b>	<b>Notes</b>
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**

<b>Field Description</b>	<b>Allow NULL</b>	<b>Data Type</b>	<b>Length</b>	<b>Notes</b>
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	10	NPI of Assigned Agency
Participate in and follow...	Y	Alphanumeric	30	
Assigned Agency	Y	Alphanumeric	10	NPI of Assigned Agency
Reside at approved residence	Y	Alphanumeric	1	Use 'X' as the indicator
Take prescribed meds	Y	Alphanumeric	1	Use 'X' as the indicator
Refrain from drugs/alcohol	Y	Alphanumeric	1	Use 'X' as the indicator
Refrain from threats or acts of harm	Y	Alphanumeric	1	Use 'X' as the indicator
Maintain health and safety	Y	Alphanumeric	1	Use 'X' as the indicator
Refrain from possessing firearms	Y	Alphanumeric	1	Use 'X' as the indicator
Other conditions	Y	Alphanumeric	255	
Other conditions - second line	Y	Alphanumeric	255	
Source Tracking ID	Y	Alphanumeric	40	

**DCR Investigation**

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
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	2	Code Table: Primary Intervention Reason
Delay Reason	Y	Alphanumeric	2	Code Table: Delay Reason
Source Tracking ID	Y	Alphanumeric	40	

<b>Funding</b>				
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	

<b>Mobile Crisis Response</b>				
Field Description	Allow Null	Type	Length	Notes
Transaction ID	N	Alphanumeric	6	165.01
Action Code	N	Alphanumeric	1	
Agency ID	N	Alphanumeric	20	
Client Number	N	Alphanumeric	20	
Mobile Crisis Response Type	N	Alphanumeric	2	Table: Mobile Crisis Response Type
Event Start Date / Begin Date	N	Alphanumeric	8	CCYYMMDD
Event Start Time	N	Alphanumeric	4	HHMM
Mcr Referral Source	N	Alphanumeric	2	Table: MCR Referral Source
Response Time	N	Alphanumeric	2	Table: Response Time
Needs Interpreter	N	Alphanumeric	2	Table: Needs Interpreter
Dispatch Date	N	Alphanumeric	8	YYYYMMDD
Time Of Dispatch	Y	Alphanumeric	4	HHMM
Time Of Arrival/Time Of Telehealth Encounter	N	Alphanumeric	4	HHMM
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 f2f with the Client
Place of Service for Face to Face Serv	N	Alphanumeric	2	Place of Service f2f
Presenting Problem / Primary interven. Rea	N	Alphanumeric	4	Table: Presenting Problem
Co-Responder Involvement	N	Alphanumeric	2	Law Enforcement 1 or 2 (1 = Y)
Peer Involved	N	Alphanumeric	1	Peer Involved (Y/N)
Mcr_Outcome / Crisis Outcome	N	Alphanumeric	2	Mobile Crisis Response Outcome
Referral Given	N	Alphanumeric	40	Multiple Answers allowed
Dispatch Case Number	N	Alphanumeric	10	
Consultation Only / Dispatch/Consult	N	Alphanumeric	1	Y or N
Service County	N	Alphanumeric	5	Code Table: County
Event End Date	N	Alphanumeric	8	CCYYMMDD
Event End Time	N	Alphanumeric	4	HHMM
Source Tracking ID	Y	Alphanumeric	40	



<b><u>Non-Medicaid Authorization</u></b>				
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	##### without a decimal
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	7	Code Table: ASAM Level
ASAM Level Received	Y	Alphanumeric	7	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	

<b><u>Non-Medicaid Authorization Change Request Submission</u></b>				
Field Description	Allow NULL	Data Type	Length	
Transaction ID	N	Alphanumeric	6	981.00
Action Code	N	Alphanumeric	1	Add
Agency ID	N	Alphanumeric	10	Agency Organization NPI
NonMCAuthID	N	Alphanumeric	10	
Requested Change	N	Alphanumeric	2	table: Auth Change Request Type
Start Date new	Y	Alphanumeric	8	YYYYMMDD
End Date new	Y	Alphanumeric	8	YYYYMMDD
Change Reason	N	Alphanumeric	2	Table: Auth Change Reason

## **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	N	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	

2020-06-29 Change Primary Investigation Reason length (DCRInvest/ICRSVol) from 1 to 2

2020-06-29 DCRInvest move Source Tracking ID to end of fields.

2020-09-11 MCR add, ICRS Voluntary Remove

2021-01-08 Non-Medicaid Authorization Change Request Transaction