



Programmer's Documentation
Record Layout for Submission of Mental Health/Substance Abuse
Treatment Programs Client Information to DSAMH

THIS IS A WORKING DOCUMENT SUBJECT TO CHANGE. WE WILL MAKE EVERY ATTEMPT TO INFORM YOU OF SUCH CHANGES BUT YOUR SAFEST COURSE IS TO KEEP IN TOUCH WITH US AT ALL STAGES OF YOUR PROJECT.

The effective date for this revision is December 1, 2015.

Summary of Changes

Adding One Code:

Primary Employment: (Sheltered Employment Non Competitive (MH)

You may no longer submit Client Data in ASCII comma delimited, fixed length files, or ASCII Standard Xbase ".dbf" files.

Specification

This document describes the requirements of the CRF file. If you do not have a copy of the revised CRF (ADM CRF Version 1.2 2015-09-28 and CRF DISC Version 1.1 2015-09-08), please contact DSAMH's MIS Unit immediately.

We are now accepting Microsoft Access (2004 thru 2007) ".mdb" files or Microsoft Excel (2007 thru 2010) ".xls" or ".xlsx" files.

This file will contain the CRF table.
None of the submitted tables should have an index set on them.

Please label the file as:
"CRFData_TxUnitID_ProviderName_MonthYear.mdb"

All providers, changing their information systems, must send a test file for evaluation to DSAMH's MIS Unit prior to going "live" with their system. We will not report your agency as up-to-date with submissions until a test file passes a system audit and is approved by DSAMH.

DSAMH's MIS Unit makes extensive use of two data tables: "Codes" and "Referral" to test values in the submitted CRF. Developers may use the DSAMH Codes and Referral tables to simplify edit check programming or to code lookup algorithms. The tables are described in Appendix II. Contact DSAMH's MIS Unit if you wish to get copies of these tables.

If you have any questions about the definitions of items or codes, call immediately; we want these descriptions to be as clear as possible.

Date field sizes throughout this document follow the convention of being 8 characters in length. We require the century be included as part of the date, i.e., 1/1/2000 rather than 1/1/00. Other code languages must also capture the date century. The Division will not assume that 1/1/00 means January 1, 2000. ASCII files must present dates as text in "YYYYMMDD" format.

If anything is not clear in this document, you may want to look at the Consumer Reporting Form or its instruction manual. Always feel free to call.

Submission of data to the State:

The CRF e-file must be accompanied by the appropriate DSAMH PROGRAM MONTHLY REPORT - OUTPATIENT, or DSAMH PROGRAM MONTHLY REPORT - RESIDENTIAL, or DSAMH PROGRAM MONTHLY REPORT - INPATIENT. The Program Monthly Report is used to verify census counts in the submitted CRF e-file. We will not report your agency as up to date with submissions, even if you have sent a CRF e-file, unless it is accompanied by a PMR.

The CRF episode file that you send to the State will always contain two records for each consumer. The first or initial record will contain the information as it stood at the beginning of treatment. The second record will contain either the current information or the information as it stands at the end of treatment. It is possible that for a new admission, the current record will be identical to the admission record, except for the CONTEXT field. Even so, we must receive both an Admission and a Current or Discharge record.

The file will contain information about everyone who is currently active or has been discharged in less than 19 months. If the discharged date is more than 18 months old, the sites may stop sending information about the event. This allows us to receive corrected and/or updated data for up to 18 months (based on discharge date).

DSAMH IS calculates the 18 month submission period inclusively: that is for a submission ending July 31, 2015 any discharge that occurred on or before January 31, 2014 may be excluded from the submission.

Our system takes your submission, matches it against our master files and will either update the record in our master files or insert new records into the master files. Thus your submission is capable of correcting an admission or current/discharge record if you find an error in an earlier submission. Your submission will also be able to update the current status of an episode as well as adding a new episode to our master files. Once an episode pair of records is inserted into our master files they are retained permanently.

The implication of this scheme for the data entry program is that your software must make a distinction between modifying a consumer's status at the time of admission and adding new updated information that reflects the current status of the consumer. It must also provide for maintaining the two records for 18 months after discharge and then, if you choose, discontinuing submission of those records.

Special Note about Key Fields: Treatment Unit ID (**TXUNITID**), Master Consumer Identifier (**MCI**) and Admission Date (**ADMDATE**) are included in the key fields used by the DSAMH master tables. It is not uncommon for one of these values to be corrected in a submission. When one or more of these key field values are corrected they will not be matched with the previously submitted episode and will be entered into our master tables as a new episode. The previous episode will be "left behind" in our master tables and will thus show as an increase in your census, invalidating the Program Monthly Report submitted with the e-file.

When you have submitted an episode's data to DSAMH, and in a later submission correct the Treatment Unit ID, MCI or Admission Date, please send a note along with the submission so we can correct the data in our master tables before processing your submission. Thus there will be no invalid Program Monthly Report and your submission will pass our initial quality checking routines. If we consistently see "left behind" records, because you have not notified us of key field changes, we will cease reporting your agency as up to date with submissions until you set up a procedure to notify us of such changes.

There is no requirement to submit an assessment record via any kind of e-file. This specification describes only the CRF episode record pair required by DSAMH.

Transfers:

When a person transfers from one treatment unit to another within an agency, a discharge CRF record pair must be reported for the sending treatment unit, and an admission CRF record pair must be reported for the receiving treatment unit. Internal transfers may **not** take place on the same date: The discharge date for the transferring program must be, at least, the day before the admission date for the receiving program.

There are several data record requirements for internal transfers, done electronically by your system:

- The receiving unit must show an admission date at least one day after the sending units discharge date.
- The sending units DESTIN1 field must show the receiving units referral code. The sending unit must show "T" for transferred in the DISTYPE1 field.
- The receiving unit must show the sending units referral code in the SOURCE field.

WE DO NOT REQUIRE A CRF FOR A PROBATIONARY ADMISSION. ALL SITES WILL FILL OUT THE CRF WHEN A FULL-FLEDGED ADMISSION TAKES PLACE.

ADMISSION/CURRENT or DISCHARGE RECORD:

Rules for field types:

C - Character or Text field: Left justified and all CAPs. Some systems may refer to Character fields as Text or Variable Character fields.

Ex.: LASTNAME is Smith: "SMITH"

(ASCII text file submitters must pad these fields with spaces:

Ex.: LASTNAME is Smith: "SMITH"

D - Date field: Must indicate century portion of year. Some systems may refer to date fields as Date/Time fields. If your system has Date/Time fields, we only want the date portion. Including the time portion in your submission may result in an import failure.

N - Numeric field: Integers or fixed decimal. Numbers are assumed to be positive. A minus (-) must indicate a negative number. If a decimal length is indicated, the decimal point takes up one of the places in the length. For instance, Len/Dec given as 8/2 means the field has a total of 8 places; one is occupied by the decimal point with 2 places to the right of the decimal point and 5 places to the left of the decimal point as in 99999.99. Keep in mind also, the minus (-) indicator for negative numbers will take one of the Length spaces.

All fields except MIDINITIAL and DESIGNATOR must contain data or the coded values indicated in the field description. Except for these two fields there may be no blank or null values. All fields must be filled with data or coded values for None or Unknown. (ASCII text file submitters must plug these fields with a space in MIDINITIAL and three spaces in DESIGNATOR if no data is reported in these fields.)

The **CRF field specification** chart begins on the next page.

Field Name	Type, Length/Decimal(if numeric)
MCI Key Field	C, 10 Master Consumer Identifier: this MUST be filled in with a legitimate MCI number supplied by the State. Field must be right justified and left padded with 0's (zero's) to fill the 10 space field. None, Unknown and Not Collected codes not permitted. Allowable Characters: Numbers only, 0 - 9 Examples: "0000123456", "0007654321" MCI must be the same on both the Admission and the Current/Discharge records. CRF Prompt: Page 1 and 2: "MCI #"
TXUNITID Key Field	C, 9 Treatment Unit ID supplied by DSAMH: this MUST be filled with an id provided by the State. Allowable Characters: Numbers 0 - 9 with a hyphen in the 7th place as: "123456-89" None, Unknown and Not Collected codes not permitted. TXUNITID must be same on both the Admission and the Current/Discharge records. CRF Prompt: Page 1 and 2: "Treatment Unit ID #"
LASTNAME	C, 25 Consumer last name. Allowable characters are A through Z, dash(-), space, apostrophe(') and period. UNKNOWN if applicable. LASTNAME must be the same on both the Admission and the Current/Discharge records. Note: If consumer's change their name midway through a treatment episode, we expect their new name on the episode record pair. We do not maintain a history of name changes. We do not want you to change their name on previous episodes. CRF Label, Page 1: "Last Name"
FIRSTNAME	C, 25 Consumer first name. Allowable characters are A through Z, dash(-), space, apostrophe(') and period. UNKNOWN if applicable. FIRSTNAME must be the same on both the Admission and the Current/Discharge records. See note in

LASTNAME.

CRF Label, Page 1: "First Name"

MIDINITIAL

C, 1

Consumer middle initial. Allowable characters are A through Z. May be left blank but filled with a space.

MIDINITIAL must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "M.I."

DESIGNATOR

C, 3

Genealogic or honorific tag such as Jr., Esq, III, etc. Any text acceptable. May be left blank but filled with three spaces.

DESIGNATOR must be the same on both the Admission and the Current/Discharge records.

CRF Prompt: No prompt for this data element.

ADDRESS

C, 30

Additional line for consumer's address. This line should contain the consumer's development or apartment building name.

NONE or UNKNOWN if applicable.

CRF Prompt: No prompt for this data element.

STREET

C, 30 **(OPTIONAL)**

The consumer's current address.

NONE or UNKNOWN if applicable.

CRF Label, Page 1: "Street"

CITY

C, 20

City of consumer's current address.

NONE or UNKNOWN if applicable.

CRF Label, Page 1: "City"

STATE

C, 2

State of consumer's current address. Use the U.S.P.S. standard 2 character abbreviations. These are listed in the DSAMH Codes table or can be obtained from any Post Office.

U-UNKNOWN

CRF Label, Page 1: "State"

ZIP C, 10
The consumer's ZIP code. The 5 digit ZIP code is required. The Plus-Four portion should be filled if available. If the Plus-Four is not available, fill with -0000.
99999-9996 if Zip code is none
99999-9997 if Zip code is unknown
CRF Label, Page 1: "ZIP"

COUNTY C, 1
Fill with one of these codes:
N New Castle
K Kent
S Sussex
O Out of state
U Unknown
CRF Label, Page 1: "County"

HOMEPHONE C, 13 **(OPTIONAL)**
Consumer's home phone number. The Area Code is required. Note, the "(" and "-" are stored with the phone number.
(999)999-9996 None
(999)999-9997 Unknown
CRF Label, Page 1: "Home Telephone"

ADMDATE D, 8
Key Field Admission Date - The date of admission to your program must be filled in. If the person was in your program all along but is now coming under the DSAMH purview, this admission date should reflect that fact.
No future dates, no unreasonably old dates.
ADMDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "DSAMH Admission Date Leave Blank Until Admission"

BIRTHDATE D, 8
Consumer's date of birth. The date should put the person, on the admission date, at an age between 18 and 80 although we do allow for exceptions. No future dates, no blanks.
07/07/2777 Unknown
BIRTHDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Birthdate"

SSN C, 11
Consumer's Social Security number. Note, the hyphens are stored with the number.
999-99-9997 Unknown
SSN must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "S.S.#"

MEDICAREID C, 11
Consumer's Medicare id. Often the last (right most) character is a blank, as "123456789M ". Sometimes the Medicare ID fills all 11 spaces, such as "123456789C1".
999999996N None
999999997U Unknown
MEDICAREID must be the same on both the Admission and the Current/Discharge records, even if the consumer became Medicare eligible during treatment.

CRF Label, Page 1: "Medicare"

GENDER C, 1
Consumer's gender.
M Male
F Female
U Unknown
GENDER must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Gender"

RACE C, 2
Consumer's racial identification.
AA American Indian/Alaskan Native
AP AA Plus Other Race(s)
BL Black/African American
BP BL Plus Other Race(s)
CA White/Caucasian
CP CA Plus Other Race(s)
HA Native Hawaiian/Oth Pacific Is
HP HA Plus Other Race(s)
MU Multi-racial, unspecified
PA Asian
PP PA Plus Other Race(s)
U Unknown
RACE must be the same on both the Admission and

the Current/Discharge records.
CRF Label, Page 1: "Racial Identification"

ETHNICITY C, 1
Consumer's Hispanic or Latino identification.
P Puerto Rican
M Mexican
C Cuban
O Other Hispanic or Latino Origin
N Not of Hispanic or Latino Origin
U Unknown
ETHNICITY must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Hispanic/Latino"

MARITAL C, 1
Consumer's marital status.
M Married
S Single - never married
D Divorced
X Xeparated
W Widowed
U Unknown
CRF Label, Page 1: "Marital Status"

LANGUAGE C, 1
Consumer's primary language.
E English
S Spanish
M M Sign (Manual) Language
O Other
U Unknown
CRF Label, Page 1: "Primary Language"

RESIDENCE C, 2
Consumer's residential arrangement
PU Private house/residence - unsupervised
PS Private house/residence - supervised
FC Adult foster care
BH Boarding house/SRO
GU Group setting/community residence - unsupervised
GS Group setting/community residence - supervised
NH Nursing home/ICF or SNF facilities
CJ Corrections facility/Jail
I Other institution
O Other
N None - on street/in a shelter/homeless

U Unknown
CRF Label, Page 1: "Residential Arrangement"

VETERAN

C, 2
Consumer's Veteran Status or Military Service
VP Veteran/Previous Military Service (Includes active National Guard and Reserve duty.)
AD Active Duty
FM ImmEDIATE FAMILY MEMBER of Military or Veteran (Immediate family member means a partner, spouse, child, parent or sibling.)
NA None of the Above
U Unknown
CRF Label, Page 1: "Veteran Status"

HINSKIND

C, 1
Consumers health insurance - the kind of primary carrier.
M Medicare
A Medicaid
E Delaware Managed Medicaid MCO
C CHAMPUS
B Blue Cross/Blue Shield
V VA
H HMO (service contract)
G Other government funds for care
P Other private commercial health insurance
O Other
N None
U Unknown
CRF Label, Page 1: "Prim. Health Insurance"

GRADE

C, 2
Highest grade of schooling the consumer completed.
01-08 first through eighth grades respectively
09 Completed Freshman year of high school
10 Completed sophomore year of high school
11 Completed junior year of high school
12 Completed senior year of high school
13 Completed freshman year in college/1 yr. post secondary
14 completed sophomore year in college/2 yrs. post secondary
15 Completed junior year in college/3 yrs. post secondary
16 Completed senior year in college/4 yrs. post secondary
17 Completed graduate school at the masters level

18 Completed graduate school at the PhD./MD. level

19 Completed post doctoral work

96 Never completed any grade higher than preschool or kindergarten

97 Unknown

CRF Label, Page 1: "Education Write in Highest Grade Completed"

TRAINING

C, 1

Field Expired, (data no longer needed for reporting, us "Z" Not Collected)

SCHOOL

C, 1

Field Expired, (data no longer needed for reporting, us "Z" Not Collected)

PRIMEEMPLOY

C, 1

Consumer's primary employment - The primary employment or source of earned income within the 30 days prior to admission or discharge. If there is no earned income, this is the primary daily activity. If consumer is a student and works part time, mark part time here and student under secondary employment. If consumer is a student and does not work, mark student here and secondary employment becomes none.

F Full time

P Part time

E Sheltered Non-Competitive (MH Only)

M Military armed forces, active duty (active reserves, reserves)

L Unemployed - looking for work

N Unemployed - not looking

D Disabled/unable to work

H Homemaker

S Student

R Retired

I Inmate/resident of institution

V Volunteer

O Other

U Unknown

CRF Label, Page 1: Admission Report: "Consumer's primary employment 30 days prior to admission."

CRF Label, Page 1: Discharge Report: "Consumer's primary employment 30 days prior to discharge."

SECEMPLOY C, 1
Field Expired, (data no longer needed for reporting, us "Z" Not Collected)

LEGALINVOL C, 2
Consumer's current legal involvement in the judicial/corrections system.
CP Charges pending
SP Convicted - Sentence pending
UP Sentenced - Unsupervised probation (SENTAC I)
FS Sentenced - Field supervision (SENTAC II)
IS Sentenced - Intense supervision (SENTAC III)
QI Sentenced - Quasi-incarceration (SENTAC IV)
CJ Sentenced - Prison/ corrections/ jail (SENTAC V)
HX History of legal involvement but not current
N None
U Unknown
CRF Label, Page 1: "Current Legal Involvement"

CONTACT1ST D, 8
Consumer's date of first contact with agency. This date should be on or before the admission date. No future dates, no unreasonably old dates, no blanks.
07/07/2777 Unknown
CONTACT1ST must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 2: "Date of First Contact"

HHINCSRC C, 2
Primary source of consumer's income.
SS Social Security
SI SSI
SD SSDI
VD VA - Disability
VR VA- Retirement
UI Unemployment insurance
IL Illegal
E Employment
S Spouse
F Family/friends
A AFDIC
G General assistance
P Pension/retirement income (IRA, KEOGH, SEP,

ESOP)

W Workman's comp.

D Private disability insurance

I Investments/savings

O Other

N None

U Unknown

CRF Label, Page 1: "Consumer's Primary Source of
Income"

HHINCGROSS

N, 6

Gross consumer income per year.

Take the total from the last 12 months, if
available, or if not, the last calendar (tax)
year.

1 - 999995

999996 None

999997 Unknown

999999 is not permitted. If the consumer makes
over \$999,995 annually, use 999995.

CRF Label, Page 1: "Consumer's Gross Income Per
Year"

HHINCDPEND

N, 2

Number of persons dependent on consumer's income.
Will always be at least 1 even if the consumer
had no income. Report an average number if the
household members vary regularly.

1 - 20

97 Unknown

99 is not permitted. If the consumer has 95 or
more dependents, use 95.

CRF Label, Page 1: "Number Dependent on
Consumer's Income"

PREGNANT

C, 1

Is consumer currently pregnant?

Y Yes

N No

U Unknown

CRF Label, Page 2: "Currently Pregnant"

NEEDLEUSE

C, 1

Injection drug use ever?

Y Yes

N No

U Unknown

If the Admission record shows "Y", then the
Current/Discharge record must show "Y".

CRF Label, Page 2: "Injection Drug User Ever"

DRUGS

C, 1
Alert - History of Substance Abuse
S Self-Report History of Drug Abuse
N No History Of Drug Abuse
U Drug Abuse Unknown

CRF Label, Page 2: "Alerts - History of Substance Abuse"

SCREEN

C, 1
Screening for History of Trauma
P Positive
N Negative
U Unknown

CRF Label, Page 2: "Alerts - History of Substance Abuse"

ASSESS

C, 1
Assessing Trauma History for Mental Health
(Creating a Trauma-Informed System of Care)
P Positive
N Negative
U Unknown

CRF Label, Page 2: "Alerts - History of Substance Abuse"

MENTALILL

C, 1
Alert - History of Mental Illness
If applicable,
N No History of Mental Illness Reported
C Clinician Reported Mental Illness History
S Self-Reported Mental Illness History
U Unknown Mental Illness History

CRF Label, Page 2: "Alerts - History of Mental Illness"

PSYCHDIS

C, 1
Alert - Psychiatric disability
If applicable,
C Clinician Reported Psychiatric Disability
S Self-Reported Psychiatric Disability
N No Psychiatric Disability Reported
U Unknown

CRF Label, Page 2: "Alerts - Psychiatric Disability"

TB

C, 1
Alert - Active tuberculosis
If applicable,
C Clinician Reported Tuberculosis
S Self-Reported Active Tuberculosis
N No Active TB
U Unknown
CRF Label, Page 2: "Alerts - TB Active"

TBHS

C, 1
Alert - History of tuberculosis
If applicable,
C Clinician Reported History of Tuberculosis
S Self-Reported History of Tuberculosis
N No History of TB
U Unknown

CRF Label, Page 2: "Alerts - TB History"

GAMBLEHX

C, 1
Alert - History of Pathological Gambling
If applicable,
N No Pathological Gambling Reported
C Pathological Gambling History
U Unknown Gambling History

CRF Label, Page 2: "Alerts - Gambling History"

NOTE: CRF Label, Page 1: "Alert - None"
If this box on the form is checked and none of the other boxes are, all other Alert items would be marked with an N No - this consumer has no Alerts set.

FREQSUPP

N, 2
Number of times the client attended self-help programs 30 days prior to admission or 30 days prior to discharge, as is appropriate. The allowed values range from 00 to 95
97 Unknown
99 is not permitted. If consumer attended self-help groups 95 or more times prior to admission or discharge, use 95.
CRF Label, Admission Report: "Frequency of attendance at self-help programs 30 days prior to admission." CRF Label, Discharge Report:

"Frequency of attendance at self-help programs 30 days prior to discharge."

DRUG1

C, 2
Primary substance of abuse type
AL Alcohol
CO Cocaine
CR Crack
ME Methamphetamine
AM Other Amphetamines
OS Other Stimulants
HE Heroin
OP Other Opiates and synthetics
MD Non-prescription Methadone
BA Barbiturates
SE Other Sedatives or hypnotic
BE Benzodiazepine
TR Major Tranquilizers
CS Cough syrups and mixtures
MA Marijuana/hashish
PC PCP
LS LSD
HA Other hallucinogens
IN Inhalants
ST Steroids
OC Over-the-counter
O Other
N None
U Unknown

CRF Label, Page 2: "Alcohol & Drug Use Matrix"

FREQ1

C, 1
Frequency of use of primary drug (DRUG1)
N No use in past month
I Infrequent (1 - 3 times in the past month)
O Often (1 - 2 times per week/4 - 8 times per month)
F Frequently (3 - 6 times per week/12 - 24 times per month)
D Daily
M More frequently than daily (2 or more times per day)
U Unknown

CRF Label, Page 2: "Alcohol & Drug Use Matrix"

ROUTE1

C, 1
Route of administration of primary drug (DRUG1)
M Mouth (swallow)

S SSmoke
B Breath/inhale/snort
V Intravenous
I Other injection (intramuscular or skin pop)
O Other
N None
U Unknown
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

AGEBEGN1 N, 2/0
Age of first use of primary drug (DRUG1)
-1 Newborn
1 - 95
96 None
97 Unknown
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

DRUG2 C, 2
Secondary substance of abuse type.
See DRUG1 for codes.

FREQ2 C, 1
Frequency of use of secondary drug(DRUG2)
See FREQ1 for codes.

ROUTE2 C, 1
Route of administration of secondary drug(DRUG2)
See ROUTE1 for codes.

AGEBEGN2 N, 2/0
Age of first use of secondary drug(DRUG2)
See AGEBEGN1 for codes.

DRUG3 C, 2
Tertiary substance of abuse type.
See DRUG1 for codes.

FREQ3 C, 1
Frequency of use of tertiary drug(DRUG3)
See FREQ1 for codes.

ROUTE3 C, 1
Route of administration of tertiary drug(DRUG3)
See ROUTE1 for codes.

AGEBEGN3 N, 2/0
Age of first use of tertiary drug(DRUG3)
See AGEBEGN1 for codes.

ADMTYPE C, 1
Admission type.
V Voluntary admission
C Civil order
J Judicial (court) order
N None
U Unknown
ADMTYPE must be the same on both the Admission
and the Current/Discharge records.

CRF Label, Page 2: "Admission Type (Leave Blank
Until Admitted"

PREVTXMH C, 1
Alert - Previous Treatment for Mental Health,
prior to this episode
If applicable,
Y Yes
N No
U Unknown
PREVTXMH must be the same on both the Admission
and the Current/Discharge records.

CRF Label, Page 2: "Previous Tx for MH"

PREVTXAD C, 1
Alert - Previous Treatment for Substance Abuse,
prior to this episode
If applicable,
Y Yes
N No
U Unknown
PREVTXAD must be the same on both the Admission
and the Current/Discharge records.

CRF Label, Page 2: "Previous Tx for Alc. & Drugs"

SOURCE C, 5
Referral source/agency
Select the Referral Code for the referring agency
from the DSAMH Referral Agency List.
SOURCE must be the same on both the Admission and
the Current/Discharge records.

CRF Label, Page 2: "Source/Agency Code"

ADMREFTYPE

C, 1

Is this a Transfer or Referral?

T Transferred - Responsibility for this consumer's treatment was relinquished by the transferring treatment unit and acquired by this treatment unit.

R Referred - The referring treatment unit called to set up the first appointment and informed the consumer of same.

S Self-referred - The consumer was primarily responsible for establishing contact with this treatment unit.

U Unknown

ADMREFTYPE must be the same on both the Admission and the Current/Discharge records.

CRF Label: There is no prompt for this on the CRF form.

PROBLEM1

C, 2

The consumer's primary presenting problem.

AB Abuse/assault/rape Victim

AC Acting Out/uncontrollable

AD Unspecified Alcohol/drug (obs)

AL Alcohol

AX Anxiety/fears/phobias

CJ Criminal Justice

DE Depression Or Mood Disorder

DL Problems Coping W/ Daily Life

DO Danger To Others

DR Drug

DS Danger To Self (not Suicide)

EA Eating Disorder

FA Family Problem

FD Physical Function Disturbance

FI Financial

GA Gambling

HA Hallucinations/delusions

IM Impaired Memory/disoriented

MA Marital Problem

MD Medical Problem

N None

O Other

OB Obsessions/compulsions

PA Paranoid Feelings

PC Parent-child Problem

RU Runaway Behavior

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SO Somatic Concern
SR Social Relations (not Family)
SU Suicide Threat/attempt
SX Sexual Problems
TH Thought Disorder
U Unknown
CRF Label, Page 2: "Presenting Problem - Primary"

PROBLEM2

C, 1
Field Expired, (data no longer needed for
reporting, use "Z" Not Collected)

PROBLEM3

C, 1
Field Expired, (data no longer needed for
reporting, use "Z" Not Collected)

PAYS

C, 1
Expected source of payment
A Medicaid (Title XIX)
B Blue Cross/Blue Shield
C CHAMPUS
D DSAMH
E Delaware Managed Medicaid MCO
G Other Government
H HMO (Service Contract)
I Individual Resources
M Medicare (TITLE XVIII)
N None, Provider Absorbs Costs
O Other
P Private Commercial Insurance
S SENTAC
U Unknown
V Veterans Administration
W Worker's Compensation
CRF Label, Page 2: "Expected Source of Payment"

TXEND

D, 8
Date of last service
No future dates, no unreasonably old dates, no
blanks.
06/06/2666 None
07/07/2777 Unknown

CRF Label, Discharge Report, Page 2: "Date of
Last Service"

DISDATE D, 8
Discharge date
No future dates, no unreasonably old dates, no blanks.
Note: If consumer is discharged, the DISDATE must be filled on both the A and D records. If the consumer is still active, fill both A and C records DISDATE with 06/06/2666.
06/06/2666 Not discharged
DISDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Discharge Report, Page 2: "DSAMH Discharge Date"

DISREASON C, 1
Discharge reason
G Program at this facility completed - All goals met
S Program at this facility completed - Some goals met
E Eligibility has lapsed, no longer eligible
D Consumer died
F Failure to meet program requirements
A Admistrative discharge, lost contact
C Corrections, jail
R Refused service
T Treatment continued in another program
O Other
U Unknown
X Not applicable (not discharged)

CRF Label, Discharge Report, Page 2: "Discharge Reason"

DYSIMPROVE C, 1
Field Expired, (data no longer needed for reporting, use "Z" Not Collected.

DEPIMPROVE C, 1
Drug Use Reduced
Y Yes
N No
U Unknown
X Not applicable (not discharged or not an A&D client)

CRF Label, Discharge Report, Page 2: "Drug Use
Reduced"

DESTIN1

C, 5
Primary destination agency code.
See SOURCE for codes.
N None, consumer is not discharged

CRF Label, Discharge Report, Page 2: "Primary
Destin/Agency Code"

DISTYPE1

C, 1
Discharge referral type for primary
destination(DESTIN1)
T Transferred - Responsibility for this
consumer's treatment was relinquished by this
agency and acquired by another agency.
R Referred - This agency called to set up the
first appointment and informed the consumer of
same.
A Additional services were advised but a transfer
or referral was not done
N No additional services were advised
U Unknown
X Not applicable (not discharged)

CRF Label, Discharge Report, Page 2: No label,
select from list beneath DESTIN1

DESTIN2

C, 5
Secondary destination agency code.
See DESTIN1 for codes.

CRF Label, Discharge Report, Page 2: "Second.
Destin./Agency Code"

DISTYPE2

C, 1
Discharge referral type for secondary
destination(DESTIN2)
See DISTYPE1 for codes.

CRF Label, Discharge Report, Page 2: No label,
select from list beneath DESTIN2

DESTIN3

C, 5
Tertiary destination agency code.
See DESTIN1 for codes.

CRF Label, Discharge Report, Page 2: "Tertiary

Destin./Agency Code"

DISTYPE3

C, 1
Discharge referral type for tertiary
destination(DESTIN3)
See DISTYPE1 for codes.

CRF Label, Discharge Report, Page 2: No label,
select from list beneath DESTIN3

THERAPIST

C, 6
ID of Primary therapist
May contain alpha/numeric characters. Left
justify and pad with 0's as: "120000" or "SMITH0"
None or 999996 None
Unknown or 999997 Unknown
CRF Label, Page 2: "Primary Therapist"

STAFFID

C, 6
ID of Person completing this CRF. This may or
may not be the ID of the person entering the CRF
into a data system. May contain alpha/numeric
characters. Left justify and pad with 0's as:
"120000" or "SMITH0"
None or 999996 None
Unknown or 999997 Unknown
CRF Label, Page 2: "Person Completing Form"

FORMDONE

D, 8
Date of completion - date the CRF was completed
or, for those entering the CRF directly into a
computer, the date the record was entered. The
FORMDONE date on the Admission record should be
on or after the Admission date. On the Discharge
record, it should be on or after the Discharge
date.
CRF Label, Page 2: "Date of Completion"

CONTEXT

Key Field

C, 1
Context of the data in this record.
A Admission
C Current
D Discharge
There will always be an Admission (CONTEXT = "A")
record in the submitted data. Each Admission
record will **be paired with either a Current**
(CONTEXT = "C") record or a Discharge (CONTEXT =
"D") record.
There is no label for this on the CRF.

RECORDDONE D, 8
Date this record was created and/or inserted into the file to be sent to DSAMH. If the CRF submission file is created new for each submission, this date is the date the file was created. (Note the paired D's in RECORDDDONE) There is no label for this on the CRF.

TXMODE C, 2
Modality of treatment for this consumer.
AD Alcohol/Substance Abuse
MH Mental Health
DU Dual
GA Gambling
TXMODE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Modality (Select Only One)"

NUMARRESTS N, 2
Number of Arrests within the last 30 days
0 - 95
97 Unknown
99 is not permitted. If consumer had 95 or more arrests during the past 30 days, use 95.
CRF Label, Admission Report: "Number of times the consumer was arrested 30 days prior to admission."
CRF Label, Discharge Report: "Number of times the consumer was arrested 30 days prior to discharge."

SOCSUP C, 1
Social Support/Connectedness
"Y" Yes
"N" No
"U" Unknown
CRF Label, Admission Report: "Was Consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to admission?"
CRF Label, Discharge Report: "Was Consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to discharge?"

HOMELESS

C, 1
Homeless at any time during the past 30 days
"Y" Yes
"N" No
"U" Unknown

CRF Label, Admission Report: "Was the consumer
homeless at any time during the 30 days prior to
admission?"

CRF Label, Discharge Report: "Was the consumer
homeless at any time during the 30 days prior to
discharge?"

Special Note for Axis I, Axis II and Axis III
diagnosis codes: These fields contain a text or
character value that looks like a number. The
dot, ".", is stored with the data in the fields.
We require a Diagnosis Code specifically listed
in the DSM-V or ICD-10 CM. "x" codes are not
permitted, such as "555.x " or "555.xx".

AXI1

C, 10
A ICD-10 diagnosis code.
999.97 Unknown
CRF Label, Page 1: "Axis 1: Clinical Disorders"
and
CRF Psychiatric Diagnosis: "Axis I: Clinical
Disorders"

AXI2

C, 10
A ICD-10 diagnosis code.
999.97 Unknown
CRF Label, Page 1: "Axis 1: Clinical Disorders"
and
CRF Psychiatric Diagnosis: "Axis I: Clinical
Disorders"

AXI3

C, 10
A ICD-10 diagnosis code.
999.97 Unknown
CRF Label, Page 1: "Axis 1: Clinical Disorders"
and
CRF Psychiatric Diagnosis: "Axis I: Clinical
Disorders"

AXIII1

C, 10
A ICD-10 diagnosis code.
999.97 Unknown

CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXII2 C, 10
A ICD-10 diagnosis code.
999.97 Unknown
CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXII3 C, 10
A ICD-10 diagnosis code.
999.97 Unknown
CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXPRIME C, 10
The ICD-10 diagnosis which is considered the primary diagnosis. The diagnosis entered here must also appear in one of the Axis I or Axis II fields.
999.97 Unknown
CRF Admission/Discharge Report, Page 1: Indicate by entering the Primary DX in the first set of blocks.
CRF Psychiatric Diagnosis: Indicate by checking one of the blocks next to the DX.

AXIII1 C, 10 (Optional)
An ICD-10 code from the ICD-10-CM Diagnostic Codes.
999.96 None
999.97 Unknown
CRF Psychiatric Diagnosis: "Axis III: General Medical Conditions"

AXIII2 C, 10 (Optional)
See AXIII1 for codes.

AXIII3 C, 10 (Optional)
See AXIII1 for codes.

AXIII4 C, 10 (Optional)
See AXIII1 for codes.

AXIII5 C, 10 (Optional)
See AXIII1 for codes.

AXIVSUPG C, 1 (Optional)

The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
primary support group.
Y Yes
N No Problem/Not Collected
U Unknown
CRF Psychiatric Diagnosis: "Axis IV: Psychosocial
and Environmental Problems"

AXIVSOCE C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
social environment.
See codes for AXIVSUPG.

AXIVEDU C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
education.
See codes for AXIVSUPG.

AXIVOCUP C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
occupation.
See codes for AXIVSUPG.

AXIVHOUS C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
housing.
See codes for AXIVSUPG.

AXIVECON C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
economic status.
See codes for AXIVSUPG.

AXIVHEAL C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
access to health care services.
See codes for AXIVSUPG.

AXIVLEGAL C, 1 (Optional)

The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
involvement with legal system/criminal justice
system.
See codes for AXIVSUPG.

AXIVOTHER C, 1 (Optional)
The presence of an Axis IV
Psychosocial/Environmental stressor: Consumer's
other psychosocial/environmental problems.
See codes for AXIVSUPG.

AXV C, 3 (Optional)
The DSM-V Axis V Global Assessment of Functioning
(GAF).
000 - 100
996 None
997 Unknown
CRF Psychiatric Diagnosis: "Axis V: Global
Assessment of Functioning Scale Score"

AXDXDATE D, 8
The date this DSM-V diagnosis was made.
No future dates, no unreasonably old dates, no
blanks.
07/07/2777 Unknown
CRF Psychiatric Diagnosis: "Date"

AXTIMEFRAM C, 1
The DSM-V defined time frame of the GAF (AXV
field).
A At admission
C Current
D At discharge
M Highest level last 6 months
N None
O Other
U Unknown
Y Highest level last year
CRF Psychiatric Diagnosis: "Time Frame"

AXTIMETEXT C, 30
The text description of the Axis V time frame
(AXTIMEFRAM).
If AXTIMEFRAM is "O", this field may contain any
descriptive text pertaining to the time frame,
otherwise it must contain the description of the
AXTIMEFRAM code.
AT ADMISSION

CURRENT
AT DISCHARGE
HIGHEST LEVEL LAST 6 MONTHS
NONE
OTHER
UNKNOWN
HIGHEST LEVEL LAST YEAR
CRF Psychiatric Diagnosis: "Time Frame Other"

AXSTAFFID

C, 6
The ID of the Treatment Unit staff member who
made this diagnosis.
None or 999996 None
Unknown or 999997 Unknown
CRF Psychiatric Diagnosis: "Physician
Formulating/Confirming Diagnosis"

Appendix II - Codes and Referral Tables

Codes

Fields relevant to CRF edit checks:

Field Name/Type/	Use in edit check
FIELDNAME/C/10	The CRF field to be checked. Each text field is represented in the Codes table, such as DRUG1, DRUG2, DRUG3, PROBLEM1, PROBLEM2 and PROBLEM3, etc. even though the valid code list for these fields are the same. Fields of type Date and Number are not included in the Codes table.
CODEVALUE/C/3	Valid code values, including None and Unknown values.
DESCRIP/C/30	Label describing the code value.

The remaining fields in the Codes table are not relevant to CRF edit checking and are used by DSAMH only.

Referral

Fields relevant to CRF edit checking:

Field Name/Type/Width	Use in edit checking:
REFCODE/C/5	The referral agency code used in CRF fields SOURCE, DESTIN1, DESTIN2, DESTIN3
DESCRIP/C/40	The agency name
START/D/8	The date the agency started. Used to check referral dates made before the agency started.
ENDD/D/8	The date the agency ceased accepting referrals. Used to check referral dates made after the agency ceased accepting referrals. The coded date 6/6/2666 indicates the agency is still accepting referrals.
TXUNITID/C/9	The Treatment Unit Id of this agency. Not all agencies have a Treatment Unit Id. Used in CRF field TXUNITID.
LONGTXUNIT/C/120	A more complete name of this agency. May be used on printed reports, however DESCRIP is usually sufficient for this purpose.

The remaining fields in the Referral table are not relevant to CRF edit checking and are used by DSAMH only.

Corrections to current documentation

TXEND must be the same on both the Admission and the Current/Discharge records.
DISREASON must be the same on both the Admission and the Current/Discharge records.
DYSIMPROVE must be the same on both the Admission and the Current/Discharge records.
DEPIMPROVE must be the same on both the Admission and the Current/Discharge records.
DESTIN1 must be the same on both the Admission and the Current/Discharge records.
DISTYPE1 must be the same on both the Admission and the Current/Discharge records.
DESTIN2 must be the same on both the Admission and the Current/Discharge records.
DISTYPE2 must be the same on both the Admission and the Current/Discharge records.
DESTIN3 must be the same on both the Admission and the Current/Discharge records.
DISTYPE3 must be the same on both the Admission and the Current/Discharge records.