DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health
1901 North DuPont Highway, New Castle, Delaware 19720

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 November 30, 2016

Summary of Changes

Additions to FIELDS & CODES:

GENDER: T Transgender (MALE→FEMALE)
            W Transgender (FEMALE→MALE)

PAYS: D DSAMH
(PAYS2)   A Medicaid (Title XIX)
(PAYS3)   M Medicare (TITLE XVIII)
            P Private Commercial Insurance
            O Other

SERVICE: DS DSAMH
            ME Medicaid
            PR Private Insurance

CUSTCHILD: Number of custodial dependent children <=26
            dependent on consumer's income.

SUBSTANCE ABUSE DRUG CODES:
COD_0701:   Codeine
PRO_0702:   Propoxyphene (Darvon)
OXY_0703:   Oxycodone (OxyContin)
MEP_0704:   Meperidine (Demerol)
HYM_0705:   Hydromorphone (Dilaudid)
BUT_0706:   Butorphanol (Stadol)
PEN_0707:   Pentazocine (Talwin)
HYC_0708:   Hydrocodone (Vicodin)
TRA_0709:   Tramadol (Ultram)
BUP_0710:   Buprenorphine (Subutex/Suboxone)

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

These changes are mandatory as of 1/1/17

Table of Contents

Specification:

This document describes the requirements of the CRF file. If you do not have a copy of the revised CRF [*ADM_CRF_2016-11-23 (v4.3)*, *DIS_CRF_2016-11-28 (v4.1)*, and *Diagnosis_CRF_2016-29-11 (v4.1)*]; please contact DSAMH's MIS Unit immediately.

We are now accepting Microsoft Access (2004 thru 2013)",mdb" files or Microsoft Excel (2007 thru 2013) ".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 edit and/or verify programming or to execute 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 7 months. If the discharged date is more than 6 months old, the sites may stop sending information about the event. This allows us to receive corrected and/or updated data for up to 6 months (based on discharge date).

DSAMH IS calculates the 6 month submission period inclusively: that is for a submission ending July 31, 2015 any discharge that occurred on or before January 31, 2015 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 (zeros) 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
T Transgender (MALE→FEMALE)
W Transgender (FEMALE→MALE)
U Unknown
GENDER must be the same on both the Admission and the Current/Discharge records.
CRF Label, Admission Report, 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, Admission Report, 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, Admission Report, Page 1: "Hispanic/Latino"

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

LANGUAGE   C, 1
Consumer's primary language.
E   English
S   Spanish
M   Sign (Manual) Language
O   Other
U   Unknown
CRF Label, Admission Report, 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 Facility
CJ   Corrections Facility/Jail
I   Other Institution
O   Other
N   None/Homeless(on street/in a shelter)
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 Nat. 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
      Consumer's primary health insurance 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: "Primary 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 a grade higher than preschool/K
      97 Unknown
      CRF Label, Page 1: "Education - Write in Highest Grade Completed"

PRIMEMPLOY   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, as this activity is their primary source of earned income. If consumer is a student and does not work, mark student here, as that is their primary daily activity.
F Full time
P Part time
E Sheltered Non-Competitive (MH Only)
M Military Armed Forces (Active Duty/Reserves)
L Unemployed - Looking for work
N Unemployed - Not looking for work
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: "Primary Employment (During Past 30 days)"

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, Admission Report, Page 2: "Date of First

Contact"

HHINCSRC   C, 2
Consumer's primary source of 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 TANF
G General Assistance
P Pension/Retirement Income (IRA, KEOGH, SEP)
W Worker's Compensation
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
Consumer's gross 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 Write in Number (01-20)"

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 Use Ever"

DRUGS   C, 1
History of Substance Abuse
S Self-Reported
C Clinician Reporting
N No History
U History Unknown
CRF Label, Page 2: "Alert Information: History of Substance Abuse"

SCREEN   C, 1
Screening for History of Trauma
P Positive
N Negative
U Unknown
CRF Label, Admission Report, Page 1: "Screening/Assessment of Trauma History"

ASSESS   C, 1
Assessment for History of Trauma
P Positive
N Negative
U Unknown
CRF Label, Admission Report, Page 1: "Screening/Assessment of Trauma History"

MENTALILL   C, 1
History of Mental Illness
S Self-Reported
C Clinician Reporting
N No History
U History Unknown
CRF Label, Page 2: "Alert Information: History of Mental Illness"

PSYCHDIS   C, 1
Psychiatric disability
S Self-Reported
C Clinician Reporting
N None
U Unknown
CRF Label, Page 2: "Alert Information: Psychiatric Disability"

TB   C, 1
Active Tuberculosis
S Self-Reported
C Clinician Reporting
N None
U Unknown
CRF Label, Page 2: "Alert Information: TB Active"

TBHS   C, 1
History of tuberculosis
S Self-Reported
C Clinician Reporting
N No History
U History Unknown
CRF Label, Page 2: "Alert Information: TB History"

GAMBLEHX   C, 1
History of Pathological Gambling
N No Pathological Gambling Reported
C Pathological Gambling History
U Unknown Gambling History
CRF Label, Page 2: "History of Pathological Gambling"

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.
00 - 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, page 2: "Frequency of Attendance at Self-Help Programs 30 Days Prior to Admission."
CRF Label, Discharge Report, Page 2: "Frequency of Attendance at Self-Help Programs 30 Days Prior to Discharge."

DRUG1   C, 2
                   Consumer's primary type of substance abuse.
                   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 Hypnotics
                   BE Benzodiazepines
                   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 Drugs
                   O Other
                   N None
                   U Unknown
                   *CRF Label, Page 2: "Substance Type"; For use in the
                   "Alcohol & Drug Use Matrix
                   (Primary/Secondary/Tertiary)"*

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+ times per day)
                   U Unknown
                   *CRF Label, Page 2: "Frequency of Use"; For use in
                   the "Alcohol & Drug Use Matrix
                   (Primary/Secondary/Tertiary)"*

ROUTE1   C, 1
                Route of administration of primary drug (DRUG1)
                M By Mouth (swallow)
                S Smoke
                B Breath/Inhale/Snort
                V Intravenous
                I Other injection (intramuscular or skin pop)
                O Other
                N None
                U Unknown
                CRF Label, Page 2: "Route of Administration"; For use in the "Alcohol & Drug Use Matrix (Primary/Secondary/Tertiary)"

AGEBEGN1   N, 2
                Age of first use of primary drug (DRUG1)
                -1 Newborn
                01 - 95
                96 None
                97 Unknown
                CRF Label, Page 2: "Age of First Use"; For use in the "Alcohol & Drug Use Matrix (Primary/Secondary/Tertiary)"

DRUG2   C, 2
                Consumer's secondary type of substance abuse.
                See DRUG1 for codes.

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

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

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

DRUG3   C, 2
                Consumer's tertiary type of substance abuse.
                See DRUG1 for codes.

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

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

AGEBEGN3   N, 2
                  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
                  Previous Treatment for Mental Health
                  (prior to this episode)
                  S Self-Reported
                  C Clinician Reporting
                  N None
                  U Unknown
                  **PREVTXMH must be the same on both the Admission and
                  the Current/Discharge records.**
                  *CRF Label, Page 2: "Alert Information: Previous
                  Treatment for MH"*

PREVTXAD   C, 1
                  Previous Treatment for Alcohol and/or Drugs (prior
                  to this episode)
                  S Self-Reported
                  C Clinician Reporting
                  N None
                  U Unknown
                  **PREVTXAD must be the same on both the Admission and
                  the Current/Discharge records.**
                  *CRF Label, Page 2: "Alert Information: Previous
                  Treatment for Alcohol and/or 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, Admission Report, Page 2: "Source/Agency
Code"*

ADMREFTYPE C, 1
Is this a Transfer or Referral?
(Leave blank until admitted)
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, Admission Report, Page 2: "Source/Agency
Code"*

PROBLEM1   C, 2
The consumer's 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
SO   Somatic Concern
SR   Social Relations (NOT Family)
SU   Suicide Threat/Attempt
SX   Sexual Problems
TH   Thought Disorder
U   Unknown
CRF Label, Admission Report, Page 2: "Presenting Problem (See Instructions for Codes)"

PAYS   C, 1
Primary expected source of payment
D   DSAMH
A   Medicaid (Title XIX)
M   Medicare (TITLE XVIII)
P   Private Commercial Insurance
O   Other
CRF Label, Page 2: "Expected Source of Payment"

PAYS2   C, 1
               Secondary expected source of payment
               D DSAMH
               A Medicaid (Title XIX)
               M Medicare (TITLE XVIII)
               V Veterans Administration
               O Other
               CRF Label, Page 2: "Expected Source of Payment"

PAYS3   C, 1
               Tertiary expected source of payment
               C Co-Pay
               T Deductible Percentage
               I Individual/Family
               O Other
               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 facility completed - All goals met
            S   Program at facility completed - Some goals met
            E   Eligibility has lapsed, no longer eligible
            D   Consumer died
            F   Failure to meet program requirements
            A   Administrative discharge, lost contact
            C   Corrections/Jail
            R   Refused service
            T   Treatment continued in another program
            O   Other
            U   Unknown
            CRF Label, Discharge Report, Page 2: "Discharge Reason"

DEPIMPROVE C, 1
            Drug Use Reduced
            Y   Yes
            N   No
            U   Unknown
            X   Not applicable(not discharged/not AD 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 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 DESTIN2.
See DISTYPE1 for codes.
CRF Label, Discharge Report, Page 2: No label

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 DESTIN3
See DISTYPE1 for codes.
CRF Label, Discharge Report, Page 2: No label

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.
NOTE: 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   C, 1
Key Field   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 RECORDDONE)
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   Co-Occurring (DUAL dx)
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
NOTE: 99 is not permitted. If consumer had 95 or more arrests during the past 30 days, use 95.
CRF Label, Admission Report, Page 1: "Number of Arrests 30 Days Prior to Admission."
CRF Label, Discharge Report, Page 1: "Number of Arrests 30 Days Prior to Discharge."

SOCSUP   C, 1
Has the consumer attended Social Support/ Connectedness programs (N.A., A.A., etc.)
Y   Yes
N   No
U   Unknown
CRF Label, Page 2: "Social Support/ Connectedness (Support Groups – NA, AA, etc.)"

HOMELESS   C, 1
Homeless at any time during the past 30 days
Y   Yes
N   No
U   Unknown
CRF Label, Admission Report, Page 1: "Homeless at any time during the 30 days?"
CRF Label, Discharge Report, Page 1: "Homeless at any time during the 30 days?"

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
                First ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXI2   C, 10
                Second ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXI3   C, 10
                Third ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXII1   C, 10
                Fourth ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXII2   C, 10
                Fifth ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXII3   C, 10
                Sixth ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXPRIME   C, 10
                The ICD-10 diagnosis which is considered the
                primary diagnosis. The diagnosis entered here must
                also appear in the AXI1 field.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXIII1   C, 10
                Seventh ICD-10 diagnosis code.
                999.97 Unknown
                CRF Diagnosis: "Diagnostic Code"

AXIII2   C, 10
Eighth ICD-10 diagnosis code.
999.97 Unknown
CRF Diagnosis: "Diagnostic Code"

AXIII3   C, 10
Ninth ICD-10 diagnosis code.
999.97 Unknown
CRF Diagnosis: "Diagnostic Code"

AXIII4   C, 10
Tenth ICD-10 diagnosis code.
999.97 Unknown
CRF Diagnosis: "Diagnostic Code"

AXIII5   C, 10
Eleventh ICD-10 diagnosis code.
999.97 Unknown
CRF Diagnosis: "Diagnostic Code"

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.

AXIVOCCUP   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"

New Fields:

SERVICE	C, 2
	Service of treatment for this consumer.
	DS DSAMH
	ME Medicaid
	PR Private Insurance
	CRF Label, Admission Report, Page 1: "SERVICE (Select Only One)"
	CRF Label, Discharge Report, Page 1: "SERVICE (Select Only One)"

CUSTCHILD	N, 2
	Number of custodial dependent children <=26 dependent on consumer's income.
	00-20
	97 Unknown
	99 is not permitted.
	CRF Label, Page 1: "Number of Custodial Dependent Children <=26"

SA Drug Codes:	C, 1
	Prescription drugs that consumer has abused. (Select All That Apply)
COD_0701	Codeine
PRO_0702	Propoxyphene (Darvon)
OXY_0703	Oxycodone (OxyContin)
MEP_0704	Meperidine (Demerol)
HYM_0705	Hydromorphone (Dilaudid)
BUT_0706	Butorphanol (Stadol)
PEN_0707	Pentazocine (Talwin)
HYC_0708	Hydrocodone (Vicodin)
TRA_0709	Tramadol (Ultram)
BUP_0710	Buprenorphine (Subutex/Suboxone)
	CRF Label, Page 2: "SA Drug Codes (Substance Abuse Only)"

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" - this consumer has no Alerts set.

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:

PROBLEM2 *C, 1*
      *Field Expired***(data no longer needed for reporting)**

PROBLEM3 *C, 1*
      *Field Expired***(data no longer needed for reporting)**

TRAINING *C, 1*
      *Field Expired***(data no longer needed for reporting)**

SCHOOL *C, 1*
      *Field Expired***(data no longer needed for reporting)**

SECEMPLOY *C, 1*
      *Field Expired***(data no longer needed for reporting)**

DYSIMPROVE *C, 1*
      *Field Expired***(data no longer needed for reporting)**

THERAPIST *C, 6*
      *Field Expired***(data no longer needed for reporting)**

STAFFID *C, 6*
      *Field Expired***(data no longer needed for reporting)**