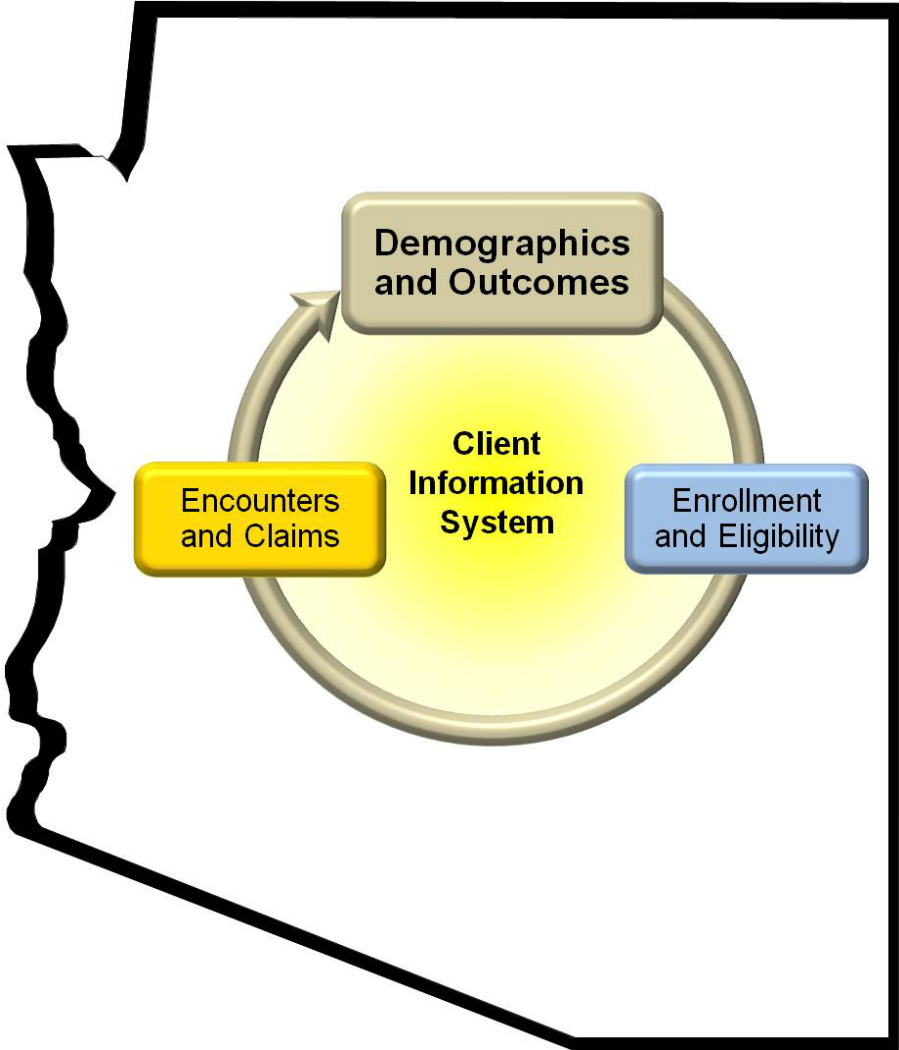




Division of Behavioral Health Services

# Demographic and Outcomes Data Set User Guide (DUG)



Version 6.0

Effective 1/1/2013 to 6/30/2013

Last Revision Date: 5/4/2012

## Document Revision History

Version	Effective	Type	Change	Reason
5.1	1/3/12	Add Field	114-Veteran Status	Add field to collect client's veteran status
5.1	1/3/12	Field Revision	101-Date of Treatment Plan	Field now required for all contractors
6.0	7/1/12	Field Revision	52 – 56 (AXIS III.1 – III.5)	Allowable value 57 amended to read "Blind / Visually Impaired"
6.0	7/1/12	Add field	115-ACN	Add unique record identifier.
6.0	7/1/12	Add field	116-ACN Update	Automate correction process.
6.0	7/1/12	Add field	117-EOC End Date	Record when EOCs and Crisis/Short episodes end.
6.0	7/1/12	Remove Field	45-Formal Schooling Level	Significant revision to valid entries warranted Field 45 be rewritten and replaced by field 118 to maintain data integrity
6.0	7/1/12	Add Field	118-Formal Schooling Level	See above
6.0	7/1/12	Field Revision	42 – OA School Special ED	Description clarification; change to age qualifications; valid value 'X' added (not applicable due to age)

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## Introduction

### Purpose

This document provides detailed information for the completion and submission of the demographic data set, a set of data elements Tribal and Regional Behavioral Health Authorities (T/RBHAs) are required to collect and submit to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). The demographic data set is reported to ADHS/DBHS and recorded in the ADHS/DBHS Client Information System (CIS). This data is used to:

- Monitor and report on clients' outcomes;
- Comply with federal, state, and/or grant requirements to ensure continued funding for the behavioral health system;
- Assist with financial-related activities such as budget development and rate setting;
- Support quality management and utilization management activities, and;
- Inform stakeholders and community members.

The data fields contained in the demographic data set are mandatory and must be collected and submitted within the required timeframes, recorded using valid values, and in compliance with the definitions contained herein. The contents of the demographic data record must match the client's behavioral health medical records. ADHS/DBHS may periodically conduct chart reviews to ensure that T/RBHA demographic data submitted is consistent with clients' behavioral health medical records.

### EOC

In addition to recording a client's behavioral assessment, the Demographic file also tracks which clients are actively receiving behavioral health care. If a client is actively receiving behavioral health care through ADHS/DBHS, then this is recorded as an Episode of Care (EOC). If the client is not in an EOC and receives crisis services, then this is recorded as a Crisis Episode. If a client starts to receive behavioral health services but exits the system before completing a behavioral assessment, then this is recorded as a Short Episode.

### Updates

This document will be made available for public comment periodically. Any suggestions for edits outside of the public comment period should be submitted to the ADHS/DBHS Policy Office for consideration during the next scheduled revision cycle. Updates to the Demographics System (Field addition/removal, valid value modifications, etc...) are planned to occur on a semi-annual basis in January and July. Updates to this manual will be consistent with Demographic System changes.

### Contacts

If you have any questions or discover any errors or omissions, please contact your individual T/RBHA Representative. T/RBHAs will forward all issues to ADHS/DBHS for resolution.

### Interactive Reference

Although this manual serves as a quick reference in printed form, it has been developed as an interactive reference in an Acrobat PDF (Portable Document Format) document medium. From the Table of Contents through each data fields section to the Data Field's Reference Table, hyperlinks exist that will allow a quick single-click reference to individual key sections within the document and other policy and support documents located throughout the ADHS/DBHS web site. All [hyperlinks](#) are displayed with a blue underlined font.

---

## Fields from 1 to 118 (73 total)

This section provides detail on each demographic data field. Further detail on the file layout and formats for each data field can be found in the Demographic Data Set File Layout section of the [ADHS/DBHS CIS File Layout and Specifications Manual](#).

Each data field is identified by a field number and a field name. For each data field, further explanation is provided within the following sub-sections.

Sub-Section	Description
Description	Describes the data field itself through definition and/or question, the age group it applies to, and its relationship to other data fields.
Valid Values	A list of all current and past valid values.
Considerations	Directs attention to situations that may impact how the data field is to be used, its association to other data fields, valid value considerations, and how often it should be updated.
Updates	Lists the updates made to the data field and the date it was updated.
Examples	Describes one or more situations and the valid value(s) used in the situation(s).

### Hyperlinks

Each data field's detail section title is hyperlinked to its corresponding data field in the [Data Field Reference Table](#). To jump (link) to a field in the Reference Table from a field's detail section, **click** on the data field's title.

In addition, each data field name in the Data Field Reference Table is hyperlinked to its associated data field detail section. To jump (link) to a field's detail **click** on the field name within the table.

## 1 Record Type

<b>Description</b>	Distinguishes Header Records from Detail Records. A Header Record identifies who is sending the file and how many records the file contains. A Detail Record includes the elements comprising the demographic data set.
<b>Valid Values</b>	H Header Record Detail Record (valid value is a space)
<b>Considerations</b>	Required on all transactions.
<b>Updates</b>	8/1/2003 Field added.
<b>Example</b>	The record being submitted includes demographic data set data elements for a group of specific members. <b>Enter a space</b>

## 2 T/RBHA ID

<b>Description</b>	Identifies the T/RBHA submitting the file.																														
<b>Valid Values</b>	<table border="0"> <tbody> <tr> <td>02</td> <td>Cenpatico</td> <td>GSA 2</td> <td>22</td> <td>Cenpatico</td> <td>GSA 4</td> </tr> <tr> <td>07</td> <td>Magellan</td> <td>GSA 6</td> <td>25</td> <td>Pascua Yaqui</td> <td>TRBHA</td> </tr> <tr> <td>11</td> <td>Gila River</td> <td>TRBHA</td> <td>26</td> <td>CPSA</td> <td>GSA 5</td> </tr> <tr> <td>14</td> <td>Navajo Nation</td> <td>TRBHA</td> <td>28</td> <td>White Mountain Apache</td> <td>TRBHA</td> </tr> <tr> <td>15</td> <td>NARBHA</td> <td>GSA 1</td> <td>32</td> <td>Cenpatico</td> <td>GSA 3</td> </tr> </tbody> </table>	02	Cenpatico	GSA 2	22	Cenpatico	GSA 4	07	Magellan	GSA 6	25	Pascua Yaqui	TRBHA	11	Gila River	TRBHA	26	CPSA	GSA 5	14	Navajo Nation	TRBHA	28	White Mountain Apache	TRBHA	15	NARBHA	GSA 1	32	Cenpatico	GSA 3
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15	NARBHA	GSA 1	32	Cenpatico	GSA 3																										
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<b>Updates</b>	<table border="0"> <tbody> <tr> <td>8/1/2003</td> <td>Field added</td> </tr> <tr> <td>7/1/2005</td> <td>Added valid values 02 Cenpatico GSA 2 and 22 Cenpatico GSA 4</td> </tr> <tr> <td>7/01/2007</td> <td>Deleted valid value 03 EXCEL, 08 ValueOptions, and 23 PGBHA</td> </tr> </tbody> </table>	8/1/2003	Field added	7/1/2005	Added valid values 02 Cenpatico GSA 2 and 22 Cenpatico GSA 4	7/01/2007	Deleted valid value 03 EXCEL, 08 ValueOptions, and 23 PGBHA																								
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11/1/2007 Added valid values 07 Magellan GSA 6 and 28 White Mountain  
 12/1/2010 Added valid value of Cenpatico GSA3  
 7/1/2011 Converted 27 CPSA GSA3 to Obsolete  
 1/1/2012 Removed 27 CPSA GSA 3

**Example** The T/RBHA submitting the file is NARBHA. Enter 15

### 3 Reason for Submission (trans code)

**Description** Indicates reason for the data submission. The valid values for this field are referred to as “trans codes”.

<b>Valid Values</b>	1	<a href="#">EOC Start</a>	5	<a href="#">Crisis/Short Start</a>
	2	<a href="#">Complete Update</a>	6	<a href="#">Crisis/Short End</a>
	3	<a href="#">Minor Update</a>	9	<a href="#">Correction</a>
	4	<a href="#">EOC End Complete</a>		

**Considerations** Required on all transactions. If a demographic record is rejected, the T/RBHA must correct the error and resubmit the demographic record within 14 days.

The initial assessment (EOC Start – trans code 1) must be submitted with 10 days of the assessment being collected. All subsequent records must be submitted with 14 days of collection.

**Trans code “1” ([EOC Start](#))** is entered if this is the first “initial” demographic data being submitted for a given episode of care.

- Must be complete assessment.
- Will only be accepted once until ended by trans code 4.
- For Non-Title XIX/XXI clients, an 834 enrollment record must previously exist.
- For Title XIX/XXI clients, the clients must be in an AHCCCS eligibility segment.
- A complete [EOC Start](#) must be completed within 45 days of the [first contact](#) and must be submitted within 10 days of collection.

**Trans code “2” ([Complete Update](#))** is entered if the data is being submitted for an Annual Update, or significant change.

- Must be a complete assessment.
- An open [EOC Start](#) must exist (trans code 1 without trans code 4).
- This record must be submitted at least within 365 or 366 (leap year) days of collection of the last completed assessment (trans code 1 or 2).

**Trans code “3” ([Minor Update](#))** is entered if the following conditions are met:

- Is not a complete assessment.
- An open EOC must exist (trans code 1 without trans code 4).
- A minor change occurred in the client’s record.
- In addition to the field/s being updated, the following twelve fields must also be submitted:
  - 1 – Record Type
  - 2 – RBHA ID
  - 3 – Reason for Submission
  - 4 – Client ID
  - 6 – Client First Name
  - 8 – Client Last Name
  - 9 – Date of Birth
  - 57 – Effective Date
  - 81 – EOC Status
  - 111 – EOC Start Date

- 115 –ACN
- 116 –ACN Update

**Trans code “4”** ([EOC End](#)) is entered if the data set is being submitted due to a client’s episode of care ending.

- Must be a complete assessment.
- Will only be accepted once.
- Must correspond to an open EOC.

**Trans code “5”** ([Crisis/Short Start](#)) This code is used to record the start of a crisis episode or short episode. The following 11 fields are required:

- 1 – Record Type
- 2 – RBHA ID
- 3 – Reason for Submission
- 4 – Client ID
- 6 – Client First Name
- 8 – Client Last Name
- 9 – Date of Birth
- 57 – Effective Date
- 81 – EOC Status
- 111 – EOC Start Date
- 115 –ACN

**Trans code “6”** ([Crisis/Short End](#)) is entered to close a crisis or short EOC (trans code 5). The closure must occur within 45 days of the first contact and must be submitted within 10 days of collection.

A complete demographic is not required. All of the fields that can be completed should be completed. The following 13 fields are required:

- 1 – Record Type
- 2 – RBHA ID
- 3 – Reason for Submission
- 4 – Client ID
- 6 – Client First Name
- 8 – Client Last Name
- 9 – Date of Birth
- 57 - Effective Date
- 81 - EOC Status
- 111 – EOC Start Date
- 115 –ACN
- 116 –ACN Update
- 117 –EOC End Date

**Trans code “9”** ([Correction](#)) is entered to make a correction to an existing record. A Trans code “9” record must be submitted for every record that needs to be corrected.

- In addition to the field/s being corrected, the following eleven fields are required:
  - 1 – Record Type (must match the record being corrected)
  - 2 – RBHA ID (must match the record being corrected)
  - 3 – Reason for Submission (must be ‘9’)
  - 4 – Client ID (must match the record being corrected)
  - 6 – Client First Name (must match the record being corrected)
  - 8 – Client Last Name (must match the record being corrected)
  - 9 – Date of Birth (must match the record being corrected)
  - 57 - Effective Date (must match the record being corrected)
  - 111 –EOC Start Date
  - 115 –ACN
  - 116 –ACN Update (must correspond to the record being corrected)
- Field 111 –EOC Start Date may be corrected by adding the correct value to field 111 – EOC Start Date.
- Field 111 –EOC Start Date may be changed by no more than 45 days from the original date.
- The other ten required fields (1, 2, 3, 4, 6, 8, 9, 57, 115, 116) cannot be changed by a

trans code 9 submission. (corrections that cannot be made through a trans code 9 must be made manually).

---

<b>Updates</b>	8/1/2003	Field added.
	2/1/2006	Added valid value "2 - Full Update (Annually or on a significant change).
	9/28/2010	Added valid values of "5", "6", and "9".
	9/28/2010	Changed valid value descriptions for "1", "3", and "4".

---

**Example** A EOC exists and it is necessary to update a few of the fields. **Enter 3**

---

## 4 Client ID

---

**Description** The unique CIS identifier for the client (primary client ID).

---

**Valid Values** A unique 10 character ID.

---

**Considerations** Required on all submissions.

---

**Updates** 8/1/2003 Field added.

---

**Example** Clients who have been previously enrolled in the CIS system will already have a unique identifier, or CIS ID. If the client has never been enrolled in CIS, a CIS client ID will be assigned by the system when the 834 initial enrollment is received for the client. This client ID must be used when submitting all subsequent transactions.

---

## 6 Client First Name

---

**Description** The client's first name.

---

**Valid Values** Maximum size is 25 characters.

---

**Considerations** Required on all submissions.

The client's name must match the 834 enrollment.

---

**Updates** 8/1/2003 Field added.

---

**Example** The name of the client is Michael Miller-Jacobson. **Enter Michael**

---

## 8 Client Last Name

---

**Description**      The client's last name (family name, surname)

---

**Valid Values**      Maximum size is 35 characters.

---

**Considerations**      Required on all submissions.  
The client's name must match the 834 enrollment.

---

**Updates**      8/1/2003      Field added.

---

**Example**      The name of the client is Michael Miller-Jacobson. **Enter Miller-Jacobson**

---

## 9 Date of Birth

---

**Description**      The day the client was born.

---

**Valid Values**      YYYYMMDD Format

---

**Considerations**      Required on all submissions.  
Must match DOB on 834 enrollment.

---

**Updates**      8/1/2003      Field added.

---

**Example**      Date is recorded as the 4-digit year, 2-digit month and 2-digit day. A client's date of birth is March 9, 1943. **Enter 19430309**

---

## 10 Referral Date

---

**Description**      The date when the T/RBHA or provider received a referral for service. A referral includes an oral, written, faxed or electronic request for services made by the client or on the client's behalf.

---

**Valid Values**      YYYYMMDD Format

---

**Considerations**      Collected for trans code 1 only; Submitted on trans codes 1, 2 and 4  
This date should be equal to or less than the EOC Start date.

---

**Updates** 8/1/2003 Field added.

---

**Example** Date is recorded as the 4 digit year, 2 digit month and 2 digit day. The T/RBHA receives a call on January 3, 2009, requesting services. **Enter 20090103**

---

## 11 Referral Source

**Description** Identifies the principal source of referral for a client.

---

<b>Valid Values</b>	01	Self/Family/Friend	37	Community agency other than Behavioral Health Provider (homeless shelter, church, employer)
	03	Other Behavioral Health Provider	38	Arizona Department of Economic Security (ADES) or Tribal Social Services (Adult or other non-urgent CPS referral, DDD, RSA)
	05	RBHA Customer Service	39	Arizona Department of Education (ADE) or Tribal Schools
	19	Federal Agency (VA, IHS, Federal Prison, etc.)	40	Criminal justice/correctional (includes AOC- Probation, ADOC, ADJC, Jail, including Tribal)
	35	AHCCCS Health Plan and/or PCP	41	Other
	36	CPS Urgent Response (child only)		

---

**Considerations** Collected for trans code 1 only; Submitted on trans codes 1, 2 and 4

---

**Updates** 8/1/2003 Field added.  
9/28/2010 Added valid value or "05"

---

**Example** A referral is received from the Arizona Department of Economic Security/Child Protective Services (ADES/CPS) for an urgent response to provide behavioral health services to a child removed from the home. **Enter 36**

---

## 12 OMB-American Indian

**Description** The client's racial background. Is client American Indian or Alaska Native?

Clients should be offered the option of selecting one or more racial designations. Self-identification is the preferred means of obtaining information about a client's race.

---

**Valid Values**

Y	Yes
N	No

---

**Considerations** A valid value of Y must be entered in at least one of the following fields: 12, 13, 14, 15 or 16.  
Field 57-Effective Date must be updated when this field is changed.

Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies himself as being a member of the Navajo Nation and an African American.  
**Enter Y**

---

### 13 OMB-Asian

---

**Description** The client's racial background. Is client Asian?

Clients should be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a client's race.

---

**Valid Values**

Y	Yes
N	No

---

**Considerations** A valid value of Y must be entered in at least one of the following fields: 12, 13, 14, 15 or 16.

Field 57-Effective Date must be updated when this field is changed.

Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies himself as being a member of the Navajo Nation and an African American.  
**Enter N**

---

### 14 OMB-Black

---

**Description** The client's racial background. Is client Black or African American?

Clients should be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a client's race.

---

**Valid Values**

Y	Yes
N	No

---

**Considerations** A valid value of Y must be entered in at least one of the following fields: 12, 13, 14, 15 or 16.

Field 57-Effective Date must be updated when this field is changed.

Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies himself as being a member of the Navajo Nation and an African American.  
**Enter Y**

---

## 15 OMB-Native Hawaiian

---

**Description** The client's racial background. Is client Native Hawaiian or Pacific Islander?

Clients should be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a client's race.

---

**Valid Values**

Y	Yes
N	No

---

**Considerations** A valid value of Y must be entered in at least one of the following fields: 12, 13, 14, 15 or 16.

Field 57-Effective Date must be updated when this field is changed.

Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies himself as being a member of the Navajo Nation and an African American.  
**Enter N**

---

## 16 OMB-White

---

**Description** The client's racial background. Is client White?

Clients should be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a client's race.

---

**Valid Values**

Y	Yes
N	No

---

**Considerations** A valid value of Y must be entered in at least one of the following fields: 12, 13, 14, 15 or 16.

Field 57-Effective Date must be updated when this field is changed.

Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies himself as being a member of the Navajo Nation and an African American.  
**Enter N**

---

## 17 OMB-Hispanic-Latino

---

**Description** The client's ethnic background. Is client Hispanic or Latino?  
Self-identification is the preferred means of obtaining information about a client's ethnicity.

---

**Valid Values** Y Yes  
N No

---

**Considerations** Field 57-Effective Date must be updated when this field is changed.  
Collected for trans code 1; Submitted on trans codes 1, 2 and 4; only for compliance with OMB requirements.

---

**Updates** 8/1/2003 Field added.

---

**Example** A client identifies his ethnicity as Hispanic. **Enter Y**

---

## 29 Assessment Date

---

**Description** Refers to the date when the most recent Complete Assessment was completed.

---

**Valid Values** YYYYMMDD Format

---

**Considerations** This field is not submitted with trans codes 3, 5, 6, and 9.  
Date must occur during an enrollment segment.  
**The assessment period is used to determine:**

- when a client's annual [Complete Update](#) (trans code 2) is due or was last completed
- the period (days) that determines the rules associated with submitting an [EOC Start](#) or [EOC End](#) DUG (see [Field #3 - Reason for Submission](#))

For details when an assessment is due see [Assessment period](#).

---

**Updates** 7/1/2008 New field created.

---

**Example** Date is recorded as the 4 digit year, 2 digit month and 2 digit day. An assessment ([EOC Start](#) - trans code 1) ([Complete Update](#) - trans code 2) ([EOC End](#) - trans code 4) is completed on March 26, 2008. **Enter 20080326**

---

## 32 Treatment Participation

<b>Description</b>	<p>Refers to the presence of a court order or conditions of parole/probation pertaining to the delivery of Behavioral Health services.</p> <p><b>Voluntary</b> participation is when a client (or a parent/guardian, if applicable) is applying for or receiving services voluntarily.</p> <p><b>Involuntary – Criminal; DUI/ Drug Court /condition of parole/probation</b> is when a client applies for/receives services as a result of criminal court ordered treatment OR when a client applies for/receives services as a result of a court ordered DUI screening, education or treatment.</p> <p><b>Involuntary – Civil/MH Court Order</b> is when a client applies for/receives services as a result of Title 36 proceedings for a court ordered evaluation (COE) or court ordered treatment (COT)</p>
<b>Valid Values</b>	<p>V Voluntary</p> <p>C Involuntary – Criminal; DUI or conditions of parole/probation</p> <p>N Involuntary – Civil: MH court order, Drug court</p>
<b>Considerations</b>	Field 57-Effective Date must be updated when this field is changed.
<b>Updates</b>	<p>8/1/2003 Field added.</p> <p>7/1/2005 Values "1- Voluntary", "6-Civil or MH Court Order", "7-DUI Court Order", and "8-Criminal Court Order" became <b>invalid</b> for dates of service after 8/31/2005 Values V,C,N became <b>valid</b> for dates of service after 7/1/2005</p>
<b>Example</b>	A client has undergone a court ordered evaluation (COE) through the civil commitment process. <b>Enter N</b>

## 33 OA ADC or Parole

<b>Description</b>	<b>Age 18 &amp; older Only.</b> Refers to other agencies with a current and/or ongoing role with the client. Is the client, age 18 and older, involved with the Arizona Department of Corrections (ADC) or on parole?
<b>Valid Values</b>	<p>Y Yes</p> <p>N No</p> <p>X Not applicable due to age</p>
<b>Considerations</b>	Field 57-Effective Date must be updated when this field is changed.
<b>Updates</b>	<p>8/1/2003 Field added.</p> <p>1/16/2007 Added valid value "X – Not applicable due to age" because this field has been defined for ages 18 &amp; Older.</p>

**Example** The client is currently on parole with ADC. **Enter Y**

### 34 OA ADJC Parole

**Description** **Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the client. Is the client, age 0 thru 17, involved with the Arizona Department of Juvenile Corrections (ADJC)?

**Valid Values**

Y	Yes
N	No
X	Not applicable due to age

**Considerations** Field 57-Effective Date must be updated when this field is changed.

**Updates**

8/1/2003	Field added.
1/16/2007	Added valid value "X – Not applicable due to age" because this field has been defined for ages 0 thru 17.

**Example** The client is currently involved with ADJC. **Enter Y**

### 36 OA AOC Adult Probation

**Description** **Age 18 & older Only.** Refers to other agencies with a current and/or ongoing role with the client. Is the client, age 18 & older, on adult probation through the Administrative Office of the Courts (AOC)?

**Valid Values**

Y	Yes
N	No
X	Not applicable due to age

**Considerations** Field 57-Effective Date must be updated when this field is changed.

**Updates**

8/1/2003	Field added.
1/16/2007	Added valid value "X – Not applicable due to age" because this field has been defined for ages 18 & Older.

**Example** The client, age 18 & older, is currently on adult probation through AOC. **Enter Y**

### 37 OA AOC Juvenile Probation

**Description** **Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the client. Is the client, age 0 thru 17, on probation through the County Juvenile Probation Department.?

**Valid Values**      Y      Yes  
                             N      No  
                             X      Not applicable due to age

---

**Considerations**      Field 57-Effective Date must be updated when this field is changed.

---

**Updates**              8/1/2003      Field added.  
                             1/16/2007      Added valid value "X – Not applicable due to age" because this field has been defined for ages 0 thru 17.

---

**Example**              The client is currently on juvenile probation through AOC. **Enter Y**

---

40  
OA DES RSA

---

**Description**              Refers to other agencies with a current and/or ongoing role with the client. Is the client involved with the Department of Economic Security (DES)/ Rehabilitative Services Administration (RSA)?

---

**Valid Values**              Y      Yes  
                                     N      No

---

**Considerations**      Field 57-Effective Date must be updated when this field is changed.

---

**Updates**              8/1/2003      Field added.

---

**Example**              The client is currently involved with DES/RSA. **Enter Y**

---

42  
OA School Special Ed

---

**Description**              Refers to other agencies with a current and/or ongoing role with the client. Is the client receiving special education services through an Individualized Education Program (IEP) or accommodations through a 504 Accommodation Plan at his/her school?

---

**Valid Values**              Y      Yes  
                                     N      No  
                                     X      Not applicable due to age

---

**Considerations**      Field 57-Effective Date must be updated when this field is changed.

Client must be 3 years of age, but not more than 21 years old.

Refers to other agencies with a current and/or ongoing role with the client. Is the client receiving special education services through an Individualized Education Program (IEP) at his/her school.

---

**Updates** 8/1/2003 Field added.

---

**Example** The client is currently receiving special education services. **Enter Y**  
The Client is 22 years of age or older. **Enter X**

---

49  
SP Pregnancy

---

**Description** **Female Only.** Identifies clients who are pregnant or post-partum.

---

**Valid Values**

Y	Yes
N	No
X	Not applicable due to gender

---

**Considerations** Field 57-Effective Date must be updated when this field is changed.

For the purposes of this field, a client may only be considered post-partum up to 6 months from the day of delivery.

---

**Updates** 8/1/2003 Field added.  
1/16/2007 Added valid value "X-Not applicable due to gender".

---

**Example** The client is currently pregnant. **Enter Y**

---

50  
SP Woman DC

---

**Description** **Female Only.** Identifies clients who have dependent child(ren). Includes children that have been removed and are in the custody of CPS.

---

**Valid Values**

Y	Yes
N	No
X	Not applicable due to gender

---

**Considerations** Field 57-Effective Date must be updated when this field is changed.

---

**Updates** 8/1/2003 Field added.  
1/16/2007 Added valid value added "X-Not applicable due to gender".

---

**Example** The client is a woman with a dependent child or children. **Enter Y**

---

**Description**      AXIS III-1 thru AXIS III-5 (fields 52-56) refers to the client's current general medical conditions that are potentially relevant to the understanding and management of a client's behavioral health disorder. Up to 5 medical conditions may be reported. The medical condition classification is consistent with the broad medical condition classification in DSM-IV-TR AXIS III.

<b>Valid Values</b>	00    None of the following medical conditions	46    Metastatic Cancer
	20    Congestive Heart Failure	47    AIDS/HIV
	21    Cardiac Arrhythmias	52    Osteoarthritis
	22    Myocardial Infarction	53    Coagulopathy
	23    Cardiomyopathy	54    Rheumatological/Collagen Disease
	24    Valvular Disease	55    Anemia
	25    Cerebrovascular Disease	56    Deaf/Hard of Hearing
	26    Peripheral Vascular Disorders	57    Blind/Visually Impaired
	27    Atherosclerosis	58    Prematurity
	28    Hypertension	59    Intrauterine Drug/Alcohol Exposure
	29    Pulmonary Circulation Disorders	60    Genetic Disorders
	30    Chronic Pulmonary Disease	61    Orthopedic Disorders
	31    Paralysis	62    Feeding Problems
	32    Other Neurological Disorders	63    Ingestion of Poisonous/Toxic Substances
	33    Diabetes Mellitus	64    Low Birth Weight
	34    Hypothyroidism	65    Fetal Alcohol Syndrome/Effects
	35    Other Endocrine Disorders	66    Shaken Baby Syndrome
	36    Fluid Electrolyte Disorders	67    Intrauterine Growth Restriction
	37    Obesity	68    Birth Deformities
	38    Weight Loss	69    Colic
	39    Renal Disease	70    Unexplained Crying
	40    Renal Failure	71    Traumatic Injuries
	41    Liver Disease	72    Chronic Ear Infections
	42    Inflammatory Bowel Disease	73    Perinatal/Postnatal Complications
	43    Peptic Ulcer Disease	74    No Known Medical History – (Not yet known)
	44    Solid Tumor without Metastasis	75    Head Injury with Lasting Effects / Traumatic Brain Injury
	45    Lymphoma/Leukemia	

[See Valid Value History for deleted valid values](#)

**Considerations**      Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

To be included in one of the five medical condition fields (AXIS III-1, AXIS III-2, AXIS III-3, AXIS III-4, AXIS III-5) the medical condition must meet all three of the following rules:

- 1    Be potentially relevant to understanding and management of the client's behavioral health disorder.
- 2    Be listed among the AXIS III valid values (eg. "55" Anemia).
- 3    Not be listed in another AXIS III field (eg. AXIS III-1).

If no medical condition meets the above three conditions then a value of "00" is entered.

If valid value "00" is used in AXIS III-1, then:

- AXIS III-2 through AXIS III-5 must be "00"

If a valid value other than "00" is used,

- it may not be repeated in any other AXIS III field (used only once)
- And, when multiple medical conditions exist AXIS III-1 thru III-5 must be populated in sequence (III-1, III-2, III-3, etc. NOT out of order).

The value of "74" is used when the person providing the information is not the person receiving the service; and the person providing the information does not yet have access to the client's medical history. (eg. A new foster parent is waiting for the foster child's medical records). If 74 used for III-1, 74 must be populated for III-2 through III-5.

---

<b>Updates</b>	8/1/2003	Field added.
	11/1/2007	Added valid AXIS III values
	1/26/2009	Added valid AXIS III values
	2/15/2010	Added valid AXIS III values
	9/28/2010	Added valid value of "00"

---

**Example** The client is a foster child and the foster parent does not yet have the child's medical history.  
**Enter 74 (Enter 74 on AXIS III-2 to AXIS III-5)**

---

## 53 AXIS III-2

---

**Description** AXIS III-1 thru AXIS III-5 (fields 52-56) refers to the client's current general medical conditions that are potentially relevant to the understanding and management of a client's behavioral health disorder. Up to 5 medical conditions may be reported. The medical condition classification is consistent with the broad medical condition classification in DSM-IV-TR AXIS III.

---

**Valid Values** Reference the "Valid Values" in [AXIS III-1](#)  
[See Valid Value History for deleted valid values](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value "00" is used (eg. AXIS III-2 = "00") then:

- Each subsequent AXIS diagnosis must be "00" (eg. AXIS III-3 through AXIS III-5 = "00")

If a valid value other than "00" is used,

- it may not be repeated in any other AXIS III field (used only once)
- And, when multiple medical conditions exist AXIS III-1 thru III-5 must be populated in sequence (III-1, III-2, III-3).
- If 74 is used in Axis III-1, it must be used for Axis III-2- Axis III-5

---

**Updates** 8/1/2003 Field added.

---

**Example** The client has a renal disease and has anemia.  
**Enter 55 (Enter 39 on AXIS III-1. Enter 00 on AXIS III-3 to AXIS III-5)**

---

## 54 AXIS III-3

---

**Description** AXIS III-1 thru AXIS III-5 (fields 52-56) refers to the client's current general medical conditions that are potentially relevant to the understanding and management of a client's behavioral health

disorder. Up to 5 medical conditions may be reported. The medical condition classification is consistent with the broad medical condition classification in DSM-IV-TR AXIS III.

---

**Valid Values** Reference the "Valid Values" in [AXIS III-1](#)  
[See Valid Value History for deleted valid values](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value "00" is used in AXIS III-3, then:

- AXIS III-4 and AXIS III-5 must be "00"

If a valid value other than "00" is used,

- it may not be repeated in any other AXIS III field (used only once)
- And, when multiple medical conditions exist AXIS III-1 thru III-5 must be populated in sequence (III-1, III-2, III-3, etc. NOT out of order).
- If 74 is used in Axis III-1, it must be used for Axis III-2- Axis III-5

---

**Updates** 8/1/2003 Field added.

---

**Example** The client has a renal disease, anemia, and paralysis.  
**Enter 31 (Enter 39 on AXIS III-1 and 55 on AXIS III-2. Enter 00 on AXIS III-4 and AXIS III-5)**

---

## 55 AXIS III-4

---

**Description** AXIS III-1 thru AXIS III-5 (fields 52-56) refers to the client's current general medical conditions that are potentially relevant to the understanding and management of a client's behavioral health disorder. Up to 5 medical conditions may be reported. The medical condition classification is consistent with the broad medical condition classification in DSM-IV-TR AXIS III.

---

**Valid Values** Reference the "Valid Values" in [AXIS III-1](#)  
[See Valid Value History for deleted valid values](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value "00" is used in AXIS III-4, then:

- AXIS III-5 must be "00"

If a valid value other than "00" is used,

- it may not be repeated in any other AXIS III field (used only once)
- And, when multiple medical conditions exist AXIS III-1 thru III-5 must be populated in sequence (III-1, III-2, III-3, etc. NOT out of order).
- If 74 is used in Axis III-1, it must be used for Axis III-2- Axis III-5

---

**Updates** 8/1/2003 Field added.

---

**Example** The client has a renal disease, anemia, paralysis, and blind.  
Enter 57 (Enter 39 on AXIS III-1, 55 on AXIS III-2, and 31 on AXIS III-3. Enter 00 on AXIS III-5)

---

## 56 AXIS III-5

**Description** AXIS III-1 thru AXIS III-5 (fields 52-56) refers to the client's current general medical conditions that are potentially relevant to the understanding and management of a client's behavioral health disorder. Up to 5 medical conditions may be reported. The medical condition classification is consistent with the broad medical condition classification in DSM-IV-TR AXIS III.

---

**Valid Values** Reference the "Valid Values" in [AXIS III-1](#)  
[See Valid Value History for deleted valid values](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If a valid value other than "00" is used,

- it may not be repeated in any other AXIS III field (used only once)
- And, when multiple medical conditions exist AXIS III-1 thru III-5 must be populated in sequence (III-1, III-2, III-3, etc. NOT out of order).
- If 74 is used in Axis III-1, it must be used for Axis III-2- Axis III-5

---

**Updates** 8/1/2003 Field added.

---

**Example** The client has a renal disease, anemia, paralysis, blind, and obesity.  
Enter 37 (Enter 39 on AXIS III-1, 55 on AXIS III-2, 31 on AXIS III-3, and 57 on AXIS III-4.)

---

## 57 Effective Date

**Description** Refers to the effective date of any addition or change to a field.

---

**Valid Values** YYYYMMDD Format  
Effective Date cannot be less than the EOC\_Start\_Date.

---

**Considerations** Required on all submissions..

Date must be within the range of the intake.

The Effective Date on a trans code 4 and a trans code 6 reflects the end of the episode of care.

---

**Updates** 7/1/2008 Field replaces DESCR\_CHAR\_EFFECTIVE\_DATE and Outcome Measures Effective Date  
10/1/2010 Effective date to be used for End of Episode of care date for trans codes 4 and 6

---

**Example** Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A client earns a high school degree on March 26, 2008, requiring a change in Field 45, Formal Schooling Level. **Enter 20080326**

---

58  
AXIS I-1

---

**Description** Refers to all disorders or conditions in the DSM-IV-TR Classification that may be a focus of clinical attention except for the Personality Disorders and Mental Retardation (which are reported on AXIS II).

When an individual has more than one AXIS I disorder, all must be reported (up to 5) using fields 58-62.

---

**Valid Values** Valid DSM-IV-TR Codes

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value V71.09 is used in AXIS I-1, then:

- AXIS I-2 through AXIS I-5 must be "NONE" and
- AXIS II-1 (field #63) must have a valid diagnosis other than V71.09

If a valid value other than V71.09 is used,

- it may NOT be repeated in any other AXIS I field (used only once)
- And, when entering multiple disorders AXIS I-1 thru I-5 must be populated in sequence (I-1, I-2, I-3, etc. NOT out of order).

799.9 is NOT allowed for any AXIS I or II field.

Value V71.09 is not allowed in AXIS I-2 through AXIS I-5.

---

**Updates** 8/1/2003 Field added.

---

**Example** The client's disorder has been classified as follows: Simple Type Schizophrenic Disorder, chronic (295.02); Major Depressive Disorder, Recurrent Episode, Moderate (296.32); Acute Alcoholic Intoxication, Continuous (303.01).

**Enter 295.02 (296.32 will be entered for AXIS I-2 and 303.01 will be entered for AXIS I-3)**

---

59  
AXIS I-2

---

**Description** Refers to all disorders or conditions in the DSM-IV-TR Classification that may be a focus of clinical attention except for the Personality Disorders and Mental Retardation (which are reported on AXIS II).

---

**Valid Values** Valid DSM-IV-TR Codes  
NONE Not collected, not applicable

---

<b>Considerations</b>	<p>Entry must be ascertained by a clinical professional.</p> <p>Field 57-Effective Date must be updated when this field is changed.</p> <p>If valid value V71.09 is used in AXIS I-2, then:</p> <ul style="list-style-type: none"> <li>• AXIS I-3 through AXIS I-5 must be "NONE" and</li> <li>• AXIS II-1 (field #63) must have a valid diagnosis other than V71.09</li> </ul> <p>If a valid value other than NONE is used,</p> <ul style="list-style-type: none"> <li>• it may NOT be repeated in any other AXIS I field (used only once)</li> <li>• And, when entering multiple disorders AXIS I-1 thru I-5 must be populated in sequence (I-1, I-2, I-3, etc. NOT out of order).</li> </ul> <p>799.9 is NOT allowed for any AXIS I or II field. Value V71.09 is not allowed in AXIS I-2 through AXIS I-5.</p>
-----------------------	---

<b>Updates</b>	8/1/2003    Field added.
----------------	--------------------------

<b>Example</b>	<p>The client's disorder has been classified as follows: Simple Type Schizophrenic Disorder, chronic (295.02); Major Depressive Disorder, Recurrent Episode, Moderate (296.32); Acute Alcoholic Intoxication, Continuous (303.01).</p> <p><b>Enter 296.32 (295.02 was entered for AXIS I-1 and 303.01 will be entered for AXIS I-3)</b></p>
----------------	---

**60**  
**AXIS I-3**

<b>Description</b>	Refers to all disorders or conditions in the DSM-IV-TR Classification that may be a focus of clinical attention except for the Personality Disorders and Mental Retardation (which are reported on AXIS II). All AXIS I data fields must be completed within 45 days of intake.
--------------------	---

<b>Valid Values</b>	Valid DSM-IV-TR Codes NONE    Not collected, not applicable
---------------------	--

<b>Considerations</b>	<p>Entry must be ascertained by a clinical professional.</p> <p>Field 57-Effective Date must be updated when this field is changed.</p> <p>If valid value V71.09 is used in AXIS I-3, then:</p> <ul style="list-style-type: none"> <li>• AXIS I-4 through AXIS I-5 must be "NONE" and</li> <li>• AXIS II-1 (field #63) must have a valid diagnosis other than V71.09</li> </ul> <p>If a valid value other than NONE is used,</p> <ul style="list-style-type: none"> <li>• it may NOT be repeated in any other AXIS I field (used only once)</li> <li>• And, when entering multiple disorders AXIS I-1 thru I-5 must be populated in sequence (I-1, I-2, I-3, etc. NOT out of order).</li> </ul> <p>799.9 is NOT allowed for any AXIS I or II field. Value V71.09 is not allowed in AXIS I-2 through AXIS I-5.</p>
-----------------------	---

<b>Updates</b>	8/1/2003    Field added.
----------------	--------------------------

<b>Example</b>	<p>The client's disorder has been classified as follows: Simple Type Schizophrenic Disorder, chronic (295.02); Major Depressive Disorder, Recurrent Episode, Moderate (296.32); Acute Alcoholic</p>
----------------	---

Intoxication, Continuous (303.01).

Enter 303.01 (295.02 was entered for AXIS I-1 and 296.32 was entered for AXIS I-2)

## 61 AXIS I-4

<b>Description</b>	Refers to all disorders or conditions in the DSM-IV-TR Classification that may be a focus of clinical attention except for the Personality Disorders and Mental Retardation (which are reported on AXIS II).
<b>Valid Values</b>	Valid DSM-IV-TR Codes NONE Not collected, not applicable
<b>Considerations</b>	Entry must be ascertained by a clinical professional.  Field 57-Effective Date must be updated when this field is changed.  If valid value V71.09 is used in AXIS I-1, then: <ul style="list-style-type: none"><li>• AXIS I-2 through AXIS I-5 must be "NONE" and</li><li>• AXIS II-1 (field #63) must have a valid diagnosis other than V71.09</li></ul> If a valid value other than NONE is used, <ul style="list-style-type: none"><li>• it may NOT be repeated in any other AXIS I field (used only once)</li><li>• And, when entering multiple disorders AXIS I-1 thru I-5 must be populated in sequence (I-1, I-2, I-3, etc. NOT out of order).</li></ul> 799.9 is NOT allowed for any AXIS I or II field. Value V71.09 is not allowed in AXIS I-2 through AXIS I-5.
<b>Updates</b>	8/1/2003 Field added.
<b>Example</b>	The client's disorder has been classified as follows: Simple Type Schizophrenic Disorder, chronic (295.02); Major Depressive Disorder, Recurrent Episode, Moderate (296.32); Acute Alcoholic Intoxication, Continuous (303.01). <b>Enter None (295.02 was entered for AXIS I-1; 296.32 was entered for AXIS I-2; and 303.01 was entered for AXIS I-3.)</b>

## 62 AXIS I-5

<b>Description</b>	Refers to all disorders or conditions in the DSM-IV-TR Classification that may be a focus of clinical attention except for the Personality Disorders and Mental Retardation (which are reported on AXIS II).
<b>Valid Values</b>	Valid DSM-IV-TR Codes NONE Not collected, not applicable
<b>Considerations</b>	Entry must be ascertained by a clinical professional.  Field 57-Effective Date must be updated when this field is changed.

If valid value V71.09 is used in AXIS I-1, then:

- AXIS I-2 through AXIS I-5 must be "NONE" and
- AXIS II-1 (field #63) must have a valid diagnosis other than V71.09

If a valid value other than NONE is used,

- it may NOT be repeated in any other AXIS I field (used only once)
- And, when entering multiple disorders AXIS I-1 thru I-5 must be populated in sequence (I-1, I-2, I-3, etc. NOT out of order).

799.9 is NOT allowed for any AXIS I or II field.

Value V71.09 is not allowed in AXIS I-2 through AXIS I-5.

---

**Updates** 8/1/2003 Field added.

---

**Example** The client's disorder has been classified as follows: Simple Type Schizophrenic Disorder, chronic (295.02); Major Depressive Disorder, Recurrent Episode, Moderate (296.32); Acute Alcoholic Intoxication, Continuous (303.01). **Enter None (295.02 was entered for AXIS I-1; 296.32 was entered for AXIS I-2; and 303.01 was entered for AXIS I-3)**

---

## 63 AXIS II-1

---

**Description** Refers to Developmental and Personality Disorders. May also be used for noting prominent maladaptive personality features and defense mechanisms.

All AXIS II diagnoses (up to 2) must be reported in fields 63 thru 64.

---

**Valid Values** Valid DSM-IV-TR Codes

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value V71.09 is used in AXIS II-1, then:

- AXIS II-2 must be "NONE" and
- AXIS I-1 (field #58) must have a valid diagnosis other than V71.09.

If a valid value other than V71.09 is used,

- it may NOT be repeated in any other AXIS II field (used only once)
- And, when entering multiple disorders AXIS II-1 must be populated before AXIS-II-2.

799.9 is NOT allowed for any AXIS I or II field.

Value V71.09 is not allowed in AXIS II-2.

---

**Updates** 8/1/2003 Field added.

---

**Example** The client's AXIS II disorder has been classified as Narcissistic Personality Disorder (301.81). **Enter 301.81**

---

## 64 AXIS II-2

---

**Description** Refers to Developmental and Personality Disorders. May also be used for noting prominent maladaptive personality features and defense mechanisms.

---

**Valid Values** Valid DSM-IV-TR Codes  
NONE Not collected, not applicable

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If valid value V71.09 is used in AXIS II-1, then:

- AXIS II-2 must be "NONE" and
- AXIS I-1 (field #58) must have a valid diagnosis other than V71.09.

If a valid value other than NONE is used,

- it may NOT be repeated in any other AXIS II field (used only once)
- And, when entering multiple disorders AXIS II-1 must be populated before AXIS-II-2.

799.9 is NOT allowed for any AXIS I or II field.  
Value V71.09 is not allowed in AXIS II-2.

---

**Updates** 8/1/2003 Field added.

---

**Example** The client's disorder has been classified as Narcissistic Personality Disorder (301.81).  
**Enter None (301.81 has been entered for AXIS II-1)**

---

## 65 Behavioral Health Category

---

**Description** Identifies the behavioral health category on the basis of age, diagnosis and, when applicable, functional status.

---

**Valid Values** **Only valid for ages 0 thru 17:**  
C Child  
Z Child, Seriously Emotionally Disturbed (SED).  
**Only valid for ages 18 & Older:**  
S Adult, with serious mental illness  
M Adult, non-seriously mentally ill, with general mental health need  
G Adult, non-seriously mentally ill, Substance abuse, either alcohol or drug

---

**Considerations** Field 57-Effective Date must be updated when this field is changed.

When selecting valid value "C," the determination is based on age (0 thru 17) and absence of meeting SED criteria.

When selecting valid value "Z," the determination is based on age (0-17) and that the child currently or at any time during the past year has had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM IV TR. See [PM Attachment 7.5.3 SMI and SED Qualifying Diagnoses Table](#) for a listing of qualifying SED

diagnoses. Additionally, the mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

When selecting valid value "S," the determination is based on age (18 & Older) and secondly in accordance with [ADHS/DBHS Provider Manual Section 3.10, SMI Eligibility Determination](#). See [PM Attachment 7.5.3 SMI and SED Qualifying Diagnoses Table](#) for a listing of qualifying SMI diagnoses.

When selecting valid value "G," the determination is based on age (18 & Older) and secondly upon the **presence** of a qualifying AXIS I-1, AXIS I-2, AXIS I-3, AXIS I-4, AXIS I-5 for substance use disorder (field 58) diagnosis. See [PM Attachment 7.5.4 Substance Abuse Disorders Qualifying Diagnoses Table](#) for qualifying SA diagnoses.

When selecting valid value "M," the determination is based on age (18 & Older) and absence of meeting criteria for "S" or "G".

---

**Updates**            8/1/2003    Field added.

---

**Example**            The client is an adult (18 & Older) who has been determined to have a serious mental illness in accordance with [ADHS/DBHS Provider Manual Section 3.10, SMI Eligibility Determination](#).  
**Enter S**

---

## 66 Employment Status

---

**Description**            The client's current employment status.

---

**Valid Values**

08    Unemployed	23    Inmate of Institution
14    Volunteer	24    Competitively Employed Full-Time
17    Unpaid Rehabilitation Activities	25    Competitively Employed Part-Time
19    Homemaker	26    Work Adjustment Training
20    Student	27    Transitional Employment Placement
21    Retired	99    Unknown
22    Disabled	

[See Valid Value History for deleted valid values](#)

---

**Considerations**    Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

Valid values "24, 25, 26, 27" must be entered for clients that meet the criteria as defined in the "Description" section above.

Valid value "14" must be entered for clients who engage in an activity for an organization without being compensated.

Valid value "17" must be entered for clients who engage in an unpaid activity designed to support recovery and job skill development.

Valid value "99" must be entered for clients' ages 0 thru 17 if it applies. Otherwise, use the appropriate valid value.

The 24-Employed Full-Time and 25-Employed Part-Time values were collapsed from 4 fields into 2 fields on 1/25/2009. ([see Valid Value History](#))

The 19-Homemaker, 20-Student, and 21-Retired values were expanded into 3 fields from one on 4/16/2007. ([see Valid Value History](#))

#### **08 - Unemployed**

Not currently employed, but looking for work in the past 30 days or on layoff from a job.

#### **14 - Volunteer**

If an individual volunteers (unpaid) their time in the community on a regular basis, and does not fit the criteria for Employed, Transitional Employment, or Work Adjustment Training, they shall be categorized as 14-Volunteer.

#### **17 - Unpaid Rehabilitation Activity**

This may include individuals engaging in any rehabilitation activity not already specified in one of the other categories, such as: work exploration, pre-vocational skill building groups and activities, community activities such as church groups, social skill building activities, mobility training, adjustment to disability training, etc.

#### **19 - Homemaker**

If an individual manages their family household as a principal occupation, and performs household duties for others, they shall be categorized as 19-Homemaker.

#### **20 - Student**

If an individual is currently in school and not involved in any other work activity, they shall be categorized as "student". If an individual is in school, but also competitively employed or involved in Transitional Employment or Work Adjustment Training, they shall be categorized in the appropriate employment category.

#### **21 - Retired**

If an individual has concluded their working or professional career, and does not fit the criteria for Student or Volunteer, they shall be categorized as 21-Retired.

#### **22 - Disabled**

Not currently employed or looking for work. Not involved in any other rehabilitation activity. Use this category only if the individual does not fit in any other category.

#### **23 - Inmate of Institution**

When an individual resides in a jail or correctional facility with care provided 24 hours, 7 days a week basis. This includes the state hospital, jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp or Boys Ranch.

#### **24 - Competitively Employed Full Time (both with and without support)**

Refers to work performed in an integrated community setting on a full time basis (35 or more hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or client is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher, a job located in a mainstream integrated setting, and a job that was not set aside for mental health clients. This category may also include individuals who are employed as Peer Support Specialists / Recovery Support Specialists. Employment may be *with* **or** *without* interventions, assistance or supports typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program **or** on their own.

#### **25 - Competitively Employed Part Time (both with and without support)**

Refers to work performed in an integrated community setting on a part time basis (less than 35 hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or client is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher, a job located in a mainstream integrated setting, and a job that was not set aside for mental health clients. This category may also include individuals who are employed as Peer Support Specialists / Recovery Support Specialists. Employment may be *with* **or** *without* interventions, assistance or

supports typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program **or** on their own.

**26 - Work Adjustment Training**

Facility or community based paid training program that teaches the meaning, value and demands of work. Individuals perform paid work activities and are accompanied by a job coach. These paid work activities are geared towards assisting the individual in gaining work experience and developing the soft skills needed to obtain competitive employment. Participation in work adjustment training programs should preferably be time-limited, with a long term goal of obtaining competitive employment. Participation in a work adjustment training program is set aside for mental health clients and/or other participants of a rehabilitation program.

**27 - Transitional Employment Placement**

Temporary employment placements secured by a vocational agency (such as a Fountain House model clubhouse program) and set aside for mental health clients. Employment is paid and is in an integrated / mainstream business setting. Individuals are actual employees of the company, not of the clubhouse. Individuals are paid at least minimum wage, and preferably the prevailing rate received by regular company employees for the same job. Placement work is done in the company's place of business, never in the clubhouse.

**Updates**

8/1/2003 Field added.  
 1/16/2007 Removed valid value "18-Retired, homemaker, or student" and replaced with new valid values 19 thru 23. Valid value "99-Unknown" only applicable to age group 0 thru 17.  
 1/26/2009 Added Valid Employment Status values

**Example**

A client works 20 hours per week. **Enter 25**

67  
**Educational Status**

**Description**

The client's current educational status. Is the client currently attending a school or a vocational program (including pre-Kindergarten)?

**Valid Values**

Y Yes  
 N No

**Considerations**

Entry must be ascertained by a clinical professional.  
 Field 57- Effective Date must be updated when this field is changed.  
 Valid value "Y" must be entered if the client is attending a school or vocational program, regardless of the number of credit hours the client receives or whether the client's status is full time or part time.

**Updates**

8/1/2003 Field added.

**Example**

The client is currently in high school. **Enter Y** OR  
 The client is currently taking a course at a community college. **Enter Y**

## 69 Primary Residence

**Description** The place where the client has spent most of his/her time within the past 30 days prior to intake or any change thereafter.

<b>Valid Values</b>	01 Independent	09 Foster home or Therapeutic Foster Home
	02 Hotel	12 Nursing home
	03 Boarding home	16 Home with family
	04 Supervisory care/assisted living	19 Crisis shelter
	05 Arizona State Hospital	22 Level I, II, or III behavioral health treatment setting
	06 Jail/prison/detention	23 Transitional housing (Level IV) or DES group homes for children
	07 Homeless/homeless shelter	
	08 Other	

**Considerations** Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

The value of "01" can only be used if the client is at least 15 years old.

The values of "04" and "05" can only be used if the client is at least 18 years old.

### 01 - Independent living

Client lives in a private residence with or without support in activities of daily living. Living arrangement may be with a roommate, housemate, and spouse or by self. Use only with individuals 15 years or older.

### 03 - Boarding Home

An unlicensed residence that provides no behavioral health services but includes room and board.

### 04 - Supervisory care/assisted living

A facility licensed by ADHS Assisted Living licensure. Use only with individuals 18 years or older.

### 05 - Arizona State Hospital

A publicly funded inpatient facility for clients with mental illness. Use only with individuals 18 years or older.

### 06 - Jail/Correctional facility

When an individual resides in a jail and/or correctional facility with care provided 24 hours, 7 days a week basis. This includes jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp or Boys Ranch.

### 07 - Homeless/homeless shelter

A client is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residence is either of the following: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

### 09 - Foster home or Therapeutic Foster Home

When a client lives in a home **other than** that of the **client's family**. This includes therapeutic foster care facilities/home.

### 12 - Nursing home

An establishment that provides living quarters and care for the elderly and the chronically ill.

**16 - Home with family**

When a client lives with parents, relatives, adopted family, or legal guardian.

**22 - Level 1, 2, 3 treatment settings –**

**Level 1** facilities provide a structured treatment setting with daily 24-hour supervision and an intensive treatment program, including medical support services. Level 1 facility includes the following subcategories: (a) hospitals; (b) sub-acute facilities; and (c) residential treatment centers.

**Level 2** Behavioral Health Residential facilities provide structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for clients who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.

**Level 3** Behavioral Health Residential facilities provide continuous 24-hour supervision and treatment in a group residential setting to clients who are determined to be capable of independent functioning but still need some protective oversight to insure they receive needed services.

**23 - Transitional housing (Level IV) or DES group homes for children**

Refers to a shelter/housing arrangement for short-term care. This includes DES children group homes, half-way/three-quarter way house, rural substance abuse transitional center, and all others not included in Levels 1, 2, and 3 treatment settings.

**Updates** 8/1/2003 Field added.

**Example** The client currently resides at home with his/her family. **Enter 16**

**70**  
**AXIS V**

**Description** The clinician’s judgment of the client’s overall level of functioning within the past 30 days, as indicated on the Global Assessment of Functioning (GAF) Scale for clients 18 & older, or on the Children’s Global Assessment Scale (CGAS) for clients 0 thru 17.

**Valid Values** 000 – 100 Submitted by T/RBHAs as a character value  
0 – 100 Stored in CIS as a numeric value

Scale	Children’s Global Assessment Scale Ages 0 thru 17	Global Assessment of Functioning Ages 18 & Older
100-91	Superior functioning	Superior functioning
90-81	Good functioning in all areas	No or minimal symptoms
80-71	No more than slight impairment in functioning	Slight impairment if symptoms are present
70-61	Some difficulty in a single area, but generally functioning pretty well	Mild Symptoms
60-51	Variable functioning with sporadic difficulties or symptoms in several but not all areas	Moderate symptoms
50-41	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area	Impaired reality testing/major symptoms in several areas
40-31	Major impairment in functioning in several areas and unable to function in one of these areas	Some impaired reality testing/major impairment in several areas
30-21	Unable to function in almost all areas	Delusional/hallucinations/inability to function in almost all areas
20-11	Needs considerable supervision	Danger to self/others/gross impairment in functioning/hygiene

10-1	Needs constant supervision	Persistent danger/serious impairments
0	Inadequate information	Inadequate information

**Considerations** Entry must be ascertained by a clinical professional.  
Field 57-Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.  
1/16/2007 Valid value range changed from 01-100 to 000-100.

**Example** The 15 year-old client is noted to require considerable supervision. Therefore, the client's GAF is 18. **Enter 18**

## 71 Number of Arrests

**Description** The number of times the client has been arrested within the last 30 days.

**Valid Values** 00 - 31

**Considerations** Entry must be ascertained by a clinical professional.  
Field 57- Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client has been arrested once during the last 30 days. **Enter 01**

## 72 SA Primary

**Description** The primary psychoactive substance used.

<b>Valid Values</b>	0001 None	1001 Methamphetamine/Speed (CNS Stimulants)
	0201 Alcohol	1201 Other Stimulants
	0302 Cocaine/Crack (CNS Stimulants)	1308 Benzodiazepines (CNS Depressants)
	0401 Marijuana/Hashish	1605 Other Sedatives/Tranquilizers (CNS Depressants)
	0501 Heroin / Morphine (Opiates / Narcotics)	1703 Inhalants
	0706 Other Opiates/Synthetics	2002 Other Drugs
	0902 Hallucinogens	

**Considerations** Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

If valid value "0001" (None) is used, then:  
 Expected values for "none / no use" must be used in fields 73-75, in the SA Secondary fields (76-79), and in the SA Tertiary fields (97-100).

- Fields [58 AXIS I-1](#), [59 AXIS I-2](#), [60 AXIS I-3](#), [61 AXIS I-4](#), [62 AXIS I-5](#) cannot have any substance abuse codes
- Field [65 Behavioral Health](#) cannot have a value of "G"

If a valid value other than "0001" (None) is entered in Field 72, then:

- This value may NOT be repeated in SA-Secondary or SA-Tertiary (used only once).
- When entering multiple substance use, SA-Primary, SA-Secondary, and SA-Tertiary must be populated in order.
- Fields [\\_73\\_SA\\_Freq](#) and [\\_74\\_SA\\_Route\\_](#) cannot be null.

**Updates** 8/1/2003 Field added.

**Example** The client's primary substance use has been heroin. **Enter 0501**

[73](#)  
[SA Freq 1](#)

**Description** The frequency of use of the current primary substance use (field 72-SA Primary).

<b>Valid Values</b>	1 No use during the past month	6 No use during the past 3 months
	2 1 -3 times in past month	7 No use during the past 6 months
	3 1 - 2 times per week	8 No use during the past 12 months
	4 3 - 6 times per week	
	5 1 or more times per day	

**Considerations** If "0001" is entered for SA-Primary (72), then Valid value "1" must be entered to accurately reflect no use in past month.

Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.  
 9/28/2010 Added valid values of "6", "7", and "8".

**Example** The client has been using heroin one time per day for the past month. **Enter 5**

[74](#)  
[SA Route 1](#)

**Description** The route of administration of the current primary substance use (field 72-SA Primary).

<b>Valid Values</b>	1	Oral	4	Injection
	2	Smoking	6	No use during the past month
	3	Inhalation		

[See SA Route Valid Value History for start and end dates and deleted valid values](#)

**Considerations** If "0001" is entered for SA-Primary (72), then Valid value "6" must be entered

Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

**Updates**

8/1/2003	Field added.
7/1/2005	Valid value "6 No use during the past month" was added (see Considerations)
8/1/2005	Valid value "5-Other" was removed.

**Example** The client has been administering heroin via intravenous injection. **Enter 4**

## 75 SA Age First Use 1

**Description** The client's age at first use of the reported current primary substance use (Field 72-SA Primary).

**Valid Values**

01-99	Years of age
00	No use

**Considerations** If "0001" is entered for SA-Primary (72), then

- Valid value "00" must be entered.

Otherwise, valid value "00" may NOT be entered.

Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client began using heroin at age 25. **Enter 25**

## 76 SA Secondary

**Description** The secondary psychoactive substance used.

**Valid Values** Reference the "Valid Values" in [72 – SA Primary](#)

**Considerations** If valid value "0001" (None) is used in 72-SA Primary, "0001" must be used and therefore...

- Expected values for “none / no use” must be used in fields 77-79, and in the SA Tertiary fields (97-100).

If a valid value other than “0001” (None) is entered in Field 76, then:

- This value may NOT be repeated in SA-Primary or SA-Tertiary (used only once).
- When entering multiples substance use, SA-Primary, SA-Secondary, and SA-Tertiary must be populated in order.
- Fields [77 SA Freq](#) and [78 SA Route 2](#) cannot be null.

Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client’s secondary substance use been alcohol. **Enter 0201**

## [77](#) [SA Freq 2](#)

**Description** The frequency of use of the current secondary substance use (field 76-SA Secondary).

**Valid Values** Reference the “Valid Values” in [73-SA Freq 1](#)

**Considerations** If “0001” is entered for SA-Secondary (76), then Valid value “1” must be entered.

Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client has used alcohol three times in the past month. **Enter 2**

## [78](#) [SA Route 2](#)

**Description** The route of administration of the current secondary substance use (field 76-SA Secondary).

**Valid Values** Reference the “Valid Values” in [74-SA Route 1](#)

[See SA Route Valid Value History for start and end dates and deleted valid values](#)

**Considerations** If “0001” is entered for SA-Secondary (76), then Valid value “6” must be entered.

Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client has been administering alcohol orally. **Enter 1**

## 79 SA Age First Use 2

**Description** The client's age at first use of the reported current secondary substance use (Field 76-SA Secondary).

**Valid Values** 01-99 Years of age  
00 No use

**Considerations** If "0001" is entered for SA-Secondary (76), then

- Valid value "00" must be entered.

Otherwise, valid value "00" may not be entered.

Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

**Updates** 8/1/2003 Field added.

**Example** The client began using Alcohol at age 15. **Enter 15**

## 81 EOC Status

**Description** Indicates the status of the client.

<b>Valid Values</b>	<b>EOC Start and Update</b>	<b>Crisis and Short Episode</b>
00	Client in EOC	20 Crisis EOC
	<b>EOC End</b>	25 Crisis – Referred for Treatment
		30 Short EOC
01	Treatment completed	
02	Change in eligibility/entitlement information	
03	Client declined further service	
04	Lack of contact	
06	Incarceration	
07	Death of client	
08	Moved out of area	
09	Inter-T/RBHA transfer	99 <b>ADHS/DBHS use only</b> BHS Administrative Action

[See Valid Value History for deleted valid values](#)

**Considerations** Field 57-Effective Date must be updated when this field is changed.

Required on all DUG submissions except [Corrections](#) (trans code 9).

If field 3-Reason for Submission is NOT "4", "6", or "9" enter "00", "20" or "30".

The value of "25" should only be entered after a "20" (ending a crisis episode and referring the client for further treatment).

A value of "01" (Treatment completed) cannot follow a value of "30" (starting a short episode of care).

Note: all applicable re-engagement activities described in [Provider Manual Section 3.8, Outreach, Engagement, Re-engagement and Closure](#), must be completed prior to ending an episode of care.

**Updates**

8/1/2003 Field added.

8/1/2003 Valid value "11-Other" was removed. ([see Valid Value History](#))

7/1/2005 Valid value "10 Crisis event" added and stipulations defined ([see Valid Value History](#))

1/16/2007 Changed value for "Client not disenrolled" from 2 spaces to '00'.  
 Removed value "10-Crisis event" and added values 21, 23, 24 so that Field "81-EOC Status – Crisis Event" could be combined with field 81.  
 Added value "99-BHS Administrative Action" for the creation of Disenrollment Assessment (trans code 4) during the cleanup efforts in 2006. ([see Valid Value History](#))

9/26/2006 "99 BHS Administrative Action" was removed as a valid value for T/RBHA use.

9/28/2010 Field name changed from "Reason for Disenrollment" to "EOC Status".

9/28/2010 Added valid value "20", "25", and "30".

9/28/2010 Deleted valid values of "21", "23", and "24".

9/28/2010 Changed descriptive text for valid value of "00" from "Client not Disenrolled" to "Client in EOC"

**Example** The client's EOC is closing because of death. **Enter 07** OR  
 The client's EOC is closing because the client declined further treatment. **Enter 03**

## 97 SA Tertiary

**Description** The tertiary psychoactive substance used.

**Valid Values** Reference the "Valid Values" in [72 – SA Primary](#)

**Considerations** Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

If valid value "0001" is used in 72-SA Primary or 76-SA-Secondary, then:

- "0001" must be use and
- Expected values for "none / no use" must be used in fields 98-100

If a valid value other than "0001" (None) is entered in Field 97, then:

- This value may NOT be repeated in SA-Primary or SA-Secondary (used only once).
- When entering multiple substance use, SA-Primary, SA-Secondary, and SA-Tertiary must be populated in order.

- Fields [98 SA Freq 3](#) and [99 SA Route](#) cannot be null.

Note:: This field must be actively completed.

---

**Updates** 1/16/2007 Field added.

---

**Example** The client's tertiary substance use has been alcohol. **Enter 0201**

---

### 98 [SA Freq 3](#)

---

**Description** The frequency of use of the current tertiary substance use (97-SA Tertiary).

---

**Valid Values** Reference the "Valid Values" in [73-SA Freq 1](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

If "0001" is entered for SA-Tertiary (97), then

- Valid value "1" must be entered.

---

**Updates** 1/16/2007 Field added.

---

**Example** The client has used alcohol three times in the past month. **Enter 2**

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### 99 [SA Route 3](#)

---

**Description** The route of administration of the current tertiary substance use (97-SA Tertiary).

---

**Valid Values** Reference the "Valid Values" in [74-SA Route 1](#)

[See SA Route Valid Value History for start and end dates and deleted valid values](#)

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57- Effective Date must be updated when this field is changed.

If "0001" is entered for SA-Tertiary (97), then

- Valid value "6" must be entered.

---

**Updates** 1/16/2007 Field added.

---

**Example** The client has been administering alcohol orally. **Enter 1**

---

## 100 SA Age First Use 3

**Description** The client's age at first use of the reported current tertiary substance use (97-SA Tertiary).

**Valid Values** 01-99 Years of age  
00 No use

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If "0001" is entered for SA-Tertiary (97), then

- Valid value "00" must be entered.

Otherwise, valid value "00" may not be entered.

**Updates** 1/16/2007 Field added.

**Example** The client began using Alcohol at age 15. **Enter 15**

## 101 Date of Treatment Plan

**Description** The date the treatment plan was created or last updated for a client

**Valid Values** YYYYMMDD Format

**Considerations** Field 57-Effective Date must be updated when this field is changed.

This field is submitted with every full record.

**Updates** 1/16/2007 Field added.  
1/1/2012 Field expanded from Maricopa County Only to Statewide

**Example** The Treatment Plan was created on September 1, 2010. **Enter 20100901**

## 104 Custom\_1

**Description** (T/RBHA use only) This is a 15-byte customer field for T/RBHA use only.

**Valid Values** T/RBHA defined 15-byte text field

**Considerations** If the associated transaction is successfully accepted by CIS, any data entered in this field will pass through CIS (unedited) and back to the T/RBHA.

---

**Updates** 1/16/2007 Field added.

---

**Example** None

---

## 105 Principal Diagnosis

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**Description** Refers to the AXIS I or AXIS II disorder/condition which is the focus of clinical attention.

---

**Valid Values** Value must match diagnoses listed for AXIS I-1 through AXIS I-5 or AXIS II-1 through AXIS II-2.

Value must be a valid DSM-IV-TR code.

Values of NONE, 799.9, and V71.09 will be rejected effective 2/15/2010

---

**Considerations** The clinician conducting the assessment is responsible for determination of principal diagnosis.

Field 57- Effective Date must be updated when this field is changed.

---

**Updates** 7/1/2008 Field added.  
2/15/2010 Removed NONE, 799.9 and V71.09 from valid values.

---

**Example** The client's disorders have been classified as follows:  
AXIS I 305.1 DSM-IV Nicotine Dependence  
AXIS II 308.83 DSM-IV Borderline Personality Disorder  
**Enter 308.83**

AXIS I 295.30 DSM-IV Schizophrenia, Paranoid Type  
AXIS II 317 DSM-IV Mild Mental Retardation  
**Enter 295.30**

---

## 106 CASII Intensity Level

---

**Description** The CASII applies to children ages 6 thru 17, measuring objective quantifiable criteria for determination of service intensity. It describes an array of services and a level of service intensity rather than a specific treatment setting or program. It does not describe a recommended level of care. The CASII is required as part of the initial 45 day assessment period (trans code 1), at a minimum of every 6 months thereafter (trans code 2 or 3), and at time of [EOC End](#) (trans code 4) from BH services.

---

**Valid Values**

- 00 Basic Services for Prevention and Maintenance
- 01 Recovery Maintenance and Health Management
- 02 Outpatient Services
- 03 Intensive Outpatient Services
- 04 Intensive Integrated Services without 24-Hour Psychiatric Monitoring

05 Non-Secure, 24-Hour Services with Psychiatric Monitoring  
06 Secure, 24-Hour Services with Psychiatric Management  
XX Not applicable due to age

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

If client is age 6 or older and less than age 18, CASII Intensity Level is required every 6 months.  
If client is younger than 6 years OR 18 years old or greater CASII Intensity Level must be XX.

---

**Updates** 7/1/2008 Field added.

---

**Example** A client is assessed using the CASII at the time of the initial assessment and is determined to have needs requiring intensive integrated services without 24-hour psychiatric monitoring. **Enter 04**

## 107 CASII Intensity Date

---

**Description** The CASII Intensity Date must reflect the date on which the CASII Intensity Level (Field 47) was assessed. The CASII is required as part of the initial 45 day assessment period (trans code 1), at a minimum of every 6 months thereafter (trans code 2 or 3), and at time of [EOC End](#) (trans code 4) from BH services.

---

**Valid Values** YYYYMMDD Format

---

**Considerations** Entry must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

A valid date value must be provided each time a CASII Intensity Level is provided.

CASII Intensity Date cannot be greater than closure date.

---

**Updates** 7/1/2008 Field added.

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**Example** Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A client's CASII Intensity Level (field 47) changed on March 26, 2008. **Enter 20080326**

## 108 Social Support of Recovery

---

**Description** How often did the client participate in any self-help or recovery groups (such as Alcoholics Anonymous, Narcotics Anonymous, WRAP/WELL, Recovery Center programming, etc.) in the past 30 days?

---

**Valid Values** 1 No attendance in the past month

- 2 1-4 times in past month
- 3 5-12 times in past month
- 4 13-20 times in past month
- 5 21 or more times in past month

**Considerations** Entry must be ascertained by a clinical professional.  
Field 57-Effective Date must be updated when this field is changed.

**Updates** 2/15/2010 Field added.

**Example** The client has participated in a self-help group 2 times in the past month. **Enter 2**

## 109 Gender Identity

**Description** (For Age 18 & older) The client’s gender identity, otherwise known as **core gender identity**, refers to how the client self-identifies. It is not necessarily based on the person’s anatomy.

**Gender Variant:** a person who self-identifies as both man and woman OR as neither man nor woman.

**Intersex:** a person born with a set of recognized medical conditions that may make sex difficult to determine.

**Man:** a person who self-identifies as a man.

**Questioning:** a person who is questioning his or her gender identity.

**Transgender:** a person who lives or self-identifies as a member of a gender other than that expected based on anatomical sex.

**Woman:** a person who self-identifies as a woman.

**Decline to Answer:** a person who did not answer the question; or a person who declined to answer the question.

**Not Applicable Due to Age:** Ages 0 thru 17.

<b>Valid Values</b>	01 Gender Variant	05 Transgender
	02 Intersex	06 Woman
	03 Man	97 Decline to Answer
	04 Questioning	98 Not Applicable Due to Age

**Considerations** Entry is self reported and must be ascertained by a clinical professional.  
Field 57-Effective Date must be updated when this field is changed.  
Value 98 must be selected for clients who are age 17 and younger.  
For clients who are age 18 and older, a valid value other than 98 must be selected.

**Updates** 9/28/2010 Field added on 9/28/2010. Field became required on 7/1/2011.

**Examples** A client is uncomfortable answering this question and does not want to provide an answer. **Enter 97.**

A client is biologically female yet is experimenting and unsure how she self identifies with either gender. **Enter 04.**

## 110 Sexual Orientation

**Description** (For Age 18 & older) Refers to an enduring pattern, or lack thereof, of a romantic, sexual, and/or emotional attraction to men, women, or all genders.

**Asexual:** a person who is not romantically, sexually, and/or emotionally attracted to persons of any gender.

**Bisexual:** a person who is romantically, sexually, and/or emotionally attracted to men, women, or all genders/gender identities.

**Gay:** a man who is romantically, sexually, and/or emotionally attracted to persons of the same gender/gender identity.

**Heterosexual:** a person who is romantically, sexually, and/or emotionally attracted to persons of the opposite gender/gender identity.

**Lesbian:** a woman who is romantically, sexually, and/or emotionally attracted to persons of the same gender/gender identity.

**Questioning:** a person who is questioning his or her sexual orientation.

**Decline to Answer:** a person who did not answer the question; or a person who declined to answer the question.

**Not Applicable Due to Age:** Ages 0 thru 17.

<b>Valid Values</b>	01	Asexual	05	Lesbian
	02	Bisexual	06	Questioning
	03	Gay	97	Decline to Answer
	04	Heterosexual	98	Not Applicable Due to Age

**Considerations** Entry is self reported and must be ascertained by a clinical professional.

Field 57-Effective Date must be updated when this field is changed.

Value 98 must be selected for clients who are age 17 and younger.

For clients who are age 18 and older, a valid value other than 98 must be selected.

**Updates** 9/28/2010 Field added on 9/28/2010. Field became required on 7/1/2011.

**Examples** A client who self-identifies as a man and is sexually experimenting because he is unsure if he is attracted to women, men, or both. **Enter 06.**

A client who self-identifies as a woman and does not feel a romantic/emotional connection or sexual attraction to persons of any gender. **Enter 01.**

## 111 EOC Start Date

**Description** The episode of care (EOC) start date records the day behavioral health treatment begins.

**Valid Values** YYYYMMDD Format

**Considerations** Required on all submissions.

EOC starts on the day of the [first contact](#) with the behavioral health system (not including

referrals or scheduling appointments). Can be equal to submission date, but cannot be a future date.

All encounters must occur within an EOC.

---

**Updates** 9/28/2010 Field added.

---

**Examples** The EOC Start Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A client receives their first behavioral health service on June 20, 2011. **Enter 20110620**

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## 112 AXIS IV-1

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**Description** Refers to the Psychosocial and/or Environmental stressors that may affect the diagnosis, treatment, and prognosis of mental disorders. The classification is consistent with the broad classifications in the DSM-IV-TR AXIS IV.

All AXIS-IV diagnoses (up to 2) must be reported in fields 112 thru 113

---

**Valid Values**

0	None of the Following
1	Problems with the Primary Support Group
2	Problems Related to the Social Environment
3	Educational Problems
4	Occupational Problems
5	Housing Problems
6	Economic Problems
7	Problems with Access to Health Care Services
8	Problems Related to Interaction with the Legal System/Crime

---

**Considerations** Entry must be ascertained by a clinical professional

Field 57-Effective Date must be updated when this field is changed

If valid value '0 – None of the Following' is used in AXIS-IV-1, then:

- AXIS IV-2 must also be '0 – None of the Following'

If valid value other than '0 – None of the Following' is used in AXIS IV-1, then

- That value may not be repeated in AXIS IV-2

---

**Updates** 7/1/2011 Field added.

---

**Examples** Client feels lost, depressed, and can't seem to find any social activities or hobbies that interest him. **Enter 2**

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## 113 AXIS IV-2

**Description** Refers to the Psychosocial and/or Environmental stressors that may affect the diagnosis, treatment, and prognosis of mental disorders. The classification is consistent with the broad classifications in the DSM-IV-TR AXIS IV.

All AXIS-IV diagnoses (up to 2) must be reported in fields 112 thru 113

**Valid Values**

0	None of the Following
1	Problems with the Primary Support Group
2	Problems Related to the Social Environment
3	Educational Problems
4	Occupational Problems
5	Housing Problems
6	Economic Problems
7	Problems with Access to Health Care Services
8	Problems Related to Interaction with the Legal System/Crime

**Considerations** Entry must be ascertained by a clinical professional

Field 57-Effective Date must be updated when this field is changed

If valid value '0 – None of the Following' is used in AXIS-IV-1, then:

- AXIS IV-2 must also be '0 – None of the Following'

If valid value other than '0 – None of the Following' is used in AXIS IV-1, then That value may not be repeated in AXIS IV-2

**Updates** 7/1/2011 Field added.

**Examples** Client has lost her job and is having difficulty paying her monthly bills. **Enter 6**

## 114 Veteran Status

**Description** Is the individual a current or former member of the uniform services, including the Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard?

**Valid Values**

Y	Yes
N	No
X	Not applicable due to age (0 through 16 only)

**Considerations** Field 57-Effective Date must be updated when this field is changed

**Updates** 1/1/2012 Field added.

**Examples** A client reports serving in the Army. **Enter Y**

## 115 Assessment Control Number (ACN)

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<b>Description</b>	Assessment Control Number (ACN) is assigned to every record by the submitting T/RBHA. The ACN is a unique number used to identify every record and is generated by the T/RBHA based on an pre-established algorithm.
<b>Valid Values</b>	The ACN is a 15 digit string formed by: <ul style="list-style-type: none"><li>• 4 digits - calendar year of record submission</li><li>• 2 digits – T/RBHA ID</li><li>• 9 digits – sequence of numbers, left padded with 0</li></ul>
<b>Considerations</b>	Required on all submissions.  No two records may have the same ACN.
<b>Updates</b>	7/1/2012    Field added.
<b>Examples</b>	NARBHA submits the first record in 2012. <b>Enter 201215000000001</b>

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## 116 ACN Update

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<b>Description</b>	ACN Update field is used to refer to a previously submitted record.
<b>Valid Values</b>	The ACN Change field is a 15 digit string matching a previous submission.
<b>Considerations</b>	If the record is an EOC Start (trans code 1) or a Crisis/Short Start (trans code 5), then: <ul style="list-style-type: none"><li>• Field 116-ACN Update must be blank.</li></ul> If record is a trans code 2, 3, 4, or 6 then: <ul style="list-style-type: none"><li>• Field 116-ACN Update must be identical to field 115-ACN on the Record that started the EOC (trans code 1).</li><li>• The ten always-required fields (1, 2, 3, 4, 6, 8, 9, 57, 111, 115) must all be populated.</li><li>• Eight of the ten always-required fields must be identical to the record being updated (1, 2, 4, 6, 8, 9, 111, 115).</li></ul> If record is a Correction file (trans code 9), then: <ul style="list-style-type: none"><li>• Field 116-ACN Update must be identical to field 115-ACN on the previously accepted record being corrected.</li><li>• The ten always-required fields (1, 2, 3, 4, 6, 8, 9, 57, 111, 115) must all be populated.</li><li>• Seven of the ten always-required fields must be identical to the record being corrected (1, 2, 4, 6, 8, 9, 57).</li></ul>
<b>Updates</b>	7/1/2012    Field added.
<b>Examples</b>	NARBHA needs to correct the first record it submitted in 2012. <b>Enter 201215000000001</b>

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## 117 EOC End Date

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<b>Description</b>	The episode of care (EOC) end date records the day behavioral health treatment ends.
<b>Valid Values</b>	YYYYMMDD Format
<b>Considerations</b>	Required on all EOC-ending records (trans code 4 and 6).  Cannot be a future date. Cannot be less than any value in any other date field in the EOC. All encounters must occur within the date range defined by field 111-EOC Start Date and field 117-EOC End Date.  Field 81-EOC Status records the reason treatment was ended.
<b>Updates</b>	7/1/2012    Field added.
<b>Examples</b>	The EOC End Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A client's treatment is completed on July 22, 2011. <b>Enter 20110722</b>

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## 118 Formal Schooling Level

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<b>Description</b>	Refers to the highest level of formal (school) education <u>completed</u> .
<b>Valid Values</b>	A    Early Intervention (ages 0-2 only) B    Early Childhood Education (ages 3-5 only) C    Kindergarten 00   Less than one grade completed 01   First grade 02   Second grade 03   Third grade 04   Fourth grade 05   Fifth grade 06   Sixth grade 07   Seventh grade 08   Eighth grade 09   Ninth grade 10   Tenth grade 11   Eleventh grade 12   Twelfth grade ( <i>see considerations</i> ) 13   13 years of schooling completed 14   14 years of schooling completed ( <i>see considerations</i> ) 15   15 years of schooling completed 16   16 years of schooling completed ( <i>see considerations</i> ) 17   17 years of schooling completed 18   18 years of schooling completed ( <i>see considerations</i> ) 19-25 years of school completed

---

## Considerations

Field 57- Effective Date must be updated when this field is changed.

If a client is age 0 thru 5...

- Use valid value "A" for early intervention services and Early Head Start for ages 0-2
- Use valid value "B" for early childhood special education services, Head Start, and preschool for ages 3-5

Use valid value "12" for high school graduates, clients who received their GED or other certification status as a high school graduate.

Use valid value "14" for clients who received an Associate's degree or other vocational/technical school certification.

Use valid value "16" for clients who received a Bachelor's degree.

Use valid value "18" for clients who received a Master's degree.

Use the valid value between "19-25" for clients pursuing studies toward a doctoral degree or other post-master's degree certification for the years of school completed.

Use valid value "00" for clients with no formal schooling.

Valid values "A" and "B" cannot be used for clients age 6 and older.

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## Updates

7/1/2012 Information formerly gathered under Field 45; however, significant revisions to valid entries warranted Field 118 creation to maintain data integrity.

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## Examples

The client, age 17, is currently in 12<sup>th</sup> grade, but has not graduated from high school. **Enter 11.**  
OR The client, age 2, is currently in Early Head Start. **Enter A.**  
OR The client has his/her Associate's degree and is currently pursuing further education, yet has not achieved a Bachelor's degree. **Enter 15.**

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## Definitions

<a href="#">834 Transaction Enrollment / Disenrollment</a>	The X12 HIPAA-compliant 834 transmission is used to define enrollment/eligibility information. For non-Title XIX/XXI: From the behavioral health provider to a T/RBHA, from a T/RBHA to ADHS. For Title XIX/XXI: From AHCCCS to ADHS, and from ADHS to the T/RBHA.
AHCCCS	The Arizona Health Care Cost Containment System is the Medicaid program for the state of Arizona and as such is responsible for administering the Title XIX and Title XXI programs.
<a href="#">Assessment</a>	<p>The ongoing collection and analysis of a client's medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists; and if there is a need for behavioral health services; and on an ongoing basis to ensure that the client's service plan is designed to meet the client's (and family's) current needs and long term goals. This behavioral assessment is used to evaluate and manage the behavioral health needs of the client.</p> <p>Use the following:</p> <ul style="list-style-type: none"><li>• Initial Assessment - <a href="#">EOC Start</a> (trans code 1)</li><li>• Annual Assessment - <a href="#">Complete Update</a> (trans code 2)</li><li>• Major Change - <a href="#">Complete Update</a> (trans code 2)</li><li>• Minor Change - <a href="#">Minor Update</a> (trans code 3)</li><li>• Closing Assessment - <a href="#">EOC End</a> (trans code 4)</li><li>• Start crisis or short episode - <a href="#">Crisis/Short Start</a> (trans code 5)</li><li>• End crisis or short episode - <a href="#">Crisis/Short End</a> (trans code 6)</li><li>• Correct an error in previous transmission - <a href="#">Correction</a> (trans code 9)</li></ul>
<a href="#">Behavioral Health Category Assignment</a>	One of five possible designations (i.e., child non-SED, child with SED, adult with SMI, adult non-SMI with general mental health need and adult non-SMI with substance abuse) which are assigned to each client enrolled in the ADHS/DBHS behavioral health system.
<a href="#">Change</a>	Updating a client's behavioral health data after the initial assessment has been accepted by ADHS/DBHS. This allows the client's progress to be tracked over time. (see <a href="#">Minor Update</a> and <a href="#">Major Change</a> )
<a href="#">CIS</a>	The Client Information System is the database used by ADHS/DBHS to store behavioral assessment, enrollment, and encounter data.
Client	A client is a person who is receiving or has received behavioral health services through ADHS/DBHS.
<a href="#">Closure</a>	The end of an of an <a href="#">Episode of Care</a> for a client after successful completion of treatment or after all re-engagement activities described in <a href="#">Provider Manual Section 3.8, Outreach, Engagement, Re-engagement and Closure</a> , have been exhausted or after eligibility has ended. Please see field 81- EOC Status. For Title XIX/XXI AHCCCS eligible clients, AHCCCS will determine the Enrollment and Disenrollment dates for the Medicaid system. For all clients, the T/RBHA will determine the <a href="#">EOC Start</a> and <a href="#">EOC End</a> dates.
Complete Assessment	A record that contains all the routinely collected behavioral assessment fields. A complete assessment is transmitted in trans codes 1, 2, and 4.
Complete Update	<p>Any complete assessment after the initial assessment.</p> <ul style="list-style-type: none"><li>• Rules for submitting are detailed in: <a href="#">Field #3 - Reason for Submission</a></li><li>• Required fields are detailed in: <a href="#">Data Field Reference Table</a></li><li>• Completion is detailed in: <a href="#">Data Set Submission/Completion Criteria</a></li></ul> <p>The timing is detailed in: <a href="#">Submission Deadline to ADHS/DBHS</a> and <a href="#">Assessment period</a></p>
Crisis/Short Episode	<p>Either a <a href="#">Crisis Episode</a> or <a href="#">Short Episode</a>. These episodes start with a trans code 5 and end with a trans code 6. The data must be collected within 45 days of the <a href="#">First Contact</a> and submitted within 10 days of collection. Both Crisis Episodes and Short Episodes must be closed within 45 days of starting.</p> <ul style="list-style-type: none"><li>• Rules for submitting are detailed in: <a href="#">Field #3 - Reason for Submission</a></li></ul>

	<ul style="list-style-type: none"> <li>• Required fields are detailed in: <a href="#">Data Field Reference Table</a></li> <li>• Completion is detailed in: <a href="#">Data Set Submission/Completion Criteria</a></li> <li>• The timing is detailed in: <a href="#">Submission Deadline to ADHS/DBHS</a> and <a href="#">Assessment period</a></li> </ul>
Crisis/Short End	<p>A trans code 6 submission is used to close either a <a href="#">Crisis</a> or <a href="#">Short Episode of Care</a>. Crisis and Short EOCs end within 45 days of <a href="#">First Contact</a>.</p> <ul style="list-style-type: none"> <li>• Rules for submitting are detailed in: <a href="#">Field #3 - Reason for Submission</a></li> <li>• Required fields are detailed in: <a href="#">Data Field Reference Table</a></li> <li>• Completion is detailed in: <a href="#">Data Set Submission/Completion Criteria</a></li> <li>• The timing is detailed in: <a href="#">Submission Deadline to ADHS/DBHS</a> and <a href="#">Assessment period</a></li> </ul>
Crisis/Short Start	A trans code 5 submission is used to start either a <a href="#">Crisis</a> or <a href="#">Short Episode of Care</a> .
<a href="#">Day</a>	A calendar day unless otherwise specified.
DC	Dependent child(ren). Used in the field name <a href="#">50 SP Woman DC</a> .
<a href="#">Descriptive Characteristics</a>	<p>Information used to describe clients. This information is collected in every <a href="#">EOC Start</a> (trans code 1), <a href="#">Complete Update</a> (trans code 2), and <a href="#">EOC End</a> (trans code 4). Descriptive Characteristics include but is not limited to the following areas:</p> <ul style="list-style-type: none"> <li>▪ Socio-demographic profile</li> <li>▪ Treatment characteristics</li> <li>▪ Participation status</li> <li>▪ Medical condition</li> </ul> <p>(see <a href="#">Data Field Reference Table</a> for complete list)</p> <p>Descriptive Characteristics may also be submitted in a <a href="#">Minor Update</a> (trans code 3).</p>
<a href="#">Edit</a>	A check to ensure that data in a field is valid and complete. If an edit flags a record as invalid, then the record is rejected. If a record is rejected, the T/RBHA must correct the error and resubmit within 14 days.
EOC	Episode of Care: The period between the beginning of treatment and the ending of behavioral health services for an individual. Within an episode of care, a person may transfer to a different service, facility, program or location. The EOC cannot transfer between T/RBHAs. The beginning and end of an episode of care is marked with a demographicfile submission. Over time, an individual may have multiple episodes of care.
EOC End	<p>Assessment of client's Descriptive Characteristics and Outcome Measures conducted at Closure.</p> <ul style="list-style-type: none"> <li>• Rules for submitting are detailed in: <a href="#">Field #3 - Reason for Submission</a></li> <li>• Required fields are detailed in: <a href="#">Data Field Reference Table</a></li> <li>• Completion is detailed in: <a href="#">Data Set Submission/Completion Criteria</a></li> <li>• The timing is detailed in: <a href="#">Submission Deadline to ADHS/DBHS</a> and <a href="#">Assessment period</a></li> </ul>
EOC Start	<p>The first assessment of the client's Descriptive Characteristics and Outcome Measures. One of three Assessment types: (trans code 1)</p> <ul style="list-style-type: none"> <li>• Rules for submitting are detailed in: <a href="#">Field #3 - Reason for Submission</a></li> <li>• Required fields are detailed in: <a href="#">Data Field Reference Table</a></li> <li>• Completion is detailed in: <a href="#">Data Set Submission/Completion Criteria</a></li> <li>• The timing is detailed in: <a href="#">Submission Deadline to ADHS/DBHS</a> and <a href="#">Assessment period</a></li> </ul>
First Contact	The First Contact Is the starting point for an <a href="#">EOC</a> , when a client first receives any behavioral health service. This does not include receiving a referral or scheduling an appointment.
<a href="#">Intake/Enrollment</a>	Intake and Enrollment are defined by 834 transmissions. For Title XIX/XXI clients AHCCCS determines intake and enrollment into the Medicaid system and sends the 834 to start and end eligibility. For Non-Title XIX/XXI clients, the T/RBHA determines eligibility and sends the 834 record to ADHS/DBHS.
Major Change	A significant change in the client's status that requires a new <a href="#">Complete Assessment</a> be collected and submitted (trans code 2). This determination is made by a clinical professional using his/her expertise and knowledge of the individual.

Minor Update A change in the client’s status that does NOT require a new [Complete Update](#) be collected and submitted (trans code 3). This determination is made by a clinical professional. The assessment and record submission need only contain the fields that have changed and the ten always required fields and field 81-EOC\_Status. (see [Data Field Reference](#) table)

OA Other Agency involvement. (Fields 33 - 42)

[OMB](#) Office of Management and Budget defines the five races and one ethnicity. (Fields 12 – 17)

[Outcome Measures](#) Information used to measure clients’ behavioral health outcomes. This information is collected in every [EOC Start](#) (trans code 1), [Complete Update](#) (trans code 2), and [EOC End](#) (trans code 4). Outcome measures include but are not limited to the following areas:

- Substance abuse
- Employment
- Primary residence
- Number of arrests
- Educational status
- Social support of recovery
- CASII Intensity Level (ages 6-17)

(see [Data Field Reference Table](#) for complete list)

Outcome Measures may also be submitted in a [Minor Update](#) (trans code 3).

SA Substance Abuse. (Fields 72 - 80 and 97– 100)

Short Episode When a complete behavioral health assessment cannot be completed within 45 days. (e.g. The client moves to another state before the assessment is completed.) A Short Episode must close within 45 days of starting; and must be submitted within 10 days of closing.

SP Special Populations. (Fields 49 – 50)

Trans code There are 7 transaction codes defining the type of record submissions. These are the valid values for field [3 - Reason for Submission](#) :

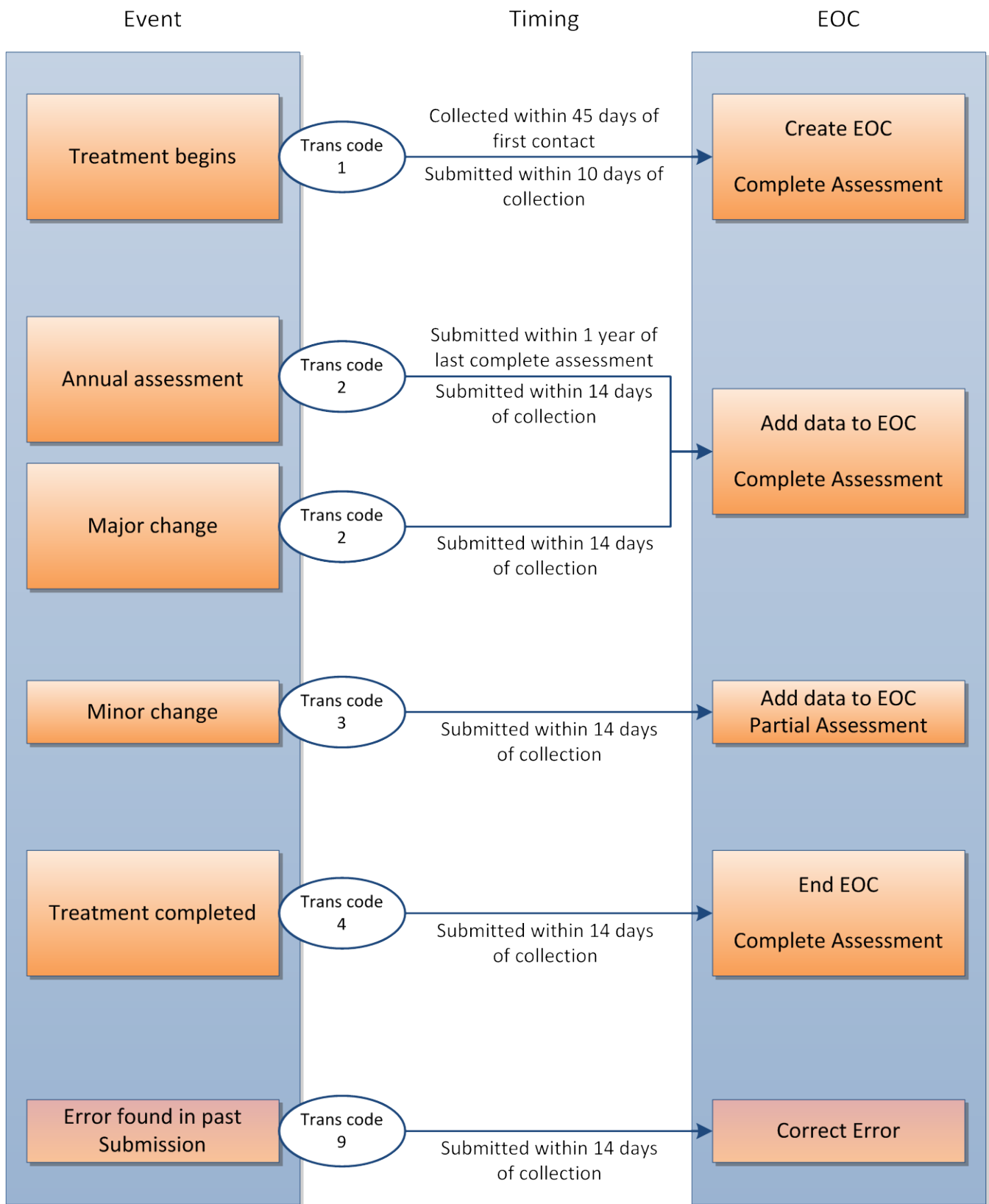
<u>Trans code</u>	<u>Assessment</u>	<u>Collect</u>	<u>Submit</u>	<u>Fields</u>
1	<a href="#">EOC Start</a>	0-45 days	0-10 days	71
2	<a href="#">Annual Assessment</a>		0-1 year	64
2	<a href="#">Major Change</a>		0-14 days	64
3	<a href="#">Minor Update</a>		0-14 days	12 to 63
4	<a href="#">EOC End</a>		0-14 days	65
5	<a href="#">Crisis/Short Start</a>	0-45 days	0-10 days	12 to 70
6	<a href="#">Crisis/Short End</a>	0-45 days	0-10 days	13 to 64
9	<a href="#">Correction</a>		0-14 days	11 to 21

## Episode of Care (EOC)

The Episode of Care (EOC) identifies which persons are actively receiving behavioral health care administered by ADHS/DBHS. The EOC start is defined by field 111-EOC Start Date; and end of the EOC is defined field 117-EOC End Date. All EOCs must occur within enrollment segments defined by a HIPAA 834 record (Either Title XIX, Title XXI form AHCCCS or State Only 834 form T/RBHAs). All encounters must occur within enrollment segments defined by a HIPAA 834 record. All encounters should occur within EOC. The following table lists some attributes of the EOC as they apply to different trans code types.

	Event					
	Initial Assessment	Annual Assessment	Major Change	Minor Change	Treatment Completed	Find Error
Trans code	1	2	2	3	4	9
EOC	start	add	add	add	end	change
Submitted after collection (days)	0-10	0-14	0-14	0-14	0-14	0-14
Requires Open EOC	No	Yes	Yes	Yes	Yes	Y/N
Complete Update	Yes	Yes	Yes	No	Yes	-
# of fields populated	71	64	64	12 to 63	65	11 to 21
Fields 10 to 17 populated (8 total)	Yes	No	No	No	No	Y/N
116 ACN Update populated	No	Yes	Yes	Yes	Yes	Yes
117 EOC End populated	No	No	No	No	Yes	Y/N

**Figure 1: EOC Start, Update, and Ending**



## Date / Period Calculations

Time period calculations are used for various reasons including: valid values for assessment fields, sanctioning, and data submission requirements. The following defines the most salient period algorithms.

Age of client at time of service	<p>The difference between field 57- Effective_Date AND the client's Date of Birth.</p> <p>Used to determine the age group a client was in at the time service was provided and/or data was collected. Various data fields are age group specific.</p>
Assessment date	<p>Every assessment should occur on or in-between the start and end of an episode of care (<a href="#">EOC Start</a> to <a href="#">EOC End</a>; or <a href="#">Crisis/Short Start</a> to <a href="#">Crisis/Short End</a>). Two episodes of care cannot overlap in time for the same client.</p> <p>The assessment date is used to determine:</p> <ul style="list-style-type: none"> <li>• when a client's <a href="#">Complete Update</a> (trans code 2) is due or last completed</li> <li>• the period (days) that determines the rules associated with submitting an <a href="#">EOC Start</a>, <a href="#">EOC End</a>, <a href="#">Crisis/Short Start</a>, and <a href="#">Crisis/Short End</a>. (see <a href="#">Field #3 - Reason for Submission</a>)</li> </ul> <p>Complete Assessment (trans code 1, 2, and 4) A Complete Update must be received by ADHS/DBHS within 365 days of the effective date for the most recent previously accepted complete assessment.</p> <p><a href="#">Crisis/Short Start</a> and <a href="#">Crisis/Short End</a> (trans code 5, and 6) A record may be submitted with as few as 12 fields for a <a href="#">Crisis Episode</a> or <a href="#">Short Episode</a>. The time between the <a href="#">First Contact</a> and collection of this limited behavioral assessment shall be no more than 45 days. This limited behavioral assessment shall be submitted within 10 days of being collected. (see <a href="#">Field #3 - Reason for Submission</a> for list of required fields.)</p>

## Submission Requirements

Submission of data to ADHS/DBHS is associated with the seven (7) events listed below. Data is to be formatted for submission as defined in the Demographic Data Set File Layout section of the [ADHS/DBHS CIS File Layout and Specifications Manual](#). If a record is rejected, the T/RBHA must correct the error and resubmit within 14 days.

The following table summarizes the data submission deadline criteria for each event based on the associated medium. Timeframes indicate deadlines for data from T/RBHAs to ADHS/DBHS. T/RBHAs establish deadlines for data from providers, in accordance with the T/RBHA edition of Provider Manual Section 7.5, Enrollment, Disenrollment and Other Data Submission. [Figure 1](#) and [Figure 2](#), and provide a graphical representation of the data submission process.

Event	Data Submission Deadline to ADHS/DBHS
<a href="#">EOC Start</a> (trans code 1)	Initial Assessment must be collected within 45 days of <a href="#">First Contact</a> , and submitted within 10 days of collection. ( <a href="#">Effective Date</a> )
<a href="#">Annual Assessment</a> (trans code 2)	A complete Update must be submitted within 12 months from last Initial or Complete assessment. (trans code 1 or 2) ( <a href="#">Effective Date</a> )
<a href="#">Major Change</a> (trans code 2)	A Major change assessment must be submitted within 14 days of collecting the assessment. ( <a href="#">Effective Date</a> )
<a href="#">Minor Update</a> (trans code 3)	Minor change must be submitted with 14 days of collecting the assessment. ( <a href="#">Effective Date</a> )
<a href="#">EOC End</a> (trans code 4)	End of EOC DUG must be submitted within 14 days of ending.
<a href="#">Crisis/Short Start</a> (trans code 5)	Crisis or Short Start EOC must be collected within 45 days of <a href="#">First Contact</a> , and submitted within 10 days of collection.
<a href="#">Crisis/Short End</a> (trans code 6)	Crisis or Short End EOC must be collected within 45 days of <a href="#">First Contact</a> , and submitted within 10 days of collection.
<a href="#">Correction</a> (trans code 9)	A correction must be submitted within 14 days of being discovered.

All demographic data sets must be complete to be accepted into the CIS system. To identify what fields are required for each event, reference the field's "T/RBHA Data Submit" column in the [Data Field Reference Table](#).

Event	Submission/Completion Criteria (see the <a href="#">T/RBHA Data Submit</a> column in the <a href="#">Data Field Reference Table</a> )
<a href="#">EOC Start</a> (trans code 1)	An enrollment must exist. All fields identified with "1" or "All" in the <a href="#">T/RBHA Data Submit</a> column in the <a href="#">Data Field Reference Table</a> are required.
<a href="#">Complete Assessment</a> (trans code 2)	An open EOC must exist. All fields identified with "2" or "All" in the <a href="#">T/RBHA Data Submit</a> column in the <a href="#">Data Field Reference Table</a> are required.
<a href="#">Minor Update</a> (trans code 3)	An open EOC must exist. Only the field(s) being updated, the 10 always-required fields, and fields '81' and '116'.
<a href="#">EOC End</a> (trans code 4)	An open EOC must exist. For non-Title XIX/XXI clients, an 834 closure must have been accepted. Only one <a href="#">EOC End</a> submission will be accepted per EOC. All fields identified with "4" or "All" in the <a href="#">T/RBHA Data Submit</a> column in the <a href="#">Data Field Reference Table</a> are required.
<a href="#">Crisis/Short Start</a> (trans code 5)	An intake must exist. Only the 10 always-required fields, and fields '81' and '117' must be submitted. All other field that can be submitted should be submitted.
<a href="#">Crisis/Short End</a> (trans code 6)	An open Crisis/Short EOC must exist. Only the field(s) being updated, the 10 always-required fields, and fields '81' and '117'. All other field that can be submitted should be submitted.
<a href="#">Correction</a> (trans code 9)	An EOC must exist. Only the field(s) being updated, the 10 always-required fields, and field '116'.

## Field Summary Table

The Reference Table summarizes key information associated with each data field. A description of each table column follows.

Column	Description
Field #.	A unique reference number given to each data field. These same field numbers correspond to the fields in the <a href="#">ADHS/DBHS CIS File Layout and Specifications Manual</a> : Demographics Data File Layout.
Name	The data field's descriptive name.
Last Change	The last occurrence a change or addition took place for the data field. For a detailed description of all changes applied to a particular data field, reference the field's "Updates" sub-section.
T/RBHA Data Submit	Identifies the <a href="#">data submission requirements</a> of the data field for each T/RBHA. 1 <a href="#">EOC Start</a> (trans code1) 2 <a href="#">Complete Update</a> (Annual or Major Change) (trans code 2) 4 <a href="#">EOC End</a> (trans code 4) 5 <a href="#">Crisis/Short Start</a> (trans code 5) 6 <a href="#">Crisis/Short End</a> (trans code 6) <b>All</b> Always required
Client Data Collect	Identifies the required data to be <b>collected</b> from the client. 1 <a href="#">EOC Start</a> (trans code1) 2 <a href="#">Complete Update</a> (Annual or Major Change) (trans code 2) 4 <a href="#">EOC End</a> (trans code 4) 5 <a href="#">Crisis/Short Start</a> (trans code 5) 6 <a href="#">Crisis/Short End</a> (trans code 6)
Age Group	Specific age group(s) associated with this field.
Category	The category or categories a data field is associated with... <b>Descriptive</b> Client Descriptive Characteristic <b>Clinical</b> Clinical Judgment <b>Outcome</b> Outcome Measures being reported

	<b>System</b> System function
Field Relationship	Identifies other fields that relate to this field. For a detailed description of the association(s), reference the data fields "Considerations" sub-section.

**Hyperlink** Each data field name in the following table is hyperlinked to its associated data field detail section. To jump (link) to a field's detail, click on the field name within the table.

In addition, each data field's detail section title is hyperlinked to its corresponding entry in the Reference Table. To jump (link) to a field in the Reference Table, from a field's detail section, click on the data field's title

FIELD #	NAME	LAST CHANGE	T/RBHA DATA SUBMIT	CLIENT DATA COLLECT	AGE GROUP	CATEGORY	FIELD RELATIONSHIP
1	<a href="#">Record-Type</a>	08/01/03	All	N/A	N/A	System	
2	<a href="#">RBHA-ID</a>	11/01/07	All	N/A	N/A	System	
3	<a href="#">Reason-for-Submission</a>	09/28/10	All	N/A	N/A	System	
4	<a href="#">Client-ID</a>	08/01/03	All	N/A	N/A	System	
6	<a href="#">Client-First-Name</a>	08/01/03	All	N/A	N/A	Descriptive	
8	<a href="#">Client-Last-Name</a>	08/01/03	All	N/A	N/A	Descriptive	
9	<a href="#">Date-of-Birth</a>	08/01/03	All	N/A	N/A	Descriptive	
10	<a href="#">Referral-Date</a>	08/01/03	1	1	All		
11	<a href="#">Referral-Source</a>	09/28/10	1	1	All		
12	<a href="#">OMB-American Indian</a>	08/01/03	1	1	All	Descriptive	12-16,29
13	<a href="#">OMB-Asian</a>	08/01/03	1	1	All	Descriptive	12-16,29
14	<a href="#">OMB-Black</a>	08/01/03	1	1	All	Descriptive	12-16,29
15	<a href="#">OMB-Native Hawaiian</a>	08/01/03	1	1	All	Descriptive	12-16,29
16	<a href="#">OMB-White</a>	08/01/03	1	1	All	Descriptive	12-16,29
17	<a href="#">OMB-Hispanic-Latino</a>	08/01/03	1	1	All	Descriptive	57
29	<a href="#">Assessment Date</a>	07/01/08	1, 2, 4	1, 2, 4	All		
32	<a href="#">Treatment-Participation</a>	07/01/05	1, 2, 4	1, 2	All	Descriptive	57
33	<a href="#">OA-ADC-Parole</a>	01/16/07	1, 2, 4	1, 2	18 & Older	Descriptive	57
34	<a href="#">OA-ADJC-Parole</a>	01/16/07	1, 2, 4	1, 2	0 thru 17	Descriptive	57
36	<a href="#">OA-AOC-Adult-Probation</a>	01/16/07	1, 2, 4	1, 2	18 & Older	Descriptive	57
37	<a href="#">OA-AOC-Juvenile-Probation</a>	01/16/07	1, 2, 4	1, 2	0 thru 17	Descriptive	57
40	<a href="#">OA-DES-RSA</a>	08/01/03	1, 2, 4	1, 2	All	Descriptive	57
42	<a href="#">OA-School-Special-Ed</a>	08/01/03	1, 2, 4	1, 2	All	Descriptive	57
45	<a href="#">Formal-Schooling-Level</a>	01/16/07	1, 2, 4	1, 2	0 thru 4 5 & Older	Descriptive	57
49	<a href="#">SP-Pregnancy</a>	01/16/07	1, 2, 4	1, 2	All	Descriptive	57
50	<a href="#">SP-Woman-DC</a>	01/16/07	1, 2, 4	1, 2	All	Descriptive	57
52	<a href="#">AXIS-III-1</a>	09/28/10	1, 2, 4	1, 2	All	Clinical	57, 53-56
53	<a href="#">AXIS-III-2</a>	09/28/10	1, 2, 4	1, 2	All	Clinical	57, 52
54	<a href="#">AXIS-III-3</a>	09/28/10	1, 2, 4	1, 2	All	Clinical	57, 52
55	<a href="#">AXIS-III-4</a>	09/28/10	1, 2, 4	1, 2	All	Clinical	57, 52
56	<a href="#">AXIS-III-5</a>	09/28/10	1, 2, 4	1, 2	All	Clinical	57, 52
57	<a href="#">Effective Date</a>	07/01/08	All	1, 2, 4	All	System	12-28, 30-40, 42-43, 45-46, 49-51a, 52-56, 58-67, 69-81, 83-89, 92-105
58	<a href="#">AXIS-I-1</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 59-63
59	<a href="#">AXIS-I-2</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58
60	<a href="#">AXIS-I-3</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58
61	<a href="#">AXIS-I-4</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58
62	<a href="#">AXIS-I-5</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58
63	<a href="#">AXIS-II-1</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58, 64
64	<a href="#">AXIS-II-2</a>	08/01/03	1, 2, 4	1, 2, 4	All	Clinical	57, 58, 63

65	<a href="#">Behavior-Health-Category</a>	08/01/03	1, 2, 4	1, 2, 4	0 thru 17 18 & Older	Descriptive	57, 58-64, 51a, 83-89, 92-96
66	<a href="#">Employment-Status</a>	01/26/09	1, 2, 4	1, 2, 4	0 thru 17 18 & Older	Outcome, Clinical	57
67	<a href="#">Educational-Status</a>	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	57
69	<a href="#">Primary-Residence</a>	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	57
70	<a href="#">AXIS-V</a>	01/16/07	1, 2, 4	1, 2, 4	0 thru 17 18 & Older	Clinical	57
71	<a href="#">Number-of-Arrests</a>	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	57
72	<a href="#">SA-Type-1</a>	09/28/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 73-79, 97-100
73	<a href="#">SA-Freq-1</a>	09/28/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 72
74	<a href="#">SA-Route-1</a>	08/01/05	1, 2, 4	1, 2	All	Outcome, Clinical	24, 57, 72
75	<a href="#">SA-Age-First-Use-1</a>	08/01/03	1, 2, 4	1, 2	All	Clinical	24, 57, 72
76	<a href="#">SA-Type-2</a>	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 72, 77-80
77	<a href="#">SA-Freq-2</a>	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 76
78	<a href="#">SA-Route-2</a>	08/01/03	1, 2, 4	1, 2	All	Outcome, Clinical	24, 57, 76
79	<a href="#">SA-Age-First-Use-2</a>	08/01/03	1, 2, 4	1, 2	All	Clinical	24, 57, 76
81	<a href="#">EOC Status</a>	09/28/10	1, 4, 5, 6	1, 2, 3, 4, 5, 6	All	Descriptive	57
97	<a href="#">SA-Type-3</a>	01/16/07	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 72, 80, 98-100
98	<a href="#">SA-Freq-3</a>	01/16/07	1, 2, 4	1, 2, 4	All	Outcome, Clinical	24, 57, 97
99	<a href="#">SA-Route-3</a>	01/16/07	1, 2, 4	1, 2	All	Outcome, Clinical	24, 57, 97
100	<a href="#">SA-Age-First-Use-3</a>	01/16/07	1, 2, 4	1, 2	All	Clinical	24, 57, 97
101	<a href="#">Date of Treatment Plan</a>	1/1/2012	1, 2, 4	1, 2	All	Descriptive	57
104	<a href="#">Custom-1</a>	01/16/07	-	-	-	-	-
105	<a href="#">Principal Dx</a>	09/28/10	1, 2, 4	1, 2, 4	All	Clinical	
106	<a href="#">CASII Intensity Level</a>	07/01/08	1, 2, 4	1, 2, 4	6 thru 17	Outcome, Clinical	57
107	<a href="#">CASII Intensity Level Date</a>	07/01/08	1, 2, 4	1, 2, 4	6 thru 17	Outcome, Clinical	57
108	<a href="#">Social Support of Recovery</a>	02/15/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	57
109	<a href="#">Gender Identity</a>	09/28/10	1, 2, 4	1, 2, 4	18 & Older	Clinical	57
110	<a href="#">Sexual Orientation</a>	09/28/10	1, 2, 4	1, 2, 4	18 & Older	Clinical	57
111	<a href="#">EOC Start Date</a>	09/28/10	ALL	1, 5	All	System	
112	<a href="#">AXIS-IV-1</a>	07/01/11	1, 2, 4	1, 2, 4	All	Clinical	57
113	<a href="#">AXIS-IV-2</a>	07/01/11	1, 2, 4	1, 2, 4	All	Clinical	57
114	<a href="#">Veteran Status</a>	01/01/12	1, 2, 4	1, 2, 4	All	Clinical	57
115	<a href="#">ACN</a>	07/01/12	ALL	ALL	All	System	
116	<a href="#">ACN Update</a>	07/01/12	2,3,4,6,9	2,3,4,6,9	All	System	
117	<a href="#">EOC End Date</a>	07/01/12	4, 6	4, 6	All	System	
118	<a href="#">Formal Schooling Level</a>	7/01/12	1, 2, 4	1, 2, 4	All	Descriptive	57

## Internet References

### Manuals & Sections within:

- [ADHS/DBHS Provider Manual: Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)
- [Office of Program Support Procedure Manuals](#)
- [ADHS/DBHS CIS File Layout and Specifications Manual](#)
- [Provider Manual Section 3.8, Outreach, Engagement, Re-engagement and Closure](#)

### Forms & Attachments:

- [ADHS/DBHS Provider Manual: Section 13 – Forms & Attachments](#)
- [Provider Manual Form 3.9.1, Behavioral Health Assessment and Service Plan](#)
- [Provider Manual Form 3.9.2, Behavioral Health Assessment: Birth-5 and Service Plan](#)
- [PM Attachment 7.5.3 SMI and SED Qualifying Diagnoses Table](#)
- [PM Attachment 7.5.4 Substance Abuse Disorders Qualifying Diagnoses Table](#)

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## Appendix A: Submission Monitoring Detail

The Division of Behavioral Health Services conducts the following reviews on the second Friday of each month and provides the findings to the Regional Behavioral Health Authorities for follow-up action and to the ADHS/DBHS Bureau of Contract Compliance for subsequent enforcement action if necessary.

### **Delinquent Demographic Report - Consumers Receiving Services without an Open Episode of Care (EOC): (Medicaid Clients Only):**

- Type: Routine Production Report – Rolling Report.
- Purpose: To identify consumers who are being served, but have no corresponding open EOC.
- Methodology:
  - a. Encounter service dates as of 7/1/10 – excluding Pharmacy Encounters or Transportation Procedure Codes (A0\*\*\*, T2003, S0209, S0215, T2205, T2007, and T2049)
  - b. Include Client If trans code 1 and trans code 5 are Null, or Closure\_Date < Service Date.

#### Fields to Include:

- RBHA ID
- CIS ID
- Date of *First Service Encounter*
- Time [in days] Since First Service Date (Calculated: Report Run Date – Date of First Service) if ≥30 days

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### **Consumer Inactivity Report: Consumers in an Open Episode of Care (EOC) without Recent Encounters; (Medicaid and State-Only Clients):**

- Type: Routine Production Report – Rolling Report.
- Purpose: To Identify Consumers who have been in an Open Episode of Care for at least 90-days and in which DBHS/CIS has not received an encounter in at least the past 90-day period as of report run date.

#### Fields to Include:

- RBHA ID
- CIS ID
- EOC Start Date
- Behavioral Health Category
- Eligibility Status (AHCCCS / Non-AHCCCS)
- Date CIS Received Last Encounter
- Length of Current Inactivity (in days) (Calculated: Report Run Date – Date of Last Received Encounter) if ≥90 days

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### **Annual Assessment Compliance Report (Medicaid and State Only Clients):**

- Type: Routine Production Report – Rolling Report.
- Purpose: To monitor RBHA compliance in ensuring clients undergo a behavioral health assessment at least annually.
- Contractual Standard: 85% of consumers receive an annual assessment update.

- Report Methodology: : For all clients in an open Episode of Care (trans code 1 without trans code 4, report the number of clients whose most recent assessment (trans code 1 or trans code 2) has occurred within the past 365 days as of report run date, based on Assessment\_Date field, over all clients in an open EOC.

Fields to Include:

- RBHA ID
- CIS ID
- Last Name
- Behavioral Health Category
- Time, in days, since client has received their most-recent complete assessment (Report Run Date - Assessment Date of the most recent Trans\_1 or Trans\_2 file) only show if Time is  $\geq$  330 days

## Appendix B: Deleted Values

### [45 - Formal Schooling Level](#) [Deleted Valid Value History]

FORMAL\_SCHOOL\_LEVEL\_CD

Value	DESCRIPTION	START_DATE	END_DATE
2	Grades K to 11	1/1/1945	8/31/2005

### [52, 53, 54, 55, 56](#) - **AXIS III (1 to 5)** [Deleted Valid Value History]

AXIS\_III\_CD

Value	DESCRIPTION	START_DATE	END_DATE
01	INFECTIOUS AND PARASITIC DISEASES	1/1/1945	9/30/2007
02	NEOPLASMS	1/1/1945	9/30/2007
03	ENDOCRINE, NUTRITIONAL, METABOLIC DISEASES, AND IMMUNITY DIS	1/1/1945	9/30/2007
04	DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS	1/1/1945	9/30/2007
05	DISEASES OF THE NERVOUS SYSTEM AND SENSORY ORGANS	1/1/1945	9/30/2007
06	DISEASES OF THE CIRCULATORY SYSTEM	1/1/1945	9/30/2007
07	DISEASES OF THE RESPIRATORY SYSTEM	1/1/1945	9/30/2007
08	DISEASES OF THE DIGESTIVE SYSTEM	1/1/1945	9/30/2007
09	DISEASES OF THE GENITOURINARY SYSTEM	1/1/1945	9/30/2007
10	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, PUERPERIUM	1/1/1945	9/30/2007
11	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES	1/1/1945	9/30/2007
12	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	1/1/1945	9/30/2007
13	CONGENITAL ANOMALIES	1/1/1945	9/30/2007
14	CONDITIONS ORIGINATING IN THE PRENATAL PERIOD	1/1/1945	9/30/2007
15	SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS	1/1/1945	9/30/2007
16	INJURY OR POISONING	1/1/1945	9/30/2007

### [66 - Employment Status](#) [Deleted Valid Value History]

EMPLOYMENT\_STATUS\_CD

Value	DESCRIPTION	START_DATE	END_DATE
01	Employed Full-Time Without Support	1/1/1945	1/25/2009
02	Employed Part-Time Without Support	1/1/1945	1/25/2009
03	Employed Full-Time With Support	1/1/1945	1/25/2009
04	Employed Part-Time With Support	1/1/1945	1/25/2009
18	Retired, Homemaker, or Student	1/1/1945	4/16/2007

**[74, 78, 99](#) - SA Route (1 to 3) [Deleted Valid Value History]**

SUBST\_ABUSE\_ROUTE\_CD

Value	DESCRIPTION	START_DATE	END_DATE
5	OTHER	1/1/1945	8/31/2005

**[81 - EOC Status](#) [Deleted Valid Value History]**

DISENROLL\_REASON\_CD

Value	DESCRIPTION	START_DATE	END_DATE
21	CRISIS -Treatment Completed	1/16/2007	9/28/2010
23	CRISIS -Client declined further service	1/16/2007	9/28/2010
24	CRISIS-Lack of contact	1/16/2007	9/28/2010
10	CRISIS EVENT	8/1/2005	1/31/2007
11	Other		8/1/2003

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## Appendix C: Deleted Field Summary Table

<u>FIELD #</u>	<u>NAME</u>	<u>LAST CHANGE</u>	<u>T/RBHA DATA SUBMIT</u>	<u>CLIENT DATA COLLECT</u>	<u>AGE GROUP</u>	<u>CATEGORY</u>	<u>FIELD RELATIONSHIP</u>
5	NA	09/28/10	All	N/A	N/A	System	
7	N/A						
18	<a href="#">PC-Self Harm</a>		I, D, F	I	All	Desc Char	29
19	<a href="#">PC-Assaultive</a>		I, D, F	I	All	Desc Char	29
20	<a href="#">PC-Victim-ANV</a>		I, D, F	I	All	Desc Char	29
21	<a href="#">PC-Anxiety-Stress</a>		I, D, F	I	All	Desc Char	29
22	<a href="#">PC-Depressed</a>		I, D, F	I	All	Desc Cha	29
23	<a href="#">PC-Psychotic</a>		I, D, F	I	All	Desc Char	29
24	<a href="#">PC-Substance-Abuse</a>		I, D, F	I	All	Desc Char	29, 72-79, 97-100
25	<a href="#">PC-Unable-to-Care</a>		I, D, F	I	5 & older	Desc Char	29
26	<a href="#">PC-Relational</a>		I, D, F	I	All	Desc Char	29
27	<a href="#">PC-Child-Behavior</a>		I, D, F	I	0 thru 17	Desc Char	29
28	<a href="#">PC-Other</a>		I, D, F	I	All	Desc Char	29
30	<a href="#">Household-Size</a>		I, D, F	I, F	All	Desc Char	29
31	<a href="#">Household-Income</a>		I, D, F	I, F	All	Desc Char	29
35	<a href="#">OA-ADHS-CRS</a>		I, D, F	I, F	0 thru 17	Desc Char	29
38	<a href="#">OA-DES-CPS</a>		I, D, F	I, F	All	Desc Char	29
39	<a href="#">OA-DES-DDD</a>		I, D, F	I, F	All	Desc Char	29
41	N/A						
43	<a href="#">OA-Other</a>	08/01/03	I, D, F	I, F	All	Desc Char	29, 33-40, 42
44	N/A						
45	Formal Schooling Level	07/01/12	1, 2, 4	1, 2, 4	All	Descriptive	57
46	SP-COOL	01/16/07	1, 2, 4	1, 2	18 & Older	Descriptive	57, 33, 65
47	N/A						
48	N/A						
51a	<a href="#">SP-Priority-SMI</a>	01/16/07	1, 2, 4	1, 2, 4	18 +	Descriptive, Maricopa	57, 65
51b	N/A						
68	N/A						
80	<a href="#">Past-SA-Type</a>	08/01/03	I, D, F	I, F	All	Desc Char	29, 72, 76, 97
82	N/A						
83	<a href="#">Avoid-Delinquency</a>		I, D, F	I, D, F	5 thru 17	Outcome	57, 65
84	<a href="#">Success-In-School</a>		I, D, F	I, D, F	5 thru 17	Outcome	57, 65
85	<a href="#">Stable-and-Productive-Adult</a>		I, D, F	I, D, F	5 thru 17	Outcome	57, 65
86	<a href="#">Lives-With-Family</a>		I, D, F	I, D, F	0 thru 17	Outcome	57, 65
87	<a href="#">Increased-Stability</a>		I, D, F	I, D, F	5 thru 17	Outcome	57, 65
88	<a href="#">Decrease-in-Safety-Risks</a>		I, D, F	I, D, F	5 thru 17	Outcome	57, 65
89	<a href="#">Served-by-CFT</a>		I, D, F	I, D, F	0 thru 17	Desc Char	29, 65
90	<a href="#">Clinical-Liaison-Name</a>		I, D, F	I, D, F	All		
91	<a href="#">Clinical-Liaison-Billing-ID</a>		I, D, F	I, D, F	All		
92	<a href="#">Acceptable-Emotional-Reg</a>		I, D, F	I, D, F	0 thru 4	Outcome	57, 65
93	<a href="#">Ready-to-Learn</a>		I, D, F	I, D, F	0 thru 4	Outcome	57, 65
94	<a href="#">Explore-and-Adapt</a>		I, D, F	I, D, F	0 thru 4	Outcome	57, 65
95	<a href="#">Parent-Child-Interaction</a>		I, D, F	I, D, F	0 thru 4	Outcome	57, 65
96	<a href="#">Family-Stress-Level</a>		I, D, F	I, D, F	0 thru 4	Outcome	57, 65
102	<a href="#">ACT-Team</a>		1, 2, 4	1, 2	18 +	Descriptive, Maricopa	57
103	<a href="#">Clinical-Site-ID</a>	01/16/07	1, 2, 4	1, 2, 4	All	Maricopa	57



<b>2. T/RBHA ID</b> 02 Cenpatico 2 15 NARBHA 32 Cenpatico 3 11 Gila River 22 Cenpatico 4 14 Navajo Nation 26 CPSA 25 Pascua Yaqui 07 Magellan 28 White Mountain	<b>52-56. AXIS III - Continued</b> 67 Intrauterine Growth Restriction 68 Birth Deformities 69 Colic 70 Unexplained Crying 71 Traumatic Injuries 72 Chronic Ear Infections 73 Perinatal/Postnatal Complications 74 No Known Medical History 75 Head Injury with Lasting Effects / Traumatic Brain Injury	<b>106. CASII Intensity Level</b> 00 Basic services for prevention and maintenance 01 Recovery maintenance and health management 02 Outpatient services 03 Intensive Outpatient Services (IOP) 04 Intensive integrated services without 24-hour monitoring 05 Non-secure, 24-hour services with psychiatric monitoring 06 Secure, 24-hour services with psychiatric monitoring XX Not applicable due to age
<b>3. Submission Type</b> 1 Episode of Care Start 2 Full Assessment 3 Minor Change Record 4 Episode of Care End 5 Crisis/Short Start 6 Crisis/Short End 9 Correction	<b>57. Effective Date</b> The effective date of any change to a demographic field.	<b>108. Social Support of Recovery</b> Participation in self-help or recovery groups in the past 30-days 1 No attendance in the past month 2 1-4 times in the past month 3 5-12 times in the past month 4 13-20 times in the past month 5 21 or more times in the past month
<b>11. Referral Source</b> 01 Self/Family/Friend 03 Other Behavioral Health Provider 05 T/RBHA Customer Service 19 Federal Agency (VA, IHS, Prison, etc.) 35 AHCCCS Health Plan / PCP 36 CPS Emergency Response (Child Only) 37 Community Agency other than a BHP (homeless shelter, church, employer) 38 Arizona Department of Economic Security or Tribal Services (Non Urgent CPS; DDD, RSA) 39 Arizona Department of Education or Tribal School 40 Criminal Justice / Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.) 41 Other	<b>65. Behavioral Health Category</b> <b>For Ages 0 -17 Only:</b> C Child Z Child; Seriously Emotionally Disturbed (SED) <b>For Ages 18 &amp; Older Only:</b> S Adult, Serious Mental Illness (SMI) M Adult, Non-SMI, with general mental health need G Adult, Non-SMI, Substance abuse - either alcohol or drug	<b>109. Gender Identity</b> 01 Gender Variant 05 Transgender 02 Intersex 06 Woman 03 Man 97 Decline to Answer 04 Questioning 98 Not Applicable Due to Age (Ages 0 thru 17 only)
<b>29. Assessment Date</b> The date when the Initial Assessment, or most recent Full Assessment is completed	<b>66. Employment Status</b> 08 Unemployed 14 Volunteer 17 Unpaid Rehab Activities 19 Homemaker 20 Student 21 Retired 22 Disabled 23 Inmate of Institution 24 Employed Full-Time 25 Employed Part-Time 26 Work Adjustment Training 27 Transitional Employment Placement 99 Unknown	<b>69. Primary Residence</b> 01 Independent Living 02 Hotel 03 Boarding Home 04 Assisted Living or Supervisory Care 05 Arizona State Hospital 06 Jail/Prison/Detention 07 Homeless / Shelter 09 Foster Home or Therapeutic Foster Home 12 Nursing Home 16 Home with Family 19 Crisis Shelter 22 Level I, II, or III Residential 23 Trans. Housing (Level IV) or DES group home 08 Other
<b>32. Treatment Participation</b> V Voluntary C Involuntary - Criminal N Involuntary - Civil	<b>71. Number of Arrests</b> Number of Arrests in the last 30 days (Valid Values: 00-31)	<b>110. Sexual Orientation</b> 01 Asexual 05 Lesbian 02 Bisexual 06 Questioning 03 Gay 97 Decline to Answer 04 Heterosexual 98 Not Applicable Due to Age (Ages 0 thru 17 only)
<b>52-56. AXIS III</b> 00 None of the Following Medical Conditions 20 Congestive Heart Failure 21 Cardiac Arrhythmias 22 Myocardial Infarction 23 Cardiomyopathy 24 Valvular Disease 25 Cerebrovascular Disease 26 Peripheral Vascular Disorders 27 Atherosclerosis 28 Hypertension 29 Pulmonary Circulation Disorders 30 Chronic Pulmonary Disease 31 Paralysis 32 Other Neurological Disorders 33 Diabetes Mellitus 34 Hypothyroidism 35 Other Endocrine Disorders 36 Fluid Electrolyte Disorders 37 Obesity 38 Weight Loss 39 Renal Disease 40 Renal Failure 41 Liver Disease 42 Inflammatory Bowel Disease 43 Peptic Ulcer Disease 44 Solid Tumor without Metastasis 45 Lymphoma/Leukemia 46 Metastatic Cancer 47 AIDS/HIV 52 Osteoarthritis 53 Coagulopathy 54 Rheumatological/Collagen Disease 55 Anemia 56 Deaf/Hard of Hearing 57 Blind/Visually Impaired 58 Prematurity 59 Intrauterine Drug/Alcohol Exposure 60 Genetic Disorders 61 Orthopedic Disorders 62 Feeding Problems 63 Ingestion of Poisonous/Toxic Substances 64 Low Birth Weight 65 Fetal Alcohol Syndrome/Effects 66 Shaken Baby Syndrome  <i>(Continued in Next Column)</i>	<b>72, 76, 97. Substance Type</b> 0001 None 1001 Methamphetamine 0201 Alcohol 1201 Other Stimulants 0302 Cocaine / Crack 1308 Benzodiazepines 0401 Marijuana / Hashish 1605 Other Sedatives / Tranquilizers 0501 Heroin / Morphine (Opiates / Narcotics) 1703 Inhalants 0706 Other Opiates 2002 Other Drugs 0902 Hallucinogens	<b>111. EOC Start Date</b> The Episode of Care Start Date identifies the day behavioral health service begins. <b>112-113. AXIS IV</b> 00 None of the Following 01 Problems with the primary support group 02 Problems related to the social environment 03 Educational problems 04 Occupational Problems 05 Housing Problems 06 Economic Problems 07 Problems with access to health care services 08 Problems related to interaction with the legal system/crime 09 Other Psychosocial and Environmental problems
	<b>73, 77, 98. Substance Use Frequency (past 30 days)</b> 1 No use during the past month 2 1 -3 times in the past month 3 1 - 2 times per week 4 3 - 6 times per week 5 1 or more times per day 6 No use during the past 3 months 7 No use during the past 6 months 8 No use during the past 12 months	<b>114. Veteran Status</b> Is the Individual a current or former member of the uniform services, including the Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard? <b>117. EOC End Date</b> The Episode of Care End Date records the day behavioral health treatment ends.
	<b>74, 78, 99. Route of Substance Use</b> 1 Oral 2 Smoking 3 Inhalation 4 Injection 6 No use during the past month	<b>118. Formal Schooling Level</b> Refers to the highest level of formal (school) education completed. A Early Intervention (ages 0-2 only) B Early Childhood Education (ages 3-5 only) C Kindergarten 00 Less than one grade completed 01 First grade 02 Second grade 03 Third grade 04 Fourth grade 05 Fifth grade 06 Sixth grade 07 Seventh grade 08 Eighth grade 09 Ninth grade 10 Tenth grade 11 Eleventh grade 12 Twelfth grade 13 - 13 years of schooling completed 14 - 14 years of schooling completed 15 - 15 years of schooling completed 16 - 16 years of schooling completed 17 - 17 years of schooling completed 18 - 18 years of schooling completed 19-25 years of school completed
	<b>81. EOC Status</b> <b>Start and Update Submissions</b> 00 Client in Episode of Care 20 Crisis Episode of Care 30 Short Episode of Care <b>End of Care Submissions</b> 01 Treatment Completed 02 Change in eligibility / entitlement information 03 Client declined further service 04 Lack of contact 06 Incarceration 07 Death of Client 08 Moved out of area 09 Inter-T/RBHA transfer 25 Crisis End - Referred for Treatment	Please refer to the most recent version of the ADHS/DBHS Demographic and Outcomes Data Set User Guide for further details on demographic data
	<b>101. Treatment Plan Date</b> Date the treatment plan was created or last updated	
	<b>105. Principal Diagnosis</b> The AXIS I or AXIS II disorder/condition which is the focus of clinical attention.	