**STATE OF FLORIDA, DEPT OF CHILDREN & FAMILES**

**SUBSTANCE ABUSE & MENTAL HEALTH**

**TREATMENT EPISODE FORM**

(\* Mandatory Fields) (Reference Chapter 5, DCF Pam 155-2)

| **#** | **Treatment Episode Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 1 | **\* Provider Identifier**  Federal Tax Identification Number | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifier  Section 3.1.3 |
| 2 | **\* Client SSN**  Or Source Record Identifier. | \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | ClientSourceRecordIdentifier  Section 3.1.3 |

| **#** | **Admission Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 3 | **\* Contract Number**  Not required for DCF Operated State Mental Health Treatment facilities. |  | ContractNumber  Section 3.2.4 |
| 4 | **Subcontract Number**  Required if provider is under contract with a managing entity. |  | SubcontractNumber  Section 3.2.4 |
| 5 | **\*Site ID** |  | SiteIdentifier  Section 3.2.4 |
| 6 | **\*Admission Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | AdmissionDate  Section 3.2.4 |
| 7 | **\*Admission Type** | |  |  | | --- | --- | | 🞎 1 Initial Admission | 🞎 2 Transfer Admission | | TypeCode  Section 3.2.4 |
| 8 | **\* Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.2.4 |
| 9 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.2.4 |
| 10 | **\*Program Area** | |  |  | | --- | --- | | 🞎 1 Adult Mental Health | 🞎 4 Child Substance Abuse | | 🞎 2 Adult Substance | 🞎 5 Adult Mental Health | | Abuse | And Substance Abuse | | 🞎 3 Child Mental Health | 🞎 6 Child Mental Health | |  | And Substance Abuse | | ProgramAreaCode  Section 3.2.4 |
| 11 | **\*Treatment Setting**  Must be a valid code from Appendix 5. | \_\_ \_\_ | TreatmentSettingCode  Section 3.2.4 |
| 12 | **\*Is CoDependent** | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | IsCodependentCode  Section 3.2.4 |
| 13 | **\*Referral Source Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | ReferralSourceCode  Section 3.2.4 |
| 14 | **\*Days Waiting to Enter Treatment Known** | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | DaysWaitingToEnterTreatment  KnownCode  Section 3.2.4 |
| 15 | **Days Waiting to Enter Treatment**  Required if row above is Yes. |  | DaysWaitingToEnterTreatment  Number  Section 3.2.4 |

| **#** | **Performance Outcome Measure** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 16 | **\* Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.3.4 |
| 17 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.3.4 |
| 18 | **\*Performance Outcome Measure Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | PerformanceOutcome  MeasureDate  Section 3.3.4 |

| **#** | **POM - Client Demographic** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 19 | **\*Veteran Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Veteran | 🞎 7 Unknown | | 🞎 2 Not a Veteran |  | | VeteranStatusCode  Section 3.3.4.1.1 |
| 20 | **\*Marital Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge | |  |  | | --- | --- | | 🞎 1 Single | 🞎 6 Unreported | | 🞎 2 Married | 🞎 7 Registered Domestic | | 🞎 3 Widowed | Partner | | 🞎 4 Divorced | 🞎 8 Legally Separated | | 🞎 5 Separated |  | | MaritalStatusCode  Section 3.3.4.1.1 |
| 21 | **\*County of Residence**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | ResidenceCountyAreaCode  Section 3.3.4.1.1 |
| 22 | **\*Zip Code of Residence**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | ResidencePostalCode  Section 3.3.4.1.1 |

| **#** | **POM – Financial and Household** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 23 | **\*Primary Source of Income**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Salary | 🞎 4 Disability | | 🞎 2 TANF | 🞎 5 Other | | 🞎 3 Retirement / | 🞎 6 None | | Pension / SSI | 🞎 7 Unknown | | PrimaryIncomeSourceCode  Section 3.3.4.2.1 |
| 24 | **\*Annual Personal Income Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | AnnualPersonalIncome  KnownCode  Section 3.3.4.2.1 |
| 25 | **Annual Personal Income**  Required if row above is Yes. | $ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_ . \_\_ \_\_ | AnnualPersonalIncome  Amount  Section 3.3.4.2.1 |
| 26 | **\*Annual Family Income Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | AnnualFamilyIncome  KnownCode  Section 3.3.4.2.1 |
| 27 | **Annual Family Income**  Required if row above is Yes. | $ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_ . \_\_ \_\_ | AnnualFamilyIncome  Amount  Section 3.3.4.2.1 |
| 28 | **\*Primary Payment Source**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Self Pay | 🞎 7 Other Health | | 🞎 2 Blue Cross / | Insurance Company | | Blue Shield | 🞎 8 No Charge | | 🞎 3 Medicare | 🞎 9 Other | | 🞎 4 Medicaid | 🞎 10 Tricare/Veterans | | 🞎 5 Other Government | 🞎 11 Kidcare/CHIP | | Payments | 🞎 97 Unknown | | 🞎 6 Workers Comp |  | | PrimaryPaymentSourceCode  Section 3.3.4.2.1 |
| 29 | **\*Disability Income Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | DisabilityIncomeStatusCode  Section 3.3.4.2.1 |
| 30 | **\*Health Insurance**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Private Insurance | 🞎 6 HMO | | 🞎 2 Blue Cross / | 🞎 7 Kidcare/CHIP | | Blue Shield | 🞎 20 Other | | 🞎 3 Medicare | 🞎 21 None | | 🞎 4 Medicaid | 🞎 97 Unknown | | 🞎 5 Tricare/Veterans |  | | HealthInsuranceCode  Section 3.3.4.2.1 |
| 31 | **\*TANF Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Temporary Cash | 🞎 3 Not receiving TANF | | Assistance | 🞎 4 Unknown | | 🞎 2 Diversion Family |  | | Program |  | | TemporaryAssistanceFor  NeedyFamiliesStatusCode  Section 3.3.4.2.1 |
| 32 | **\*Family Size Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | FamilySizeNumberKnownCode  Section 3.3.4.2.1 |
| 33 | **Family Size**  Required if row above is Yes. Must be between 1 and 99. | \_\_ \_\_ | FamilySizeNumber  Section 3.3.4.2.1 |
| 34 | **\*Number of Dependents Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | DependentsKnownCode  Section 3.3.4.2.1 |
| 35 | **Number of Dependents**  Required if row above is Yes. | \_\_ \_\_ | DependentsCount  Section 3.3.4.2.1 |

| **#** | **POM - Health** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 36 | **\*ADA Disabled Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | AmericansWithDisabilities  ActDisabledStatusCode  Section 3.3.4.3.1 |
| 37 | **\*Pregnant**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 6 N/A (Male) | | 🞎 1 Yes |  | | PregnantCode  Section 3.3.4.3.1 |
| 38 | **\*Pregnancy Trimester**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 1st Trimester | 🞎 4 Not Pregnant or Male | | 🞎 2 2nd Trimester | 🞎 5 Unknown | | 🞎 3 3rd Trimester |  | | PregnancyTrimesterCode  Section 3.3.4.3.1 |
| 39 | **\*Recently Become Postpartum**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes | 🞎 6 N/A (Male) | | RecentlyBecomePost  PartumCode  Section 3.3.4.3.1 |
| 40 | **\*Unable to Perform Daily Living Activities**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | UnableToPerformDaily  LivingActivitiesCode  Section 3.3.4.3.1 |
| 41 | **\*Intravenous Substance History**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | IntravenousSubstance  HistoryCode  Section 3.3.4.3.1 |

| **#** | **POM – Education/Employment** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 42 | **\*Education Grade Level Code**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | EducationGradeLevelCode  Section 3.3.4.4.1 |
| 43 | **\*School Attendance Status**  In past 3 months; Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes | 🞎 6 N/A | | SchoolAttendanceStatus  Code  Section 3.3.4.4.1 |
| 44 | **\*School Days Available in Last 90 Days Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Should be Code 0 if individual is an adult. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | SchoolDaysAvailableInLast  90DaysKnownCode  Section 3.3.4.4.1 |
| 45 | **School Days Available in Last 90 Days**  Required if row above is Yes. Must be between 0 and 90. | \_\_ \_\_ | SchoolDaysAvailableInLast  90DaysNumber  Section 3.3.4.4.1 |
| 46 | **\*School Days Attended in Last 90 Days Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Should be Code 0 if individual is an adult. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | SchoolDaysAttendedIn  Last90DaysKnownCode  Section 3.3.4.4.1 |
| 47 | **School Days Attended in Last 90 Days**  Required if row above is Yes. Must be between 0 and 90. | \_\_ \_\_ | SchoolDaysAttendedIn  Last90DaysNumber  Section 3.3.4.4.1 |
| 48 | **\*School Suspension or Expulsion Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 Neither | 🞎 3 Suspended and | | 🞎 1 Suspended | Expelled | | 🞎 2 Expelled | 🞎 4 N/A | | SchoolSuspensionOr  ExpulsionStatusCode  Section 3.3.4.4.1 |
| 49 | **\*Employment Status Code**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | EmploymentStatusCode  Section 3.3.4.4.1 |
| 50 | **\*Days Worked In Last 30 Days Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | DaysWorkedInLast30Days  KnownCode  Section 3.3.4.4.1 |
| 51 | **Days Worked In Last 30 Days**  Required if row above is Yes. Must be between 0 and 30. | \_\_ \_\_ | DaysWorkedInLast30Days  Number  Section 3.3.4.4.1 |

| **#** | **POM – Stability of Housing** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 52 | **\*Days Spent in Community In Last 30 Days Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | DaysSpentInCommunity  InLast30DaysKnownCode  Section 3.3.4.5.1 |
| 53 | **Days Spent in Community In Last**  **30 Days**  Required if row above is Yes. Must be between 0 and 30. | \_\_ \_\_ | DaysSpentInCommunity  InLast30DaysNumber  Section 3.3.4.5.1 |
| 54 | **\*Living Arrangement**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | LivingArrangementCode  Section 3.3.4.5.1 |

| **#** | **POM – Recovery** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 55 | **\*Self Help Group Attendance Frequency In Last 30 Days**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 No Attendance | 🞎 5 At least 4 times a Week | | 🞎 2 Less Than Once a Week | 🞎 6 Some attendance | | 🞎 3 About Once a Week | 🞎 97 Unknown | | 🞎 4 2 to 3 times per Week |  | | SelfHelpGroupAttenance  FrequencyCode  Section 3.3.4.6.1 |

| **#** | **POM – Substance Use Disorders** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 56 | **\*1 - Disorder Rank**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Primary | 🞎 3 Tertiary | | 🞎 2 Secondary |  | | DisorderRankCode  Section 3.3.4.7.2 |
| 57 | **\*1 - Disorder Code**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | DisorderCode  Section 3.3.4.7.2 |
| 58 | **\*1 - Route of Administration**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Oral | 🞎 4 Injection | | 🞎 2 Smoking | 🞎 5 Other Route | | 🞎 3 Inhalation | 🞎 7 Unknown | | RouteOfAdministration  Code  Section 3.3.4.7.2 |
| 59 | **\*1 - Frequency Of Use**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 No Use in Past 30 Days | 🞎 4 3-6 Times per Week | | 🞎 2 1-3 Times In Past 30 | 🞎 5 Daily | | Days | 🞎 7 Unknown | | 🞎 3 1-2 Times per Week |  | | FrequencyOfUseCode  Section 3.3.4.7.2 |
| 60 | **\*1 - Age of First Use**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be between 0 and 150. | \_\_ \_\_ \_\_ | FirstUseAge  Section 3.3.4.7.2 |
| 61 | **2 - Disorder Rank** | |  |  | | --- | --- | | 🞎 1 Primary | 🞎 3 Tertiary | | 🞎 2 Secondary |  | | DisorderRankCode  Section 3.3.4.7.2 |
| 62 | **2 - Disorder Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | DisorderCode  Section 3.3.4.7.2 |
| 63 | **2 - Route of Administration** | |  |  | | --- | --- | | 🞎 1 Oral | 🞎 4 Injection | | 🞎 2 Smoking | 🞎 5 Other Route | | 🞎 3 Inhalation | 🞎 7 Unknown | | RouteOfAdministration  Code  Section 3.3.4.7.2 |
| 64 | **2 - Frequency Of Use** | |  |  | | --- | --- | | 🞎 1 No Use in Past 30 Days | 🞎 4 3-6 Times per Week | | 🞎 2 1-3 Times In Past 30 | 🞎 5 Daily | | Days | 🞎 7 Unknown | | 🞎 3 1-2 Times per Week |  | | FrequencyOfUseCode  Section 3.3.4.7.2 |
| 65 | **2 - Age of First Use**  Must be between 0 and 150. | \_\_ \_\_ \_\_ | FirstUseAge  Section 3.3.4.7.2 |
| 66 | **3 - Disorder Rank** | |  |  | | --- | --- | | 🞎 1 Primary | 🞎 3 Tertiary | | 🞎 2 Secondary |  | | DisorderRankCode  Section 3.3.4.7.2 |
| 67 | **3 - Disorder Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | DisorderCode  Section 3.3.4.7.2 |
| 68 | **3 - Route of Administration** | |  |  | | --- | --- | | 🞎 1 Oral | 🞎 4 Injection | | 🞎 2 Smoking | 🞎 5 Other Route | | 🞎 3 Inhalation | 🞎 7 Unknown | | RouteOfAdministration  Code  Section 3.3.4.7.2 |
| 69 | **3 - Frequency Of Use** | |  |  | | --- | --- | | 🞎 1 No Use in Past 30 Days | 🞎 4 3-6 Times per Week | | 🞎 2 1-3 Times In Past 30 | 🞎 5 Daily | | Days | 🞎 7 Unknown | | 🞎 3 1-2 Times per Week |  | | FrequencyOfUseCode  Section 3.3.4.7.2 |
| 70 | **3 - Age of First Use**  Must be between 0 and 150. | \_\_ \_\_ \_\_ | FirstUseAge  Section 3.3.4.7.2 |

| **#** | **POM – Mental Health** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 71 | **\*Mental Health Problem Risk**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 None | 🞎 2 Displays symptoms | | 🞎 1 Shows evidence of | Placing person at risk of | | Recent severe stressful | More restrictive | | Event and problems | Intervention if | | With coping | untreated | |  | 🞎 3 Both 1 and 2 | |  | 🞎 7 Unknown | | MentalHealthProblem  RiskCode  Section 3.3.4.8.1 |
| 72 | **\*Has Risk Factors for Emotional Disturbance**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Should be Code 0 if the individual is an adult. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | HasRiskFactorsFor  EmotionalDisturbance  Code  Section 3.3.4.8.1 |
| 73 | **\*Prognosis Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Received services for the current MH problem within the past 12 months OR the MH problem is expected to persist for at least another 12 months. | |  |  | | --- | --- | | 🞎 0 No (both conditions are | 🞎 3 Unknown | | Not met) |  | | 🞎 1 Yes (either or both |  | | Conditions are met) |  | | PrognosisStatusCode  Section 3.3.4.8.1 |

| **#** | **POM – Medication** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 74 | **\*Medication Assisted Opioid Therapy**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | MedicationAssistedOpioid  TherapyCode  Section 3.3.4.9.1 |
| 75 | **\*Received Prescriptions Through Indigent Drug Program Within the Last 90 Days**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | ReceivedPrescriptions  ThroughIndigentDrug  ProgramCode  Section 3.3.4.9.1 |
| 76 | **\*Received Prescriptions Through Patient Assistance Program**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | ReceivedPrescriptions  ThroughPatientAssistance  ProgramCode  Section 3.3.4.9.1 |
| 77 | **\*Taking Antipsychotic Medication**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | TakingAntipsychotic  MedicationCode  Section 3.3.4.9.1 |

| **#** | **POM – Legal** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 78 | **\*Arrests In Last 30 Days Known**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | ArrestsInLast30Days  KnownCode  Section 3.3.4.10.1 |
| 79 | **Arrests In Last 30 Days**  Required if row above is Yes. | \_\_ \_\_ | ArrestsInLast30Days  Number  Section 3.3.4.10.1 |
| 80 | **\*Voluntarily In Treatment**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | IsVoluntarilyInTreatment  Section 3.3.4.10.1 |
| 81 | **\*Legally Incompetent**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | IsLegallyIncompetentCode  Section 3.3.4.10.1 |
| 82 | **\*Legal Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Voluntary-self | 🞎 5 Involuntary-juvenile | | 🞎 2 Voluntary-others | Justice | | 🞎 3 Involuntary-civil | 🞎 6 Involuntary-civil,sexual | | 🞎 4 Involuntary-criminal | 🞎 97 Unknown | | LegalStatusCode  Section 3.3.4.10.1 |
| 83 | **\*Legal Guardian Relationship**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Parent | 🞎 4 Emancipated Minor | | 🞎 2 Other Relative | 🞎 5 State or Public Agency | | 🞎 3 Non-relative | 🞎 6 N/A | | LegalGuardianRelationship  Code  Section 3.3.4.10.1 |
| 84 | **\*Children Dependency or Delinquency Status Code**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | ChildrenDependencyOr  DelinquencyStatusCode  Section 3.3.4.10.1 |
| 85 | **\*Competency Status**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Not under jurisdiction | 🞎 3 Adjudicated by the | | Of the court and is not | Court as incompetent | | Involved in criminal | To proceed at a | | Justice system | Material stage of a | | 🞎 2 Deemed by the court | Criminal proceeding | | To be competent to | 🞎 4 Adjudicated by the | | Proceed in criminal | Court as “Not Guilty By | | Offenses and is not | Reason of Insanity” on | | Adjudicated “Not Guilty | Criminal charges | | By Reason of Insanity” | 🞎 5 Other | |  | 🞎 97 Unknown | | CompetencyStatusCode  Section 3.3.4.10.1 |
| 86 | **\*Has Been Committed to Juvenile Justice**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Should be Code 0 if the individual is an adult. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | HasBeenCommittedTo  JuvenileJusticeCode  Section 3.3.4.10.1 |
| 87 | **\*Meets Criteria for Marchman Act**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | MeetsCriteriaForMarchMan  ActCode  Section 3.3.4.10.1 |
| 88 | **Marchman Act Type** | |  |  | | --- | --- | | 🞎 1 Involuntary Assessment | 🞎 3 Involuntary Assessment | | 🞎 2 Involuntary Treatment | And Treatment | |  | 🞎 7 Unknown | | MarchmanActTypeCode  Section 3.3.4.10.1 |
| 89 | **\*Meets Criteria for Baker Act**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 1 Yes | | MeetsCriteriaForBakerAct  Code  Section 3.3.4.10.1 |
| 90 | **Baker Act Route** | |  |  | | --- | --- | | 🞎 1 Involuntary Exam | 🞎 3 Involuntary Exam | | Thru Court | Thru MH Professionals | | 🞎 2 Involuntary Exam | 🞎 7 Unknown | | Thru Law Enforcement |  | | BakerActRouteCode  Section 3.3.4.10.1 |
| 91 | **\*Drug Court Ordered**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes |  | | DrugCourtOrderedCode  Section 3.3.4.10.1 |
| 92 | **\*Ordering County Code**  Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | OrderingCountyAreaCode  Section 3.3.4.10.1 |

| **#** | **Discharge Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 93 | **\*Staff Identifier**  Required for Final Discharge; Optional for Transfer Discharge.  Up to 100 characters. |  | StaffIdentifier  Section 3.4.4 |
| 94 | **\*Staff Education Level Code**  Required for Final Discharge; Optional for Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.4.4 |
| 95 | **\*Discharge Date**  Required for Final Discharge and for Transfer Discharge. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | DischargeDate  Section 3.4.4 |
| 96 | **\*Discharge Type**  Required for Final Discharge and for Transfer Discharge. | |  |  | | --- | --- | | 🞎 1 Transfer Discharge | 🞎 2 Final Discharge | | TypeCode  Section 3.4.4 |
| 97 | **\*Last Contact Date**  Required for Final Discharge and for Transfer Discharge. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | LastContactDate  Section 3.4.4 |
| 98 | **\*Discharge Reason**  Required for Final Discharge and for Transfer Discharge. | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | 🞎 1 Successfully Completed | | Treatment | | 🞎 24 Successfully Completed Transfer to another | | 🞎 2 Dropped Out of | Treatment program or | | Treatment | Facility that is not in | | 🞎 3 Terminated by Facility | The SSA or SMHA | | 🞎 4 Successfully Completed | Reporting System | | Transfer to another | 🞎 34 Discharged | | Treatment program or facility | Temporarily To an acute medical facility for medical services (MH only) | | 🞎 5 Incarcerated or | 🞎 96 N/A | | released By or to courts | 🞎 97 Unknown | | 🞎 6 Death |  | | 🞎 7 Other |  | | 🞎 14 Transferred to another |  | | Treatment program or |  | | facility but Individual is no |  | | Show or treatment not successfully completed |  | | DischargeReasonCode  Section 3.4.4 |
| 99 | **\*Discharge Destination Code**  Required for Final Discharge; Optional for Transfer Discharge.  Must be a valid code from Appendix 5. | \_\_ \_\_ | DischargeDestinationCode  Section 3.4.4 |
| 100 | **\*Birth Outcome**  Required for Final Discharge; Optional for Transfer Discharge.  Should be Code 8 if individual is Male. | |  |  | | --- | --- | | 🞎 1 Live Birth (drug | 🞎 5 Pregnancy Terminated | | Presence in newborn) | 🞎 6 Not yet delivered | | 🞎 2 Live Birth (no drug | 🞎 7 Unknown birth | | Presence in newborn) | Outcome | | 🞎 3 Still Birth | 🞎 8 N/A | | 🞎 4 Miscarriage |  | | BirthOutcomeCode  Section 3.4.4 |
| 101 | **\*Drug Free at Delivery**  Required for Final Discharge; Optional for Transfer Discharge.  Should be Code 6 if individual is Male. | |  |  | | --- | --- | | 🞎 0 No | 🞎 3 Unknown | | 🞎 1 Yes | 🞎 6 N/A | | DrugFreeAtDeliveryCode  Section 3.4.4 |

| **#** | **Evaluation Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 102 | **\*Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.5.4 |
| 103 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.5.4 |
| 104 | **\*Evaluation Type** | |  |  | | --- | --- | | 🞎 1 Level of Care | 🞎 3 Competency to | | 🞎 2 Level of Functioning | Proceed to trial | | TypeCode  Section 3.5.4 |
| 105 | **\*Evaluation Tool** | |  |  | | --- | --- | | 🞎 1 LOCUS | 🞎 5 FARS | | 🞎 2 CALOCUS | 🞎 6 CFARS | | 🞎 3 BIO Psychosocial | 🞎 7 Competency to proceed | | 🞎 4 ASAM | To Trial | |  | 🞎 8 NCFAS/CAT  🞎 9 CGAS | | ToolCode  Section 3.5.4 |
| 106 | **\*Evaluation Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | EvaluationDate  Section 3.5.4 |
| 107 | **Determination Date**  Should be greater than or equal to the Evaluation Date. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | DeterminationDate  Section 3.5.4 |
| 108 | **Score**  Must be a valid score within the Score Range from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ \_\_ | ScoreNumber  Section 3.5.4 |
| 109 | **Score Code**  Must be a valid Score Code from Appendix 5 for the Evaluation Tool selected. | \_\_ | ScoreCode  Section 3.5.4 |
| 110 | **Actual Level Code**  Must be a valid Level Code from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ | ActualLevelCode  Section 3.5.4 |
| 111 | **Recommended Level Code**  Must be a valid Level Code from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ | RecommendedLevelCode  Section 3.5.4 |

| **#** | **Diagnosis Data** | **Enter Value Here** | **Chapter Reference** |
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| 112 | **\*Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.6.4 |
| 113 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.6.4 |
| 114 | **\*Diagnostic Code Set**  Only ICD-10 codes should be used after 7/1/2016. | |  |  | | --- | --- | | 🞎 2 ICD-9  🞎 3 ICD-10 |  | | CodeSetIdentifierCode  Section 3.6.4 |
| 115 | **\*Diagnosis Code**  Must be a valid ICD-10 code. | \_\_ \_\_ \_\_ | DiagnosisCode  Section 3.6.4 |
| 116 | **\*Diagnosis Start Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | StartDate  Section 3.6.4 |
| 117 | **\*Diagnosis End Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | EndDate  Section 3.6.4 |

| **#** | **Immediate Discharge Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 118 | **\*Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.7.3 |
| 119 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.7.3 |
| 120 | **\*Evaluation Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | EvaluationDate  Section 3.7.3 |
| 121 | **Note** |  | Note  Section 3.7.3 |

| **Signature** | **Date** |
| --- | --- |
|  | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |