**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 | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifierSection 3.1.3 |
| 2 | **\* Client SSN**Or Source Record Identifier. | \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | ClientSourceRecordIdentifierSection 3.1.3 |

| **#** | **Admission Data**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 3 | **\* Contract Number**Not required for DCF Operated State Mental Health Treatment facilities. |  | ContractNumberSection 3.2.4 |
| 4 | **Subcontract Number**Required if provider is under contract with a managing entity. |  | SubcontractNumberSection 3.2.4 |
| 5 | **\*Site ID** |  | SiteIdentifierSection 3.2.4 |
| 6 | **\*Admission Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | AdmissionDateSection 3.2.4 |
| 7 | **\*Admission Type** |

|  |  |
| --- | --- |
| 🞎 1 Initial Admission | 🞎 2 Transfer Admission |

 | TypeCodeSection 3.2.4 |
| 8 | **\* Staff Identifier**Up to 100 characters. |  | StaffIdentifierSection 3.2.4 |
| 9 | **\*Staff Education Level Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCodeSection 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 |

 | ProgramAreaCodeSection 3.2.4 |
| 11 | **\*Treatment Setting**Must be a valid code from Appendix 5. | \_\_ \_\_ | TreatmentSettingCodeSection 3.2.4 |
| 12 | **\*Is CoDependent** |

|  |  |
| --- | --- |
| 🞎 0 No | 🞎 1 Yes |

 | IsCodependentCodeSection 3.2.4 |
| 13 | **\*Referral Source Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | ReferralSourceCodeSection 3.2.4 |
| 14 | **\*Days Waiting to Enter Treatment Known** |

|  |  |
| --- | --- |
| 🞎 0 No | 🞎 1 Yes |

 | DaysWaitingToEnterTreatmentKnownCodeSection 3.2.4 |
| 15 | **Days Waiting to Enter Treatment**Required if row above is Yes. |  | DaysWaitingToEnterTreatmentNumberSection 3.2.4 |

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

 | VeteranStatusCodeSection 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 |  |

 | MaritalStatusCodeSection 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. | \_\_ \_\_ | ResidenceCountyAreaCodeSection 3.3.4.1.1 |
| 22 | **\*Zip Code of Residence**Required for Initial Admission and Final Discharge; optional for Transfer Admission and Transfer Discharge. | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | ResidencePostalCodeSection 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 |

 | PrimaryIncomeSourceCodeSection 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 |

 | AnnualPersonalIncomeKnownCodeSection 3.3.4.2.1 |
| 25 | **Annual Personal Income**Required if row above is Yes. | $ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_ . \_\_ \_\_ | AnnualPersonalIncomeAmountSection 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 |

 | AnnualFamilyIncomeKnownCodeSection 3.3.4.2.1 |
| 27 | **Annual Family Income**Required if row above is Yes. | $ \_\_ \_\_ \_\_, \_\_ \_\_ \_\_ . \_\_ \_\_ | AnnualFamilyIncomeAmountSection 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 |  |

 | PrimaryPaymentSourceCodeSection 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 |  |

 | DisabilityIncomeStatusCodeSection 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 |  |

 | HealthInsuranceCodeSection 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 |  |

 | TemporaryAssistanceForNeedyFamiliesStatusCodeSection 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 |

 | FamilySizeNumberKnownCodeSection 3.3.4.2.1 |
| 33 | **Family Size**Required if row above is Yes. Must be between 1 and 99. | \_\_ \_\_ | FamilySizeNumberSection 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 |

 | DependentsKnownCodeSection 3.3.4.2.1 |
| 35 | **Number of Dependents**Required if row above is Yes. | \_\_ \_\_ | DependentsCountSection 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 |  |

 | AmericansWithDisabilitiesActDisabledStatusCodeSection 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 |  |

 | PregnantCodeSection 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 |  |

 | PregnancyTrimesterCodeSection 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) |

 | RecentlyBecomePostPartumCodeSection 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 |  |

 | UnableToPerformDailyLivingActivitiesCodeSection 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 |  |

 | IntravenousSubstanceHistoryCodeSection 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. | \_\_ \_\_ | EducationGradeLevelCodeSection 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 |

 | SchoolAttendanceStatusCodeSection 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 |

 | SchoolDaysAvailableInLast90DaysKnownCodeSection 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. | \_\_ \_\_ | SchoolDaysAvailableInLast90DaysNumberSection 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 |

 | SchoolDaysAttendedInLast90DaysKnownCodeSection 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. | \_\_ \_\_ | SchoolDaysAttendedInLast90DaysNumberSection 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 |

 | SchoolSuspensionOrExpulsionStatusCodeSection 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. | \_\_ \_\_ | EmploymentStatusCodeSection 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 |

 | DaysWorkedInLast30DaysKnownCodeSection 3.3.4.4.1 |
| 51 | **Days Worked In Last 30 Days**Required if row above is Yes. Must be between 0 and 30. | \_\_ \_\_ | DaysWorkedInLast30DaysNumberSection 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 |

 | DaysSpentInCommunityInLast30DaysKnownCodeSection 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. | \_\_ \_\_ | DaysSpentInCommunityInLast30DaysNumberSection 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. | \_\_ \_\_ | LivingArrangementCodeSection 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 |  |

 | SelfHelpGroupAttenanceFrequencyCodeSection 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 |  |

 | DisorderRankCodeSection 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. | \_\_ \_\_ | DisorderCodeSection 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 |

 | RouteOfAdministrationCodeSection 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 |  |

 | FrequencyOfUseCodeSection 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. | \_\_ \_\_ \_\_ | FirstUseAgeSection 3.3.4.7.2 |
| 61 | **2 - Disorder Rank** |

|  |  |
| --- | --- |
| 🞎 1 Primary | 🞎 3 Tertiary |
| 🞎 2 Secondary |  |

 | DisorderRankCodeSection 3.3.4.7.2 |
| 62 | **2 - Disorder Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | DisorderCodeSection 3.3.4.7.2 |
| 63 | **2 - Route of Administration** |

|  |  |
| --- | --- |
| 🞎 1 Oral | 🞎 4 Injection |
| 🞎 2 Smoking | 🞎 5 Other Route |
| 🞎 3 Inhalation | 🞎 7 Unknown |

 | RouteOfAdministrationCodeSection 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 |  |

 | FrequencyOfUseCodeSection 3.3.4.7.2 |
| 65 | **2 - Age of First Use**Must be between 0 and 150. | \_\_ \_\_ \_\_ | FirstUseAgeSection 3.3.4.7.2 |
| 66 | **3 - Disorder Rank** |

|  |  |
| --- | --- |
| 🞎 1 Primary | 🞎 3 Tertiary |
| 🞎 2 Secondary |  |

 | DisorderRankCodeSection 3.3.4.7.2 |
| 67 | **3 - Disorder Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | DisorderCodeSection 3.3.4.7.2 |
| 68 | **3 - Route of Administration** |

|  |  |
| --- | --- |
| 🞎 1 Oral | 🞎 4 Injection |
| 🞎 2 Smoking | 🞎 5 Other Route |
| 🞎 3 Inhalation | 🞎 7 Unknown |

 | RouteOfAdministrationCodeSection 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 |  |

 | FrequencyOfUseCodeSection 3.3.4.7.2 |
| 70 | **3 - Age of First Use**Must be between 0 and 150. | \_\_ \_\_ \_\_ | FirstUseAgeSection 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 |

 | MentalHealthProblemRiskCodeSection 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 |

 | HasRiskFactorsForEmotionalDisturbanceCodeSection 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) |  |

 | PrognosisStatusCodeSection 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 |   |

 | MedicationAssistedOpioidTherapyCodeSection 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 |  |

 | ReceivedPrescriptionsThroughIndigentDrugProgramCodeSection 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 |  |

 | ReceivedPrescriptionsThroughPatientAssistanceProgramCodeSection 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 |  |

 | TakingAntipsychoticMedicationCodeSection 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 |

 | ArrestsInLast30DaysKnownCodeSection 3.3.4.10.1 |
| 79 | **Arrests In Last 30 Days**Required if row above is Yes. | \_\_ \_\_ | ArrestsInLast30DaysNumberSection 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 |

 | IsVoluntarilyInTreatmentSection 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 |

 | IsLegallyIncompetentCodeSection 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 |

 | LegalStatusCodeSection 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 |

 | LegalGuardianRelationshipCodeSection 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. | \_\_ \_\_ | ChildrenDependencyOrDelinquencyStatusCodeSection 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 |

 | CompetencyStatusCodeSection 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 |

 | HasBeenCommittedToJuvenileJusticeCodeSection 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 |

 | MeetsCriteriaForMarchManActCodeSection 3.3.4.10.1 |
| 88 | **Marchman Act Type** |

|  |  |
| --- | --- |
| 🞎 1 Involuntary Assessment | 🞎 3 Involuntary Assessment |
| 🞎 2 Involuntary Treatment |  And Treatment |
|  | 🞎 7 Unknown |

 | MarchmanActTypeCodeSection 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 |

 | MeetsCriteriaForBakerActCodeSection 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 |  |

 | BakerActRouteCodeSection 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 |  |

 | DrugCourtOrderedCodeSection 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. | \_\_ \_\_ | OrderingCountyAreaCodeSection 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. |  | StaffIdentifierSection 3.4.4 |
| 94 | **\*Staff Education Level Code**Required for Final Discharge; Optional for Transfer Discharge.Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCodeSection 3.4.4 |
| 95 | **\*Discharge Date**Required for Final Discharge and for Transfer Discharge. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | DischargeDateSection 3.4.4 |
| 96 | **\*Discharge Type**Required for Final Discharge and for Transfer Discharge. |

|  |  |
| --- | --- |
| 🞎 1 Transfer Discharge | 🞎 2 Final Discharge |

 | TypeCodeSection 3.4.4 |
| 97 | **\*Last Contact Date**Required for Final Discharge and for Transfer Discharge. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | LastContactDateSection 3.4.4 |
| 98 | **\*Discharge Reason**Required for Final Discharge and for Transfer Discharge. |

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| 🞎 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 |  |

 | DischargeReasonCodeSection 3.4.4 |
| 99 | **\*Discharge Destination Code**Required for Final Discharge; Optional for Transfer Discharge.Must be a valid code from Appendix 5. | \_\_ \_\_ | DischargeDestinationCodeSection 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 |  |

 | BirthOutcomeCodeSection 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 |

 | DrugFreeAtDeliveryCodeSection 3.4.4 |

| **#** | **Evaluation Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 102 | **\*Staff Identifier**Up to 100 characters. |  | StaffIdentifierSection 3.5.4 |
| 103 | **\*Staff Education Level Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCodeSection 3.5.4 |
| 104 | **\*Evaluation Type** |

|  |  |
| --- | --- |
| 🞎 1 Level of Care | 🞎 3 Competency to |
| 🞎 2 Level of Functioning |  Proceed to trial |

 | TypeCodeSection 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 |

 | ToolCodeSection 3.5.4 |
| 106 | **\*Evaluation Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | EvaluationDateSection 3.5.4 |
| 107 | **Determination Date**Should be greater than or equal to the Evaluation Date. | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | DeterminationDateSection 3.5.4 |
| 108 | **Score**Must be a valid score within the Score Range from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ \_\_ | ScoreNumberSection 3.5.4 |
| 109 | **Score Code**Must be a valid Score Code from Appendix 5 for the Evaluation Tool selected. | \_\_ | ScoreCodeSection 3.5.4 |
| 110 | **Actual Level Code**Must be a valid Level Code from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ | ActualLevelCodeSection 3.5.4 |
| 111 | **Recommended Level Code**Must be a valid Level Code from Appendix 5 for the Evaluation Tool selected. | \_\_ \_\_ | RecommendedLevelCodeSection 3.5.4 |

| **#** | **Diagnosis Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 112 | **\*Staff Identifier**Up to 100 characters. |  | StaffIdentifierSection 3.6.4 |
| 113 | **\*Staff Education Level Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCodeSection 3.6.4 |
| 114 | **\*Diagnostic Code Set**Only ICD-10 codes should be used after 7/1/2016. |

|  |  |
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| 🞎 2 ICD-9🞎 3 ICD-10 |  |

 | CodeSetIdentifierCodeSection 3.6.4 |
| 115 | **\*Diagnosis Code**Must be a valid ICD-10 code. | \_\_ \_\_ \_\_ | DiagnosisCodeSection 3.6.4 |
| 116 | **\*Diagnosis Start Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | StartDateSection 3.6.4 |
| 117 | **\*Diagnosis End Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | EndDateSection 3.6.4 |

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

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