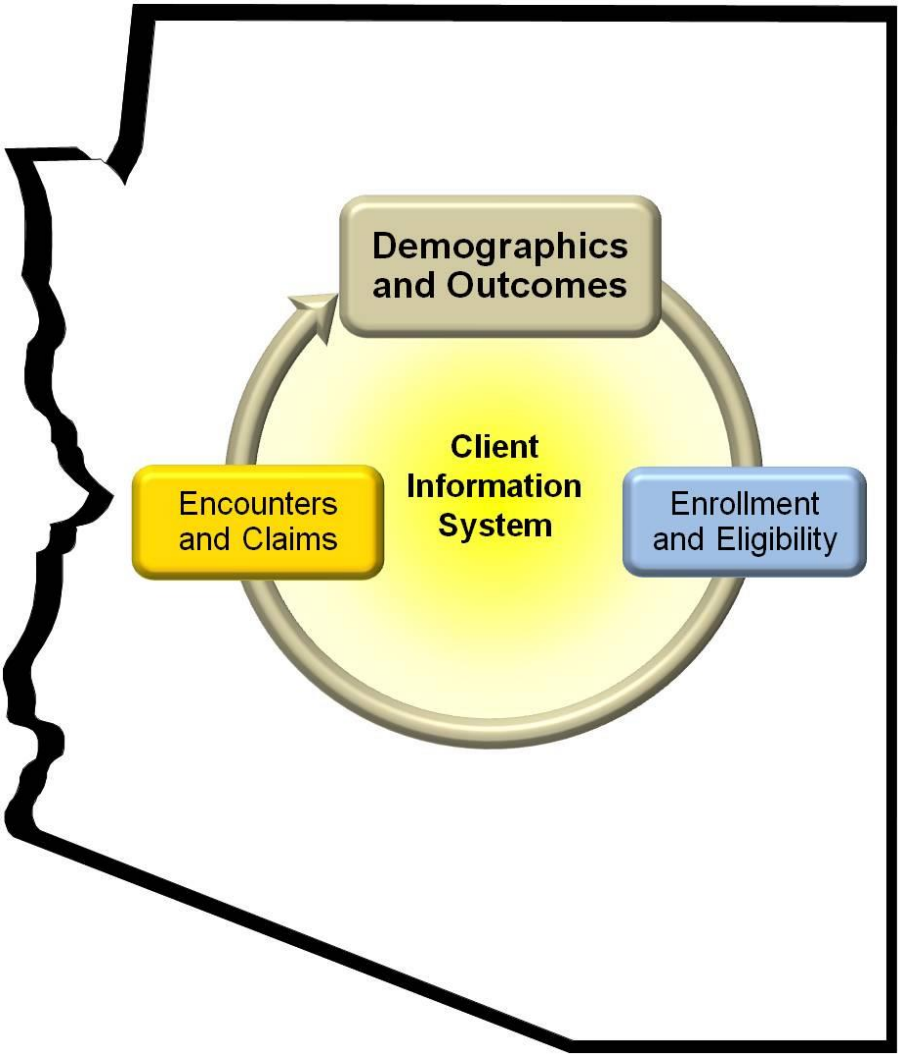
Division of Healthcare Management

AHCCCS
Arizona Health Care Cost Containment System

Demographic and Outcomes Data Set User Guide (DUG)



Version 8.1

Effective 6/27/2016

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Document Revision History

Version	Effective	Type	Change	Reason
8.0	10/1/2015	Field Revision	Re-order All Fields	Re-ordered and re-numbered all fields in DUG 8.0, see Table of Contents. Field numbers in parentheses (#) are DUG 7.0 field numbers
8.0	10/1/2015	Delete Field	(6)-Member First Name	Member First Name was determined not to be a required field and will not be replaced.
8.0	10/1/2015	Delete Field	(8)-Member Last Name	Member Last Name was determined not to be a required field and will not be replaced.
8.0	10/1/2015	Delete Field	(52-56)-Physical Health Conditions	As part of the transition to require ICD-10 diagnosis codes, all Physical Health Conditions fields will no longer be accepted. These fields will be replaced with new Physical Health Diagnosis fields 56 thru 70. Physical Health Conditions values/codes are available in the DUG 7.0 manual.
8.0	10/1/2015	Delete Field	(58-62)-AXIS I-1 thru 5	As part of the transition to require ICD-10 diagnosis codes, all AXIS (DSM-IV-TR/ICD-9) fields will no longer be accepted. These fields will be replaced with new Mental Health Diagnosis fields 41 thru 55. AXIS I valid values/codes are available in the DUG 7.0 manual.
8.0	10/1/2015	Delete Field	(63-64)-AXIS II-1 and 2	As part of the transition to require ICD-10 diagnosis codes, all AXIS (DSM-IV-TR/ICD-9) fields will no longer be accepted. These fields will be replaced with new Mental Health Diagnosis fields 41 thru 55. AXIS II valid values/codes are available in the DUG 7.0 manual.
8.0	10/1/2015	Delete Field	(70)-AXIS V	As part of the transition to require ICD-10 diagnosis codes, all AXIS (DSM-IV-TR/ICD-9) fields will no longer be accepted. AXIS V –GAF score will not be replaced. AXIS V valid values/codes are available in the DUG 7.0 manual.
8.0	10/1/2015	Delete Field	(112-113)-AXIS IV-1 and 2	As part of the transition to require ICD-10 diagnosis codes, all AXIS (DSM-IV-TR/ICD-9) fields will no longer be accepted. AXIS IV - Psychosocial and/or Environmental stressors will be incorporated in new Mental Health Diagnosis fields 41 thru 55. AXIS IV valid values/codes are available in the DUG 7.0 manual.
8.0	10/1/2015	Add Fields	41-55 Mental Health Diagnosis 1 thru 15	As of 10/1/2015, all mental health diagnosis will be determined by using ICD-10 mental health diagnosis codes.
8.0	10/1/2015	Add Fields	56-70 Physical Health Diagnosis 1 thru 15	As of 10/1/2015, all physical health conditions will be determined by using ICD-10 physical health diagnosis codes.
8.0	10/1/2015	Add Field	5 AHCCCS ID	Add field of AHCCCS ID
8.0	10/1/2015	Field Revision	8 EOC Status	Add valid value of 77 to be used only by T/RBHAs to administratively close EOCs
8.1	6/27/2016	Field Revision	3 Reason for Submission	Removed valid values of '5' Crisis/Short Start and '6' Crisis/Short End and all applicable rules associated with Crisis/Short EOCs
8.1	6/27/2016	Filed Revision	8 EOC Status	Removed valid values of '20' Crisis EOC, '25' Crisis, Referred to Treatment, and '30' Short EOC and all applicable rules associated with Crisis/Short EOCs
8.1	6/27/2016	Validation Revision	3 Reason for Submission 7 EOC Start Date 8 EOC Status 9 EOC End Date	Changed data validation (edit) rule to allow for multiple and/or overlapping EOCs for any individual receiving services at any time
8.1	6/27/2016	Validation Revision	13 Effective Date	Changed data validation (edit) rule to state if field 3-Reason for Submission is either Full EOC Start (trans code 1), Complete Update (2), Minor Update (3), or Correction (9), then Effective date cannot be more than 2 years less than the Submission Date.

TABLE OF CONTENTS

Page #

Document Revision History i
Introduction 1
Fields from 1 to 89 2
1 Record Type 2
2 T/RBHA ID 3
3 Reason for Submission (trans code) 3
4 Client ID 5
5 AHCCCS ID 5
6 Date of Birth 6
7 EOC Start Date 6
8 EOC Status 7
9 EOC End Date 8
10 Referral Date 8
11 Referral Source 9
12 Assessment Date 9
13 Effective Date 10
14 OMB-American Indian 10
15 OMB-Asian 11
16 OMB-Black 11
17 OMB-Native Hawaiian 12
18 OMB-White 12
19 OMB-Hispanic-Latino 13
20 Treatment Participation 13
21 Number of Arrests 14
22 OA ADC or Parole 14
23 OA ADJC Parole 14
24 OA AOC Adult Probation 15
25 OA AOC Juvenile Probation 15
26 OA DES RSA 16
27 OA School Special Ed 16
28 Educational Status 17
29 Education Level Completed 17
30 Employment Status 18
31 SP Pregnancy 20
32 SP Woman DC 20
33 Social Support of Recovery 21
34 Gender Identity 21
35 Sexual Orientation 22
36 Military Status 23
37 Primary Residence 23
38 Household Size 25
39 Household Income 25
40 Principal Diagnosis 26
41 Mental Health Diagnosis ICD-10-1 26
42 Mental Health Diagnosis ICD-10-2 27
43 Mental Health Diagnosis ICD-10-3 27
44 Mental Health Diagnosis ICD-10-4 28
45 Mental Health Diagnosis ICD-10-5 28
46 Mental Health Diagnosis ICD-10-6 29
47 Mental Health Diagnosis ICD-10-7 29
48 Mental Health Diagnosis ICD-10-8 30
49 Mental Health Diagnosis ICD-10-9 30
50 Mental Health Diagnosis ICD-10-10 31
51 Mental Health Diagnosis ICD-10-11 31
52 Mental Health Diagnosis ICD-10-12 32
53 Mental Health Diagnosis ICD-10-13 32
54 Mental Health Diagnosis ICD-10-14 33
55 Mental Health Diagnosis ICD-10-15 33
56 Physical Health Diagnosis ICD-10-1 34

Page #

57 Physical Health Diagnosis ICD-10-2 34
58 Physical Health Diagnosis ICD-10-3 35
59 Physical Health Diagnosis ICD-10-4 35
60 Physical Health Diagnosis ICD-10-5 35
61 Physical Health Diagnosis ICD-10-6 36
62 Physical Health Diagnosis ICD-10-7 36
63 Physical Health Diagnosis ICD-10-8 37
64 Physical Health Diagnosis ICD-10-9 37
65 Physical Health Diagnosis ICD-10-10 38
66 Physical Health Diagnosis ICD-10-11 38
67 Physical Health Diagnosis ICD-10-12 39
68 Physical Health Diagnosis ICD-10-13 39
69 Physical Health Diagnosis ICD-10-14 40
70 Physical Health Diagnosis ICD-10-15 40
71 Behavioral Health Category 41
72 Date of Treatment Plan 42
73 CASII Intensity Level 42
74 CASII Intensity Date 43
75 SA Primary 43
76 SA Freq 1 44
77 SA Route 1 44
78 SA Age First Use 1 45
79 SA Secondary 45
80 SA Freq 2 46
81 SA Route 2 46
82 SA Age First Use 2 47
83 SA Tertiary 47
84 SA Freq 3 48
85 SA Route 3 48
86 SA Age First Use 3 48
87 Custom_1 49
88 Episode Control Number (ECN) 49
89 ECN Update 50
Definitions 51
Episodes of Care (EOC) 54
Figure 1: EOC Start, Update, and Ending 55
Date / Period Calculations 56
Submission Requirements 56
Field Summary Table 57
Internet References* 60
Appendix A: Deleted Fields/Values from 7.0-8.0 61

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 Health Care Cost Containment System (AHCCCS). The demographic data set is reported and recorded in the AHCCCS Client Information System (CIS). This data is used to:

- Monitor and report on members' 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 member's behavioral health medical records. AHCCCS may periodically conduct chart reviews to ensure that T/RBHA demographic data submitted is consistent with members' behavioral health medical records.

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 AHCCCS Policy Office for consideration during the next scheduled revision cycle. 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 AHCCCS 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 AHCCCS web site, which will be updated after 7/1/2016. All hyperlinks are displayed with a blue underlined font.

Fields from 1 to 89

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 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 a brief definition and/or question, and the age group it applies to.
Valid Values	A list of all current valid values.
Rules & Definitions	Defines valid values, when applicable; describes the field's relationship with other data fields, how often it should be updated, and any other applicable rules and/or data validations.
Updates	Lists the date the field was added and updates made to the data field since last manual revision, including 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

Description

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.

Valid Values

H Header Record
Detail Record (valid value is a space)

Rules & Definitions

Required on all transactions.

Updates

8/1/2003 Field added.

Example

The record being submitted includes demographic data set data elements for a group of specific members. **Enter a space**

2
T/RBHA ID

Description

Identifies the T/RBHA submitting the file.

Valid Values

11	Gila River	TRBHA	37	Mercy Maricopa IC	GSA 6
14	Navajo Nation	TRBHA	38	Health Choice IC	GSA 7
25	Pascua Yaqui	TRBHA	39	Cenpatico IC	GSA 8
28	White Mountain Apache	TRBHA			

Rules & Definitions

Required on all transactions.

Updates

4/1/2014 Removed 07; Added 37
10/1/2015 Removed 02, 15, 22, 26, 32; Added 38 and 39

Example

The RBHA submitting the file is Mercy Maricopa Integrated Care. **Enter 37**

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".

Valid Values

1	Full EOC Start	4	Full EOC End
2	Complete Update	9	Correction
3	Minor Update		

Rules & Definitions

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 under the same Episode Control Number.

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" (Full EOC Start) is entered if this is the first "initial" demographic data being submitted to open an episode of care.

- Must be a complete assessment.
- 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 record must exist (trans code 1 without a trans code 4-Full EOC End).
- Will not be accepted for an existing closed EOC (trans code 4 – Full EOC End) record.

- 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).
- In addition to the required fields being updated, the following fields must be submitted and must match the same fields in open EOC (trans code 1) record:
    - 2 – T/RBHA ID
    - 4 – Client ID OR 5 – AHCCCS ID
    - 7 – EOC Start Date
    - 89 – ECN Update
    - 88 – Episode Control Number (ECN)

Trans code "3" (Minor Update) is entered if the following conditions are met:

- **Is not** a complete assessment.
- A minor change occurred in the member's record.
- An open EOC record must exist (trans code 1 without a trans code 4-Full EOC End).
- Will not be accepted for an existing closed EOC (trans code 4 – Full EOC End) record.
- Can also be accepted for records with a trans code 2 (Complete Update)
- In addition to the field/s being updated, the following fields must be submitted and must match the same fields in open EOC (trans code 1) record:
    - 2 – T/RBHA ID
    - 4 – Client ID OR 5 – AHCCCS ID
    - 7 – EOC Start Date
    - 89 – ECN Update
    - 88 – Episode Control Number (ECN)

Trans code "4" (Full EOC End) is entered if the data set is being submitted due to a member's episode of care ending.

- Must be a complete assessment.
- Will only be accepted once.
- Must correspond to an open EOC start (trans code 1) record.
- Will not be accepted for an existing closed EOC (trans code 4 – Full EOC End) record.
- In addition to the required fields being updated, the following fields must be submitted and must match the same fields in open EOC (trans code 1) record:
    - 2 – T/RBHA ID
    - 4 – Client ID OR 5 – AHCCCS ID
    - 7 – EOC Start Date
    - 89 – ECN Update
    - 88 – Episode Control Number (ECN)

Trans code "9" (Correction) is entered to make a correction to an existing EOC record.

- Will not be accepted for Minor Update (trans code 3) or Correction (trans code 9) records
- In addition to the field/s being corrected, the following fields are required and must match the record being corrected:
    - 1 – Record Type
    - 2 – T/RBHA ID
    - 3 – Reason for Submission (trans code)
    - 4 – Client ID OR 5 – AHCCCS ID
    - 6 – Date of Birth
    - 7 – EOC Start Date
    - 13 – Effective Date
    - 89 – ECN Update
    - 88 – Episode Control Number (ECN)

The following rules will apply when submitting fields to be corrected:

- Field 7 – EOC Start Date: If EOC Start Date is corrected, and then ECN Update (89) field must point to an initial EOC Start (trans codes 1) record. Also all records in that EOC will be updated using the corrected EOC Start Date submitted.
- Field 9 –EOC End Date: If EOC End Date is corrected, and then ECN Update (89) field

must point to a closed EOC End (trans codes 4) record. Also all records in that EOC will be updated using the corrected EOC End Date submitted.

- Field 10 – Referral Date or Field 11 – Referral Source: If Referral Date or Source is corrected, and then then ECN Update (89) field must point to an initial EOC Start (trans code 1) record. Also all records in that EOC will be updated using the corrected Referral Date and/or Source submitted.
- If the correction is for any other fields, then ECN Update (89) field must point to the record that contains the field to be corrected. Only that record will be updated. This will only be allowed for trans codes 1(Full EOC Start), 2 (Complete Update), 4 (Full EOC End), records.
- All fields submitted in a correction will be validated using the same edits as any other record.

Updates

8/1/2003 Field added.
10/1/2015 Updated rules to include all applicable rules.
6/27/2016 Removed Trans codes 5 and 6 and all applicable rules.

Example

An annual assessment was done for a member. **Enter 2**

4 Client ID

Description

The unique CIS identifier for the member (primary Client ID).

Valid Values

A unique 10 character ID.

Rules & Definitions

Client ID OR AHCCCS ID (field 5) is required on all submissions.

ID must match ID in 834 enrollment AHCCCS table

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

Updates

8/1/2003 Field added.
10/1/2015 Changed rules to allow either CIS or AHCCCS ID to be submitted.

Example

Enter member's unique CIS ID assigned.

5 AHCCCS ID

Description

The unique idenfider (ID) assigned by AHCCCS

Valid Values

A unique type 'A' or 'S' AHCCCS ID.

Rules & Definitions	Client ID (field 4) OR AHCCCS ID is required on all submissions. ID must match ID in 834 enrollment AHCCCS table
Updates	10/1/2015 Field added.
Example	Enter member's unique AHCCCS 'A' or 'S' type ID assigned.

6 Date of Birth

Description	The day the member was born.
Valid Values	YYYYMMDD Format
Rules & Definitions	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 member's date of birth is March 9, 1943. **Enter 19430309**

7 EOC Start Date

Description	The episode of care (EOC) start date records the day behavioral health treatment begins.
Valid Values	YYYYMMDD Format
Rules & Definitions	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.
Updates	9/28/2010 Field added.
Examples	A member receives their first behavioral health service on June 20, 2013. **Enter 20130620**

8
EOC Status

Description

Indicates the status of the member's treatment episode.

Valid Values

(Trans Code)

EOC Start and Update (1, 2, or 3)

00 Member in EOC

EOC End (4 Only)

01 Treatment completed
02 Change in eligibility/entitlement information
03 Member declined further service
04 Lack of contact
06 Incarceration
07 Death of member
08 Moved out of area
09 Inter-T/RBHA transfer

ADHS/DBHS use only (all trans codes)

77 T/RBHA Administrative Action
99 BHS Administrative Action
88 BHS Administrative Action

Rules & Definitions

Field 13-Effective Date must be updated when this field is changed.

The EOC status is related to field #3 – Reason for Submission (trans code), for which the rules are:

If the trans code is Full EOC Start (1), Complete Update (2), or Minor Update (3); then EOC Status must be Member in EOC (00).

If the trans code is Full EOC End (4), then EOC Status must be Treatment Completed (01), Change in eligibility/entitlement information (02), Member declined further services (03), Lack of contact (04), Incarceration (06), Death of member (07), Moved out of area (08), or Inter-T/RBHA transfer (09).

If the trans code is a Correction (9) then the EOC Status must be null (blank/spaces).

T/RBHA is allowed to close any type of EOC using valid value 77- T/RBHA Administrative Action. This value is only to be used after all applicable re-engagement activities have been completed (see note below).

Note: all applicable re-engagement activities described in Policy and Procedure Manual Section 104, Outreach, Engagement, Re-engagement and Closure, must be completed prior to ending an episode of care.

Updates

8/1/2003 Field added.
10/1/2015 Rules & Definitions section expanded.
6/27/2016 Removed valid values 20, 25, 30 and all applicable rules.

Example

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

9
EOC End Date

Description	The episode of care (EOC) end date records the day behavioral health treatment ends.
Valid Values	YYYYMMDD Format
Rules & Definitions	Required on all EOC-ending records (trans code 4). All encountered services must occur within the date range defined by field 7-EOC Start Date and field 9-EOC End Date. Date must be equal to or less than field 5-Submittal Date (header record). Date must be equal or greater than field 7-EOC Start Date.
Updates	2/4/2013 Field added.
Examples	A member's treatment is completed on July 22, 2014. **Enter 201430722**

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 member or on the member's behalf.
Valid Values	YYYYMMDD Format
Rules & Definitions	Only collected for trans code 1 (Full EOC Start) only. The Referral Date must be equal to or less than field 5-Submittal Date (header record). The Referral Date must be equal to or less than field 8-EOC Start date. The Referral Date cannot be changed with a trans code 3 (Minor Update). It can be corrected with a trans code 9 (Correction) record that points to a trans code 1 (Full EOC Start) record.
Updates	8/1/2003 Field added. 10/1/2015 Update Rules & Definition section, to only be required once.
Example	The T/RBHA receives a call on January 3, 2014, requesting services. **Enter 20140103**

11
Referral Source

Description

Identifies the principal source of referral for a member.

Valid Values

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 DCS 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	DCS Urgent Response (child only)		

Rules & Definitions

Only collected for trans code 1 (Full EOC Start) only.

The Referral Source cannot be changed with a trans code 3 (Minor Update).
It can be corrected with a trans code 9 (Correction) record that points to a trans code 1 (Full EOC Start) record.

Values will be validated using field 13-Effective Date.

Updates

8/1/2003	Field added.
10/1/2015	Update Rules & Definition section, to only be required once.

Example

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

12
Assessment Date

Description

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

Valid Values

YYYYMMDD Format

Rules & Definitions

Date must be equal to or less than field 5-Submittal Date (header record).
Date must be equal to or less than field 9-EOC End date.

Date can be less than field 7-EOC Start Date by 365 days.

Date will not be accepted for trans code 3 (Minor Update) data submissions.

For details when an assessment is due see Assessment period.

Updates	7/1/2008	New field created.
	10/1/2015	Updated Rules & Definitions section

Example An assessment was completed on March 26, 2015. **Enter 20150326**

13 Effective Date

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

Valid Values YYYYMMDD Format

Rules & Definitions

Required on all submissions.
Date must be equal to or less than field 5-Submittal Date (header record).
Date must be equal to or greater than field 7-EOC Start date.
Date must be equal to or less than field 9-EOC End Date.
Date must be equal to or less than Date of Death on 834 enrollment table.

Member's age will be calculated Effective Date and field 6-Date of Birth.

If field 3-Reason for Submission is either Full EOC Start (trans code 1), Complete Update (2), Minor Update (3), or Correction (9), then Effective date cannot be more than 2 years less than the Submission Date.

Updates	7/1/2008	Field replaces DESCR_CHAR_EFFECTIVE_DATE and Outcome Measures Effective Date
	10/1/2015	Updated Rules & Definitions section.

Example Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A member earns a high school degree on March 26, 2015, requiring a change in Field 29, Education Level Completed. **Enter 20150326**

14 OMB-American Indian

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

Valid Values

Y	Yes
N	No

Rules & Definitions

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

A valid value of Y must be entered in at least one of the following fields: 14, 15, 16, 17 or 18. Field 13-Effective Date must be updated when this field is changed.

Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates 8/1/2003 Field added.

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

15 OMB-Asian

Description The member's racial background. Is member Asian?

Valid Values

Y Yes
N No

Rules & Definitions Members must be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a member's race.

A valid value of Y must be entered in at least one of the following fields: 14, 15, 16, 17 or 18.
Field 13-Effective Date must be updated when this field is changed.
Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates 8/1/2003 Field added.

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

16 OMB-Black

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

Valid Values

Y Yes
N No

Rules & Definitions Members must be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a member's race.

A valid value of Y must be entered in at least one of the following fields: 14, 15, 16, 17 or 18.
Field 13-Effective Date must be updated when this field is changed.
Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates 8/1/2003 Field added.

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

17
OMB-Native Hawaiian

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

Valid Values

Y Yes
N No

Rules & Definitions Members must be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a member's race.

A valid value of Y must be entered in at least one of the following fields: 14, 15, 16, 17 or 18.
Field 13-Effective Date must be updated when this field is changed.
Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates 8/1/2003 Field added.

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

18
OMB-White

Description The member's racial background. Is member White?

Valid Values

Y Yes
N No

Rules & Definitions Members must be offered the option of selecting **one or more** racial designations. Self-identification is the preferred means of obtaining information about a member's race.

A valid value of Y must be entered in at least one of the following fields: 14, 15, 16, 17 or 18.
Field 13-Effective Date must be updated when this field is changed.
Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates 8/1/2003 Field added.

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

19
OMB-Hispanic-Latino

Description

The member's ethnic background. Is member Hispanic or Latino?

Valid Values

Y	Yes
N	No

Rules & Definitions

Self-identification is the preferred means of obtaining information about a member's ethnicity.

Field 13-Effective Date must be updated when this field is changed.
Required for trans code 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End) only for compliance with OMB requirements.

Updates

8/1/2003 Field added.

Example

A member identifies his ethnicity as Hispanic. **Enter Y**

20
Treatment Participation

Description

Refers to the presence of a court order or conditions of parole/probation pertaining to the delivery of Behavioral Health services.

Valid Values

V	Voluntary
C	Involuntary – Criminal; DUI or conditions of parole/probation
N	Involuntary – Civil: MH court order, Drug court

Rules & Definitions

Voluntary participation is when a member (or a parent/guardian, if applicable) is applying for or receiving services voluntarily.
Involuntary – Criminal; DUI/ Drug Court /condition of parole/probation is when a member applies for/receives services as a result of criminal court ordered treatment OR when a member applies for/receives services as a result of a court ordered DUI screening, education or treatment.
Involuntary - Civil/MH Court Order is when a member applies for/receives services as a result of Title 36 proceedings for a court ordered evaluation (COE) or court ordered treatment (COT)

Field 13-Effective Date must be updated when this field is changed.

Updates

8/1/2003 Field added.

Example

The member walked in and requested services on his own accord. **Enter V**

21
Number of Arrests

Description	The number of times the member has been arrested within the last 30 days.
Valid Values	00 - 31
Rules & Definitions	Entry must be ascertained by a clinical professional. Field 13- Effective Date must be updated when this field is changed.
Updates	8/1/2003 Field added.
Example	The member has been arrested once during the last 30 days. **Enter 01**

22
OA ADC or Parole

Description	**Age 18 & older Only.** Refers to other agencies with a current and/or ongoing role with the member. Is the member, age 18 and older, involved with the Arizona Department of Corrections (ADC) or on parole?
Valid Values	Y Yes N No X Not applicable due to age
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. If member's age is 0-17 years old, then 'X' is the only accepted value.
Updates	8/1/2003 Field added.
Example	The adult member is currently on parole with ADC. **Enter Y**

23
OA ADJC Parole

Description	**Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the member. Is the member, 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
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. If member's age is 18 years old or older, then 'X' is the only accepted value.
Updates	8/1/2003 Field added.
Example	The youth member is currently involved with ADJC. **Enter Y**

24
OA AOC Adult Probation

Description	**Age 18 & older Only.** Refers to other agencies with a current and/or ongoing role with the member. Is the member, 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
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. If member's age is 0-17 years old, then 'X' is the only accepted value.
Updates	8/1/2003 Field added.
Example	The adult member is currently on adult probation through AOC. **Enter Y**

25
OA AOC Juvenile Probation

Description	**Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the member. Is the member, age 0 thru 17, on probation through the County Juvenile Probation Department.?
Valid Values	Y Yes N No X Not applicable due to age
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed.

If member's age is 18 years old or older, then 'X' is the only accepted value.

Updates 8/1/2003 Field added.

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

26
OA DES RSA

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

Valid Values

Y	Yes
N	No

Rules & Definitions Field 13-Effective Date must be updated when this field is changed.

Updates 8/1/2003 Field added.

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

27
OA School Special Ed

Description Refers to other agencies with a current and/or ongoing role with the member. Is the member 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

Rules & Definitions

Field 13-Effective Date must be updated when this field is changed.

Member 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 member. Is the member receiving special education services through an Individualized Education Program (IEP) at his/her school.

Updates 8/1/2003 Field added.

Example

The member is currently receiving special education services. **Enter Y**
The Member is 22 years of age or older. **Enter X**

28
Educational Status

Description

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

Valid Values

Y Yes
N No

Rules & Definitions

Field 13- Effective Date must be updated when this field is changed.
Valid value "Y" must be entered if the member is attending a school or vocational program, regardless of the number of credit hours the member receives or whether the member's status is full time or part time.

Updates

8/1/2003 Field added.

Example

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

29
Education Level Completed

Description

Refers to the highest level of education completed.

Valid Values

A Early Intervention
B Early Childhood Education
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 (No Diploma/GED)
26 High School Graduate or GED
27 Some College, No Degree
28 Vocational/Technical School
29 Associates Degree
30 Bachelor's Degree
31 Master's Degree
32 Doctoral or Post Graduate

Rules & Definitions

Field 13- Effective Date must be updated when this field is changed. If Effective Date is less than 02/04/2013, then field may be left blank (null).

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

Use valid value "28" for individuals who received a vocational/ technical school certification.

Use valid value "30" for individuals who received a Bachelor's degree.

Use valid value "31" for individuals who received a Master's degree.

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

Updates

7/1/2012	Information formerly gathered under Field 45; however, significant revisions to valid entries warranted Field 118 creation to maintain data integrity.
1/15/2015	Added and deleted valid values, edited value descriptions

Examples

The member, age 17, is currently in 12th grade, but has not graduated from high school. **Enter 12.** OR The member, age 2, is currently in Early Head Start. **Enter A.**
OR The member has his/her Associate's degree and is currently pursuing further education, yet has not achieved a Bachelor's degree. **Enter 29.**
OR The member, age 55, completed school through the fifth grade. **Enter 05**

30 Employment Status

Description

The member's current employment status.

Valid Values

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

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13- Effective Date must be updated when this field is changed.

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 member 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 members. 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 member 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 members. 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 members 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 members. 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.
Example	A member works 20 hours per week. **Enter 25**

31
SP Pregnancy

Description	**Female Only.** Identifies members who are pregnant or post-partum.
Valid Values	Y Yes N No X Not applicable due to gender
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. For the purposes of this field, a member may only be considered post-partum up to 6 months from the day of delivery. If the member is male, then 'X' is the only accepted value.
Updates	8/1/2003 Field added.
Example	The female member is currently pregnant. **Enter Y**

32
SP Woman DC

Description	**Female Only.** Identifies members who have dependent child(ren). Includes children that have been removed and are in the custody of DCS.
Valid Values	Y Yes N No X Not applicable due to gender
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. If the member is male, then 'X' is the only accepted value.
Updates	8/1/2003 Field added.
Example	The member is a woman with a dependent child or children. **Enter Y**

33
Social Support of Recovery

Description

How often did the member 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

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13-Effective Date must be updated when this field is changed.

Updates

2/15/2010 Field added.

Example

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

34
Gender Identity

Description

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

Gender Variant: a person whose gender expression is different from the expected socially defined gender roles set for men and women.
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 their gender identity.
Transgender: a person who lives or self-identifies as a member of a sex/gender other than that expected based on anatomical sex.
Woman: a person who self-identifies as a woman.
Decline to Answer: a person who declined to answer the question.
Not Applicable Due to Age: Ages 0 thru 17.

Valid Values

01	Gender Variant	05	Transgender
02	Intersex	06	Woman
03	Man	97	Decline to Answer
04	Questioning	98	Not Applicable Due to Age

Rules & Definitions

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

Field 13-Effective Date must be updated when this field is changed.

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

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

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

Examples

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

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

35
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 sex.
Bisexual: a person who is romantically, sexually, and/or emotionally attracted to both men and women.
Gay: a person who is romantically, sexually, and/or emotionally attracted to persons of the same sex/gender/gender identity.
Heterosexual: a person who is romantically, sexually, and/or emotionally attracted to persons of the opposite sex/gender/gender identity.

Lesbian: a woman who is romantically, sexually, and/or emotionally attracted to persons of the same sex/gender/gender identity.
Questioning: a person who is questioning their sexual orientation.
Decline to Answer: a person who declined to answer the question.
Not Applicable Due to Age: Ages 0 thru 17.

Valid Values

01	Asexual	05	Lesbian
02	Bisexual	06	Questioning
03	Gay	97	Decline to Answer
04	Heterosexual	98	Not Applicable Due to Age

Rules & Definitions

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

Field 13-Effective Date must be updated when this field is changed.

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

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

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

Examples

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

36
Military Status

Description

Is the member a current or former member of the U.S. Army, Army Reserve/National Guard, U.S. Navy, Navy Reserve, U.S. Marine Corps, Marine Corps Reserve, U.S. Air Force **OR** are they a military family member?

Valid Values

A	Active Military
B	Veteran
C	Retired Veteran
D	Disabled Veteran (See considerations)
E	Military Family Member
F	No Active or Veteran Military Status
G	Unknown (See considerations)
X	Not applicable due to age (0 through 16 only)

Rules & Definitions

Field 13-Effective Date must be updated when this field is changed

D – Disabled Veteran
A veteran whose disability was a result of an injury or disease that was incurred or aggravated while on active duty or active duty for training; or from injury, heart attack, or stroke that occurred during inactive duty training. A disability may apply to physical and mental health conditions.

G – Unknown
An individual who may not disclose their military status, if any.

For individuals age 16 and younger, the only valid values allowed are 'X' and 'E'.

Updates

1/1/2012	Field added.
1/15/2015	Added and deleted valid values see list above.

Examples

A member reports that they are currently serving in the U.S. Army. **Enter A**

A member who is 15 and reports not having a family member in the military. **Enter X**

37
Primary Residence

Description

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

Valid Values

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		
07	Homeless/homeless shelter	23	Transitional housing (Level IV) or DES group homes for children
08	Other		

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13- Effective Date must be updated when this field is changed.

01 - Independent living
Individual 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 members 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 individual 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 an individual lives in a home **other than** that of the **individual'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 an individual lives with parents, relatives, adopted family, or legal guardian.

22 - Level 1, 2, 3 treatment settings –
Level 1facilities 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 members 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 members 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 I, 2, and 3 treatment settings.

Updates	8/1/2003 Field added.
Example	The member currently resides at home with his/her family. **Enter 16**

38 Household Size

Description	Refers to the total number of people, including the member, who belong to the member's family household. Family household consist of the member, partner/spouse, child, step child/adoptive child, grandchild, related child, and any child age 19-21 who is a student living in the home.
Valid Values	01 – 99
Rules & Definitions	Field 13 - Effective Date must be updated when this field is changed. For adults – the member, their spouse, and their minor children living in the house. For children – the member, their parents and their minor siblings living in the house. Foster children are not included in calculating the household size. A member residing in an institution will have a household size of "1".
Updates	8/1/2003 Field added. 1/5/2015 Field reinstated.
Example	A member household includes a partner and two children. **Enter 04**

39 Household Income

Description	Refers to the gross monthly family income. Family household consists of the income of immediate family members, i.e. spouse to spouse, parent to child or adoptive child but not step parent to stepchild or grandparent to grandchild. Do not count earned income of students less than 19 years of age, living in the home.
Valid Values	000000 – 999999
Rules & Definitions	Field 13-Effective Date must be updated when this field is changed. For adults – the member, their spouse, and their minor children living in the house. For children – the member, their parents and their minor siblings living in the house. Foster children are not included in calculating the household income.
Updates	8/1/2003 Field added. 1/5/2015 Field reinstated.

Example

A member earns $300 per month and the client's spouse earns $235 per month. **Enter 535**

A member has undergone a court ordered evaluation (COE) through the civil commitment process. **Enter N**

40
Principal Diagnosis

Description

Refers to the mental health ICD-10 disorder/condition which is the focus of clinical attention.

Valid Values

Valid ICD-10 Mental Health Diagnosis code

Rules & Definitions

Value must be a valid ICD-10 Mental Health Diagnosis code.

Value must match diagnoses listed for field 41-Mental Health Diagnosis ICD-10-1 through field 55-Mental Health Diagnosis ICD-10-15.
Value of NONE will not be accepted.
The clinician conducting the assessment is responsible for determination of principal diagnosis.

Field 13**-** Effective Date must be updated when this field is changed.

Updates

7/1/2008 Field added.
10/1/2015 Field updated in accord to new ICD-10 mental health diagnosis.

Example

The member's disorders have been classified as follows:
Mental Health Diagnosis ICD-10-1 F17.21 ICD-10 Nicotine Dependence, Cigarettes
Mental Health Diagnosis ICD-10-2 F60.3 ICD-10 Borderline Personality Disorder
Enter F60.3

Mental Health Diagnosis ICD-10-1 F20.0 ICD-10 Paranoid Schizophrenia
Mental Health Diagnosis ICD-10-2 F70. ICD-10 Mild Intellectual Disabilities
Enter F20.0

41
Mental Health Diagnosis ICD-10-1

Description

Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.*

Valid Values

Valid ICD-10 Mental Health or Substance Abuse Diagnosis code

Rules & Definitions

Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document.
Entry must be ascertained by a clinical professional.

Value of NONE will not be accepted.
A valid ICD-10 mental health or substance abuse diganosis code must be entered.
Values must be entered in sequence for fields 41-55 and values cannot be repeated.

Field 13**-** Effective Date must be updated when this field is changed.

**Effective 10/1/2015, all AXIS I, II, and IV mental health diagnosis fields (DSM-IV-TR/ICD-9) in DUG 7.0 will no longer be accepted. All mental health diagnoses are required to be determined using ICD-10 classification codes. AXIS I, II, and IV valid values/codes are available in the DUG 7.0 manual.*

Updates 10/1/2015 Field added.

Example The member's disorder has been classified as Paranoid Schizophrenia. **Enter F20.0**

42
Mental Health Diagnosis ICD-10-2

Description Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.

Valid Values Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'

Rules & Definitions Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document.
Entry must be ascertained by a clinical professional.

Values must be entered in sequence for fields 41-55 and values cannot be repeated.
If valid value is 'NONE', then all subsequent fields (43-55) must be 'NONE'.

Field 13**-** Effective Date must be updated when this field is changed.

Updates 10/1/2015 Field added.

Example The member's disorder has been classified as Major Depressive Disorder, Single Episode, Moderate. **Enter F32.1**

43
Mental Health Diagnosis ICD-10-3

Description Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.

Valid Values Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'

Rules & Definitions Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document.
Entry must be ascertained by a clinical professional.

Values must be entered in sequence for fields 41-55 and values cannot be repeated.
If valid value is 'NONE', then all subsequent fields (44-55) must be 'NONE'.

	Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Social Phobias. **Enter F40.1**

44
Mental Health Diagnosis ICD-10-4

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (45-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Alcohol Dependence. **Enter F10.2**

45
Mental Health Diagnosis ICD-10-5

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (46-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.

Example	The member's disorder has been classified as Nicotine Dependence. **Enter F17.**

46
Mental Health Diagnosis ICD-10-6

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (47-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Mild Intellectual Disabilities. **Enter F70.**

47
Mental Health Diagnosis ICD-10-7

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (48-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Adult Physical Abuse, Confirmed, Initial Encounter. **Enter T74.11XA**

48
Mental Health Diagnosis ICD-10-8

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (49-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Problems Related To Social Environment. **Enter Z60.**

49
Mental Health Diagnosis ICD-10-9

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (50-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member's disorder has been classified as Personal History Of Self-Harm. **Enter Z91.5**

50
Mental Health Diagnosis ICD-10-10

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (51-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

51
Mental Health Diagnosis ICD-10-11

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (52-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

52
Mental Health Diagnosis ICD-10-12

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (53-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

53
Mental Health Diagnosis ICD-10-13

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then all subsequent fields (54-55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

54
Mental Health Diagnosis ICD-10-14

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

55
Mental Health Diagnosis ICD-10-15

Description	Refers to all mental health and substance abuse disorders or conditions using ICD-10 classification.
Valid Values	Valid ICD-10 Mental Health or Substance Abuse Diagnosis code or 'NONE'
Rules & Definitions	Value must be a valid ICD-10 Mental Health or Substance Abuse Diagnosis code. Valid codes are listed in Attachment 1: DUG 8.0 Diagnosis Reference Tables document. Entry must be ascertained by a clinical professional. Values must be entered in sequence for fields 41-55 and values cannot be repeated. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has no other diagnosis. **Enter NONE.**

56
Physical Health Diagnosis ICD-10-1

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.*
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed. **Effective 10/1/2015, all previous Physical Health Conditions fields in DUG 7.0 will no longer be accepted. All physical health diagnoses are required to be determined using ICD-10 classification codes. Physical Health Conditions valid values/codes are available in the DUG 7.0 manual.*
Updates	10/1/2015 Field added.
Example	The member has End Stage Renal Disease. **Enter N18.6**

57
Physical Health Diagnosis ICD-10-2

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has Anemia, Unspecified. **Enter F64.9**

58
Physical Health Diagnosis ICD-10-3

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has Special Epileptic Syndromes. **Enter G40.5**

59
Physical Health Diagnosis ICD-10-4

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has Blindness and Low Vision. **Enter H54.**

60
Physical Health Diagnosis ICD-10-5

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.

Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member has Obesity. **Enter E66.**

61
Physical Health Diagnosis ICD-10-6

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member is a foster child and the foster parent does not yet have the child's medical history. **Enter NONE**

62
Physical Health Diagnosis ICD-10-7

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.

Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

63
Physical Health Diagnosis ICD-10-8

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

64
Physical Health Diagnosis ICD-10-9

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.

Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

65
Physical Health Diagnosis ICD-10-10

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

66
Physical Health Diagnosis ICD-10-11

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

67
Physical Health Diagnosis ICD-10-12

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

68
Physical Health Diagnosis ICD-10-13

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

69
Physical Health Diagnosis ICD-10-14

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

70
Physical Health Diagnosis ICD-10-15

Description	Physical Health Diagnosis ICD-10-1 thru Physical Health Diagnosis ICD-10-15 refers to the member's current medical conditions that are potentially relevant to the understanding and management of the member's physical health using ICD-10 classifications.
Valid Values	Valid ICD-10 diagnosis code or 'NONE'.
Rules & Definitions	Value must be a valid ICD-10 code. Values must be entered in sequence for fields 41-55 and values cannot be repeated. If valid value is 'NONE', then subsequent field (55) must be 'NONE'. Field 13**-** Effective Date must be updated when this field is changed.
Updates	10/1/2015 Field added.
Example	The member does not have any other physical health condition. **Enter NONE**

71
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

Rules & Definitions

Field 13-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 Attachment 1: DUG 8.0 Diagnosis Reference Tables 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 Policy and Procedure Manual Section 106.1, SMI Eligibility Determination. See Attachment 1: DUG 8.0 Diagnosis Reference Tables 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 Mental Health Diagnosis ICD-10-1 thru 15 (fields 41-55) for substance use disorder. See Attachment 1: DUG 8.0 Diagnosis Reference Tables 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".

Effective January 1, 2014: The Division has contracted with a third-party vendor to conduct SMI Determinations in Maricopa County. Therefore, the Maricopa RBHA is prohibited from changing a member to or from 'SMI' without prior review and approval from the third-party vendor. The RBHA may submit 'S' in this field if the member was determined to meet SMI eligibility requirements prior to January 1, 2014. Please see the CIS File Layout and Specifications Manual for further guidance.

Updates

8/1/2003 Field Added.

Example

The member is an adult (18 & Older) who has been determined to have a serious mental illness in accordance with Policy and Procedure Manual Section 106.1, SMI Eligibility Determination.
Enter S

72
Date of Treatment Plan

Description

The date the treatment plan was created or last updated for a member

Valid Values

YYYYMMDD Format

Rules & Definitions

Field 13-Effective Date must be updated when this field is changed.

Date must be equal to or less than field 5-Submittal Date (header record).
Date must be equal to or greater than field 7-EOC Start Date.
Date must be equal to or less than field 9-EOC End Date

Updates

1/16/2007 Field added.
10/1/2015 Rules & Definitions section updated.

Example

The Treatment Plan was created on September 1, 2014. **Enter 20140901**

73
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

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13-Effective Date must be updated when this field is changed.

If member is age 6 or older and less than age 18, CASII Intensity Level is required every 6 months.
If member 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 member 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**

74
CASII Intensity Date

Description The CASII Intensity Date must reflect the date on which the CASII Intensity Level (Field 73) 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

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13-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.

Date must be equal to or less than field 5-Submittal Date (header record).
Date must be equal to or greater than field 7-EOC Start Date.
Date must be equal to or less than field 9-EOC End Date

Updates

7/1/2008 Field added.
10/1/2015 Rules & Definitions section updated.

Example Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A member's CASII Intensity Level (field 73) changed on March 26, 2015. **Enter 20150326**

75
SA Primary

Description The primary psychoactive substance used.

Valid Values

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

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13- Effective Date must be updated when this field is changed.

If valid value "0001" (None) is used, then:

- Only valid values of "none / no use" will be accepted in fields 76-78, in the SA Secondary fields (79-82), and in the SA Tertiary fields (83-86).
- Field 71 Behavioral Health Category cannot have a value of "G" (Adult, SA)

If a valid value other than "0001" (None) is entered, 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 76-SA Freq-1 and 77-SA Route-1 cannot be null.

Updates

8/1/2003 Field added.

Example

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

76 SA Freq 1

Description

The frequency of use of the current primary substance use (field 75-SA Primary).

Valid Values

1	No use during the past month	5	1 or more times per day
2	1 –3 times in past month	6	No use during the past 3 months
3	1 – 2 times per week	7	No use during the past 6 months
4	3 – 6 times per week	8	No use during the past 12 months

Rules & Definitions

Entry must be ascertained by a clinical professional.

If "0001" (None) is entered for SA-Primary (75), then only a valid value "1" will be accepted.

Field 13- Effective Date must be updated when this field is changed.

Updates

8/1/2003 Field added.

Example

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

77 SA Route 1

Description

The route of administration of the current primary substance use (field 75-SA Primary).

Valid Values

1	Oral	4	Injection
2	Smoking	6	No use during the past month
3	Inhalation		

Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Primary (75), then only a valid value "6" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	8/1/2003 Field added.
Example	The member has been administering heroin via intravenous injection. **Enter 4**

78
SA Age First Use 1

Description	The member's age at first use of the reported current primary substance use (field 75-SA Primary).
Valid Values	01-99 Years of age 00 No use
Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Primary (75), then only a valid value "00" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	8/1/2003 Field added.
Example	The member began using heroin at age 25. **Enter 25**

79
SA Secondary

Description	The secondary psychoactive substance used.
Valid Values	Reference the "Valid Values" in 75 – SA Primary
Rules & Definitions	Entry must be ascertained by a clinical professional. Field 13- Effective Date must be updated when this field is changed. If valid value "0001" (None) is used in 75-SA Primary, then: • Only a valid value "0001" (None) will be accepted. • Only valid values of "none / no use" will be accepted in fields the SA Secondary fields (80-82). If a valid value other than "0001" (None) is entered, then: • This value may NOT be repeated in SA-Primary or SA-Tertiary (used only once). • When entering multiple substance use, SA-Primary, SA-Secondary, and SA-Tertiary must be populated in order. • Fields 80-SA Freq-2 and 81-SA Route-2 cannot be null.

Updates	8/1/2003 Field added.
Example	The member's secondary substance use was alcohol. **Enter 0201**

80
SA Freq 2

Description	The frequency of use of the current secondary substance use (field 79-SA Secondary).
Valid Values	Reference the "Valid Values" in 76–SA Freq 1
Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Secondary (79), then only a valid value "1" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	8/1/2003 Field added.
Example	The member has used alcohol three times in the past month. **Enter 2**

81
SA Route 2

Description	The route of administration of the current secondary substance use (field 79-SA Secondary).
Valid Values	Reference the "Valid Values" in 77-SA Route 1
Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Secondary (79), then only a valid value "6" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	8/1/2003 Field added.
Example	The member has been administering alcohol orally. **Enter 1**

82
SA Age First Use 2

Description

The member's age at first use of the reported current secondary substance use (field 79-SA Secondary).

Valid Values

01-99	Years of age	00	No use

Rules & Definitions

Entry must be ascertained by a clinical professional.

If "0001" (None) is entered for SA-Secondary (79), then only a valid value "00" will be accepted.

Field 13- Effective Date must be updated when this field is changed.

Updates

8/1/2003 Field added.

Example

The member began using Alcohol at age 15. **Enter 15**

83
SA Tertiary

Description

The tertiary psychoactive substance used.

Valid Values

Reference the "Valid Values" in 75 – SA Primary

Rules & Definitions

Entry must be ascertained by a clinical professional.

Field 13- Effective Date must be updated when this field is changed.

If valid value "0001" (None) is used in 75-SA Primary and 79-SA Secondary, then:

- Only a valid value "0001" (None) will be accepted.
- Only valid values of "none / no use" will be accepted in fields the SA Tertiary fields (84-86).

If a valid value other than "0001" (None) is entered, 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 84-SA Freq-3 and 85-SA Route-3 cannot be null.

Updates

1/16/2007 Field added.

Example

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

84
SA Freq 3

Description	The frequency of use of the current tertiary substance use (83-SA Tertiary).
Valid Values	Reference the "Valid Values" in 76–SA Freq 1
Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Tertiary (83), then only a valid value "1" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	1/16/2007 Field added.
Example	The member has used alcohol three times in the past month. **Enter 2**

85
SA Route 3

Description	The route of administration of the current tertiary substance use (83-SA Tertiary).
Valid Values	Reference the "Valid Values" in 77-SA Route 1
Rules & Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for SA-Tertiary (83), then only a valid value "6" will be accepted. Field 13- Effective Date must be updated when this field is changed.
Updates	1/16/2007 Field added.
Example	The member has been administering alcohol orally. **Enter 1**

86
SA Age First Use 3

Description	The member's age at first use of the reported current tertiary substance use (83-SA Tertiary).
Valid Values	01-99 Years of age 00 No use
Rules & Definitions	Entry must be ascertained by a clinical professional.

If "0001" (None) is entered for SA-Tertiary (83), then only a valid value "00" will be accepted.

Field 13- Effective Date must be updated when this field is changed.

Updates 1/16/2007 Field added.

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

87
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

Rules & Definitions 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

88
Episode Control Number (ECN)

Description Episode Control Number (ECN) is assigned to every record by the submitting T/RBHA. The ECN is a unique number used to identify every record and is generated by the T/RBHA based on an pre-established algorithm.

Valid Values The ECN is a unique 15 digit formed by:

- 4 digits - calendar year of record submission
- 2 digits – T/RBHA ID
- 9 digits – sequence of numbers, left padded with 0

Rules & Definitions Required on all submissions.
No two records may have the same ECN.
If a demographic submission fails to be accepted into the AHCCCS Client Information System as the result of a data validity, logic or accuracy error, the T/RBHA is to make the appropriate corrections and resubmit that record using the SAME ECN as the original submission

Updates 7/1/2012 Field added.

Examples HCIC submits the first record in 2014. **Enter 201415000000001**

89
ECN Update

Description	ECN Update field is used to refer to a previously summited record.
Valid Values	The ECN Update field is a 15 digit matching the ECN a previously submitted record.
Rules & Definitions	If the record is an Full EOC Start (trans code 1) then: • Field 89-ECN Update must be blank (null). If record is a trans code 2 (Complete Update), 4 (Full EOC End), then: • Field 89-ECN Update must equal field 88-ECN on the record that started the EOC (trans code 1 or 5). If record is a trans code 3 (Minor Update), then: • Field 89-ECN Update must be identical to field 88-ECN on a previously accepted trans code 1 or 2 record being updated. If record is a Correction file (trans code 9), then: • Field 89-ECN Update must be identical to field 88-ECN on the previously accepted record being corrected.
Updates	7/1/2012 Field added.
Examples	HCIC needs to correct the first record it submitted in 2013. **Enter 201315000000001**

Definitions

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.
Assessment	The ongoing collection and analysis of a member'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 member's service plan is designed to meet the member'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 member. Use the following: • Initial Assessment - Full EOC Start (trans code 1) • Annual Assessment - Complete Update (trans code 2) • Major Change - Complete Update (trans code 2) • Minor Change - Minor Update (trans code 3) • Closing Assessment - EOC End (trans code 4) • Correct an error in previous accepted transmission - Correction (trans code 9)
Behavioral Health Category Assignment	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 member enrolled in the AHCCCS behavioral health system.
Change	Updating a member's behavioral health data after the initial assessment has been accepted by AHCCCS. This allows the member's progress to be tracked over time. (see Minor Update and Major Change)
CIS	The Client Information System is the database used by AHCCCS to store behavioral assessment, enrollment, and encounter data.
Member	A member is a person who is receiving or has received behavioral health services through AHCCCS.
Closure	The end of an of an Episode of Care for a member after successful completion of treatment or after all re-engagement activities described in Policy and Procedure Manual Section 104, Outreach, Engagement, Re-engagement and Closure, have been exhausted. Please see field 81- EOC Status. For Title XIX/XXI AHCCCS eligible members, AHCCCS will determine the Enrollment and Disenrollment dates for the Medicaid system. For all members, the T/RBHA will determine the EOC Start and EOC End dates.
Complete Assessment	A record that contains all the routinely collected behavioral assessment fields. A complete assessment is transmitted in trans codes 1 (Full EOC Start), 2 (Complete Update), and 4 (Full EOC End).
Complete Update	Any complete assessment after the initial assessment. • Rules for submitting are detailed in: Field #3 - Reason for Submission • Required fields are detailed in: Data Field Reference Table • Completion is detailed in: Data Set Submission/Completion Criteria The timing is detailed in: Submission Deadline to AHCCCS and Assessment period
Correction	When an error was made on a previously submitted data submission and a correction needs to be made to the record.
Day	A calendar day unless otherwise specified.
DC	Dependent child(ren). Used in the field name 32 SP Woman DC.

Descriptive Characteristics	Information used to describe members. This information is collected in every EOC Start (trans code 1), Complete Update (trans code 2), and EOC End (trans code 4). Descriptive Characteristics include but is not limited to the following areas: ▪ Socio-demographic profile ▪ Treatment characteristics ▪ Participation status ▪ Medical condition (see Data Field Reference Table for complete list) Descriptive Characteristics may also be submitted in a Minor Update (trans code 3).
Edit/Validation	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 a member. Within an episode of care, a member may transfer to a different service, facility, program or location, including a different T/RBHA. The beginning and end of an episode of care is marked with a demographic file submission. Over time, an individual may have multiple overlapping episodes of care.
Full EOC End	Assessment of member's Descriptive Characteristics and Outcome Measures conducted at Closure. • Rules for submitting are detailed in: Field #3 - Reason for Submission • Required fields are detailed in: Data Field Reference Table • Completion is detailed in: Data Set Submission/Completion Criteria • The timing is detailed in: Submission Deadline to AHCCCS and Assessment period
Full EOC Start	The first assessment of the member's Descriptive Characteristics and Outcome Measures. One of three Assessment types: (trans code 1) • Rules for submitting are detailed in: Field #3 - Reason for Submission • Required fields are detailed in: Data Field Reference Table • Completion is detailed in: Data Set Submission/Completion Criteria • The timing is detailed in: Submission Deadline to AHCCCS and Assessment period
First Contact	The First Contact Is the starting point for an EOC, when a member first receives any behavioral health service. This does not include receiving a referral or scheduling an appointment.
Intake/Enrollment	Intake and Enrollment are defined by 834 transmissions. For Title XIX/XXI members AHCCCS determines intake and enrollment into the Medicaid system and sends the 834 to start and end eligibility. For Non-Title XIX/XXI members, the T/RBHA determines eligibility and sends the 834 record to AHCCCS.
Major Change	A significant change in the member's status that requires a new Complete Assessment 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 member'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 22 - 27)
OMB	Office of Management and Budget defines the five races and one ethnicity. (Fields 14 – 19)

Outcome Measures

Information used to measure members' 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 75 - 86)

SP

Special Populations. (Fields 31 – 32)

Trans code

There are 7 transaction codes defining the type of record submissions. These are the valid values for field 3 - Reason for Submission :

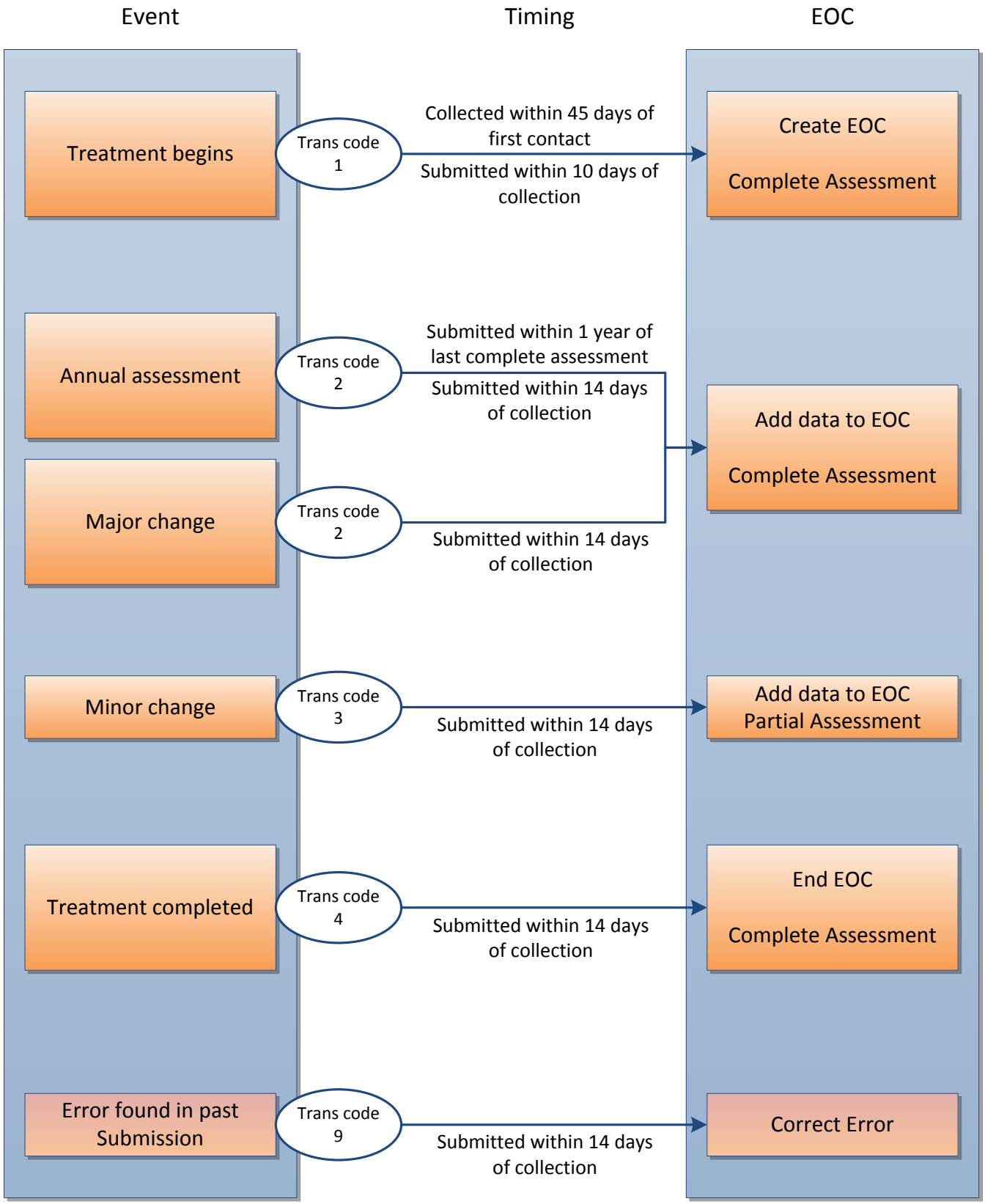
Trans code	Assessment	Collect	Submit
1	EOC Start	0-45 days	0-10 days
2	Annual Assessment (Complete Update)		0-1 year
2	Major Change		0-14 days
3	Minor Update		0-14 days
4	EOC End		0-14 days
9	Correction		0-14 days

Episodes of Care (EOC)

The Episodes of Care (EOC) identifies individuals that are actively receiving behavioral health care administered by AHCCCS. The EOC start is defined by field 7-EOC Start Date; and end of the EOC is defined field 9-EOC End Date. 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**	**Error Correction**
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	No
Complete Update	Yes	Yes	Yes	No	Yes	No
# of fields populated	87	85	85	10-84	86	10 to 84
89 ECN Update populated	No	Yes	Yes	Yes	Yes	Yes
9 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 member at time of service

The difference between field 13- Effective_Date AND the member's Date of Birth (field 6).

Used to determine the age group a member was in at the time service was provided and/or data was collected. Various data fields are age group specific.

Assessment date

Every assessment should occur on or in-between the start and end of an episode of care (EOC Start to EOC End. Two or more episodes of care **can** overlap in time for the same member.

The assessment date is used to determine:

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

Complete Assessment (trans code 1, 2, and 4)

A Complete Update must be received by AHCCCS within 365 days of the effective date for the most recent previously accepted complete assessment.

Submission Requirements

Submission of data to AHCCCS 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 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 AHCCCS. T/RBHAs establish deadlines for data from providers, in accordance with the T/RBHA edition of Policy and Procedure Manual Section 1601, Enrollment, Disenrollment and Other Data Submission. Figure 1 provides a graphical representation of the data submission process.

Event	Data Submission Deadline to ADHS/DBHS
EOC Start (trans code 1)	Initial Assessment must be collected within 45 days of First Contact, and submitted within 10 days of collection. (Effective Date)
Annual Assessment (trans code 2)	A complete Update must be submitted within 12 months from last Initial or Complete assessment. (trans code 1 or 2) (Effective Date)
Major Change (trans code 2)	A Major change assessment must be submitted within 14 days of collecting the assessment. (Effective Date)
Minor Update (trans code 3)	Minor change must be submitted with 14 days of collecting the assessment. (Effective Date)
EOC End (trans code 4)	End of EOC DUG must be submitted within 14 days of ending.
Correction (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 T/RBHA Data Submit column in the Data Field Reference Table)
EOC Start (trans code 1)	All fields identified with "**1**" or "**All**" in the T/RBHA Data Submit column in the Data Field Reference Table are required.
Complete Assessment (trans code 2)	An open EOC must exist. All fields identified with "**2**" or "**All**" in the T/RBHA Data Submit column in the Data Field Reference Table are required.
Minor Update (trans code 3)	An open EOC must exist. Only the field(s) being updated, and the 11 -required fields.

Event	Submission/Completion Criteria (see the T/RBHA Data Submit column in the Data Field Reference Table)
EOC End (trans code 4)	An open EOC must exist. Only one EOC End submission will be accepted per EOC. All fields identified with "**4**" or "**All**" in the T/RBHA Data Submit column in the Data Field Reference Table are required.
Correction (trans code 9)	An EOC must exist. Only the field(s) being updated, and the 10 -required fields.

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 CIS File Layout and Specifications Manual: 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 last version's changes applied to a particular data field, reference the field's "Updates" sub-section.
T/RBHA Data Submit	Identifies the data submission requirements of the data field for each T/RBHA. **1** EOC Start (trans code1) **2** Complete Update (Annual or Major Change) (trans code 2) **4** EOC End (trans code 4) **All** Always required
Member Data Collect	Identifies the required data to be **collected** from the member. **1** EOC Start (trans code1) **2** Complete Update (Annual or Major Change) (trans code 2) **4** EOC End (trans code 4)
Age Group	Specific age group(s) associated with this field.
Category	The category or categories a data field is associated with... **Descriptive** Member Descriptive Characteristic **Clinical** Clinical Judgment **Outcome** Outcome Measures being reported **System** System function
Field Relationship	Identifies other fields that relate to this field. For a detailed description of the association(s), reference the data fields "Rules & Definitions" 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	Member Data Collect	Age Group	Category	Field Relationship
1	Record-Type	08/01/03	All	N/A	N/A	System	
2	T/RBHA-ID	11/01/07	All	N/A	N/A	System	
3	Reason-for-Submission	6/27/16	All	N/A	N/A	System	
4	Client-ID	10/1/15	All	N/A	N/A	System	6
5	AHCCCS-ID	10/1/15	All	N/A	N/A	System	4
6	Date-of-Birth	08/01/03	All	N/A	N/A	Descriptive	
7	EOC Start Date	09/28/10	All	1	All	System	13
8	EOC Status	6/27/16	1, 2, 3, 4	1, 2, 3, 4	All	Descriptive	13
9	EOC_End Date	07/01/12	4	4	All	System	13

10	Referral-Date	10/1/15	1	1	All	Descriptive	
11	Referral-Source	10/1/15	1	1	All	Descriptive	
12	Assessment Date	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	
13	Effective Date	10/1/15	All	1, 2, 4	All	System	7-9, 20-39, 41-86
14	OMB-American Indian	08/01/03	1, 2, 4	1	All	Descriptive	14-18
15	OMB-Asian	08/01/03	1, 2, 4	1	All	Descriptive	14-18
16	OMB-Black	08/01/03	1, 2, 4	1	All	Descriptive	14-18
17	OMB-Native Hawaiian	08/01/03	1, 2, 4	1	All	Descriptive	14-18
18	OMB-White	08/01/03	1, 2, 4	1	All	Descriptive	14-18
19	OMB-Hispanic-Latino	08/01/03	1, 2, 4	1	All	Descriptive	
20	Treatment-Participation	07/01/05	1, 2, 4	1, 2	All	Descriptive	13
21	Number-of-Arrests	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13
22	OA-ADC-Parole	01/16/07	1, 2, 4	1, 2	18 & Older	Descriptive	13
23	OA-ADJC-Parole	01/16/07	1, 2, 4	1, 2	0 thru 17	Descriptive	13
24	OA-AOC-Adult-Probation	01/16/07	1, 2, 4	1, 2	18 & Older	Descriptive	13
25	OA-AOC-Juvenile-Probation	01/16/07	1, 2, 4	1, 2	0 thru 17	Descriptive	13
26	OA-DES-RSA	08/01/03	1, 2, 4	1, 2	All	Descriptive	13
27	OA-School-Special-Ed	08/01/03	1, 2, 4	1, 2	All	Descriptive	13
28	Educational-Status	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13
29	Education Level Completed	01/05/15	1, 2, 4	1, 2,4	All	Descriptive	13
30	Employment-Status	01/26/09	1, 2, 4	1, 2, 4	0 thru 17 18 & Older	Outcome, Clinical	13
31	SP-Pregnancy	01/16/07	1, 2, 4	1, 2	All	Descriptive	13
32	SP-Woman-DC	01/16/07	1, 2, 4	1, 2	All	Descriptive	13
33	Social Support of Recovery	02/15/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13
34	Gender Identity	09/28/10	1, 2, 4	1, 2, 4	18 & Older	Clinical	13
35	Sexual Orientation	09/28/10	1, 2, 4	1, 2, 4	18 & Older	Clinical	13
36	Military Status	01/05/15	1, 2, 4	1, 2, 4	All	Clinical	13
37	Primary-Residence	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13
38	Household Size	01/05/15	1, 2, 4	1, 2, 4	All	Descriptive	13
39	Household Income	01/05/15	1, 2, 4	1, 2, 4	All	Descriptive	13
40	Principal Diagnosis	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	
41	Mental Health DX ICD-10-1	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
42	Mental Health DX ICD-10-2	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
43	Mental Health DX ICD-10-3	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
44	Mental Health DX ICD-10-4	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
45	Mental Health DX ICD-10-5	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
46	Mental Health DX ICD-10-6	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
47	Mental Health DX ICD-10-7	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
48	Mental Health DX ICD-10-8	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
49	Mental Health DX ICD-10-9	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
50	Mental Health DX ICD-10-10	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
51	Mental Health DX ICD-10-11	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
52	Mental Health DX ICD-10-12	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
53	Mental Health DX ICD-10-13	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
54	Mental Health DX ICD-10-14	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
55	Mental Health DX ICD-10-15	10/1/15	1, 2, 4	1, 2, 4	All	Clinical	13, 41-55
56	Physical Health DX ICD-10-1	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
57	Physical Health DX ICD-10-2	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
58	Physical Health DX ICD-10-3	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
59	Physical Health DX ICD-10-4	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
60	Physical Health DX ICS-10-5	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
61	Physical Health DX ICS-10-6	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
62	Physical Health DX ICS-10-7	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
63	Physical Health DX ICS-10-8	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
64	Physical Health DX ICS-10-9	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
65	Physical Health DX ICS-10-10	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
66	Physical Health DX ICS-10-11	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70

67	Physical Health DX ICS-10-12	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
68	Physical Health DX ICS-10-13	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
69	Physical Health DX ICS-10-14	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
70	Physical Health DX ICS-10-15	10/1/15	1, 2, 4	1, 2	All	Clinical	13, 56-70
71	Behavioral-Health-Category	08/01/03	1, 2, 4	1, 2, 4	0 thru 17 18 & Older	Descriptive	13, 41-55
72	Date of Treatment Plan	10/1/15	1, 2, 4	1, 2	All	Descriptive	13
73	CASII Intensity Level	07/01/08	1, 2, 4	1, 2, 4	6 thru 17	Outcome, Clinical	13
74	CASII Intensity Level Date	10/1/15	1, 2, 4	1, 2, 4	6 thru 17	Outcome, Clinical	13
75	SA-Type-1	09/28/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
76	SA-Freq-1	09/28/10	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
77	SA-Route-1	08/01/05	1, 2, 4	1, 2	All	Outcome, Clinical	13, 75-86
78	SA-Age-First-Use-1	08/01/03	1, 2, 4	1, 2	All	Clinical	13, 75-86
79	SA-Type-2	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
80	SA-Freq-2	08/01/03	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
81	SA-Route-2	08/01/03	1, 2, 4	1, 2	All	Outcome, Clinical	13, 75-86
82	SA-Age-First-Use-2	08/01/03	1, 2, 4	1, 2	All	Clinical	13, 75-86
83	SA-Type-3	01/16/07	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
84	SA-Freq-3	01/16/07	1, 2, 4	1, 2, 4	All	Outcome, Clinical	13, 75-86
85	SA-Route-3	01/16/07	1, 2, 4	1, 2	All	Outcome, Clinical	13, 75-86
86	SA-Age-First-Use-3	01/16/07	1, 2, 4	1, 2	All	Clinical	13, 75-86
87	Custom-1	01/16/07	-	-	-	-	-
88	ECN	07/01/12	ALL	ALL	All	System	
89	ECN Update	07/01/12	2,3,4,9	2,3,4,9	All	System	

Internet References*

***All documents will be updated after July 1, 2016, due to ADHS/DBHS transition to AHCCCS. All links have been redirected to the AHCCCS Guides, Manuals, Policies general website. Please check the this website for updates.**

Manuals & Sections within:

Policy and Procedure Manual: Section 1601, Enrollment, Disenrollment and Other Data Submission
Office of Program Support Procedure Manuals
CIS File Layout and Specifications Manual
Policy and Procedure Manual Section104, Outreach, Engagement, Re-engagement and Closure

Forms & Attachments:

Policy and Procedure Manual: Section 8 – Forms & Attachments
Policy and Procedure Manual Form 105, Behavioral Health Assessment and Service Plan
Attachment 1: DUG 8.0 Diagnosis Reference Tables

Appendix A: Deleted Fields/Values from 7.0-8.0

(6) – Member First Name [Deleted Field/Valid Value History]

FIRST_NAME

Value	DESCRIPTION	START_DATE	END_DATE
Unique 25 Charcters	The member's frist name	8/1/2003	10/1/2015

(8) – Member Last Name [Deleted Field/Valid Value History]

LAST_NAME

Value	DESCRIPTION	START_DATE	END_DATE
Unique 25 Charcters	The member's last name	8/1/2003	10/1/2015

(52-56) – Physical Health Conditions [Deleted Field/Valid Value History]

PHYSICAL_HEALTH_COND_1 TO 5

Values	DESCRIPTION	START_DATE	END_DATE
00-99	Specific Physical Health Conditions-See DUG 7.0	8/1/2003	10/1/2015

(58-62) – AXIS I-1 thru 5 [Deleted Field/Valid Value History]

AXIS_I_1_CD to AXIS_I_5_CD

Values	DESCRIPTION	START_DATE	END_DATE
Valid DSM-IV-TR Codes	Disorders/Conditions in the DSM-IV-TR Classification	8/1/2003	10/1/2015

(63-64) – AXIS II-1 and 2 [Deleted Field/Valid Value History]

AXIS_II_1_CD, AXIS_II_2_CD

Values	DESCRIPTION	START_DATE	END_DATE
Valid DSM-IV-TR Codes	Disorders/Conditions in the DSM-IV-TR Classification	8/1/2003	10/1/2015

(70) – AXIS V [Deleted Field/Valid Value History]

AXIS_V

Values	DESCRIPTION	START_DATE	END_DATE
0-100	Global Assessment of Fuctioning Scale (GAF Score)-See DUG 7.0	8/1/2003	10/1/2015

(112-113) – AXIS IV-1 and 2 [Deleted Field/Valid Value History]

AXIS_IV_1 and 2

Values	DESCRIPTION	START_DATE	END_DATE
0-8	Psychosocial and/or Enviromental Stressors-See DUG 7.0	8/1/2003	10/1/2015

36 – Military Status [Deleted Valid Value History]

MILITARY_LEVEL

Value	DESCRIPTION	START_DATE	END_DATE
Y	Yes	1/3/2012	1/4/2015
N	No	1/3/2012	1/4/2015

29 – Education Level Completed [Deleted Valid Value History]

EDUCATION_LEVEL_COMPLETED

Value	DESCRIPTION	START_DATE	END_DATE
13	13 years of schooling completed	2/4/2013	1/4/2015
14	14 years of schooling completed	2/4/2013	1/4/2015
15	15 years of schooling completed	2/4/2013	1/4/2015
16	16 years of schooling completed	2/4/2013	1/4/2015
17	17 years of schooling completed	2/4/2013	1/4/2015
18	18 years of schooling completed	2/4/2013	1/4/2015
19-25	19-25 years of schooling completed	2/4/2013	1/4/2015

Appendix A: Deleted Fields/Values from 7.0-8.0 (Continued)

3 – Reason for Submission (trans code) [Deleted Valid Value History]

REASON-FOR-SUBMISSION

Value	DESCRIPTION	START_DATE	END_DATE
5	Crisis/Short Start	8/1/2003	6/26/2016
6	Crisis/Short End	8/1/2003	6/26/2016

8 – EOC Status [Deleted Valid Value History]

EOC-STATUS

Value	DESCRIPTION	START_DATE	END_DATE
20	Crisis EOC	8/1/2003	6/26/2016
25	Crisis, Referred to Treatment	8/1/2003	6/26/2016
30	Short EOC	8/1/2003	6/26/2016