Client Data Set

Submission Guide

for Fiscal Year 2027

52. Pregnant Women

Data field name - Pregnant_Women

Length	Format	From	To	Fatal
1	#	212	212	No

Description: A female client with a **Substance Use Disorder diagnosis** who answers yes to the question "Are you pregnant?"

Valid Codes:

0	No
1	Yes
6	Not Applicable (used when client is Male or is Female and does not have an SUD diagnosis)
7	Unknown
8	Not Collected

Special Instructions: 1. Code 1 is eligible for payment against the Substance Use Disorder block grant set aside for pregnant women.
2. Applicable to all clients that have any Substance Use Disorder diagnosis. For a listing of SUD diagnosis codes, see Appendix G.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 0 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Use Disorder Diagnosis	Field set to 8 in database Field set to 8 in database No change to database present
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer eligible for the SUD Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

53. Pregnant Client ~~Women~~ - Due Date

Data field name - Due_Date

Length	Format	From	To	Fatal
6	YYYYMM	213	218	No

Description: Identifies the month and year of the expected birth of the child.

Valid Codes: 1. Valid date in the year and month format (YYYYMM).
2. 999998 - Not Applicable/Unknown/Not collected

Example: Client is pregnant. Due date is May 2015. Code = 201505

Special Instructions: 1. Applicable to all clients who have Field 94~~52~~ (Pregnant Client~~Women~~) = 1
2. If not applicable set Code = 999998.

	Error Condition	**Error Action**
General Error	1. Invalid code 2. Code = 999998 and Field 94~~52~~ Pregnant Client~~Women~~ = 1 3. ~~Date is more than four months prior to System Reporting Date or~~ more than nine months from System Reporting Date. 4. Date is before 4/1 of prior Fiscal Year	Error reported Field set to 999998 in database

Update Frequency: At the time of Intake and after discovery of pregnancy. This field should be changed to '999998' when field 94~~52~~ is changed to 0. Must be reviewed annually or whenever there is an indication that the status has changed.

94. Pregnant Client (new in SFY27)

Data field name – Pregnant_Client

Length	Format	From	To	Fatal
1	#	285	285	No

Description: A female sex at birth client who answers yes to the question "Are you pregnant?"

Valid Codes:

0	No
1	Yes
7	Unknown
8	Not Collected

Special Instructions: Ask every client with female sex at birth.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 0 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and Field 5 – Sex at Birth = 1 (Male)	Field set to 8 in database Field set to 8 in database No change to database present
Completeness Error	Code = 7/8 in database and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer pregnant. Must be reviewed annually or whenever there is an indication that the status has changed.

Client File Data Conventions

Field Types

1. Numeric (#) Must contain only numeric characters 0-9

2. Alpha/Numeric (X) Can contain both letters and numbers (letters should always be in upper case)
   No special characters like dash, slash, or commas unless specifically authorized.

Field Formats

1. # - numeric digit
2. X - any character (letters and numbers allowed, letters in upper case only)
3. YYYYMMDD - numeric date field in the form:
   YYYY – four-digit year
   MM – two-digit month
   DD – two-digit day

   Note: Dates should contain only numeric characters. Do not enter date separators, such as "/" or "-" in these fields.

Standard Codes

Standard coding methodology is used throughout the data set whenever possible. Some examples are:

1. For fields requiring a "Yes" or "No", the codes are:
   0 No
   1 Yes

2. Codes for "Not Applicable" are dependent on field length, and always end in "6". This code is used to indicate that the field does not apply to the client. An example would be the Pregnant Women field for male clients. Those fields that have Not Applicable as valid codes use the coding convention below:

Code	Field Length
6	1
96	2
etc.	

3. Codes for "Unknown" are dependent on field length, and always end in "7". UK IBI would prefer that this code NOT be used unless the Center wants to capture the difference between Unknown and Not Collected. The Not Collected code is the recommended code for this information. Both codes will be treated in the same manner. Both could count against the General Error Standard. Those fields that have Unknown as valid codes use the coding convention below:

Code	Field Length
7	1
97	2
etc.	

4. Codes for "Not Collected" are dependent on field length, and always end in "8". This code is used by TEDS to indicate a field that is not collected. Kentucky uses it to indicate that the data was not collected from the client, but that the field is one that Kentucky collects. Both this code and the previous code are treated in the same manner. Both could count against the General Error Standard. Those fields that have Not Collected as valid codes use the coding convention below:

Code	Field Length
8	1
98	2
etc.	

3. Codes for "Other" are also field length specific, but always end in "9".

Code	Field Length
9	1
99	2
etc.	

Historical Client Guidelines & Data Submission Procedure

The client dataset information is captured on a monthly basis (i.e., the dataset will capture up to 12 months worth of data per client per fiscal year).

This will allow UK IBI to effectively track changes in client dataset information. Also, events and client service information will be tied more closely to accurate and timely information that will represent a “true” picture of the information submitted.

Each monthly Client file should include a record for each client for whom services were provided during that month. Only those clients with one or more services during that month should be reported.

Client Data Submission File Layout

Field Number	Data Element Name	Field Type	Field Length	Field Start	Field End	Format
1	***System Reporting Date***	Numeric	8	1	8	YYYYMMDD
2	***Region Number***	Numeric	2	9	10	##
3	***Client ID***	Alpha/Numeric	9	11	19	#########
4	***Date of Birth***	Date	8	20	27	YYYYMMDD
5	***Sex at Birth***	Numeric	1	28	28	#
6	***Client Status Code***	Numeric	1	29	29	#
7	***Provider Identifier***	Alpha/Numeric	6	30	35	XXXXXX
8	***Initial Contact Date***	Date	8	36	43	YYYYMMDD
9	***Admission Date***	Date	8	44	51	YYYYMMDD
10	~~***Race***~~	~~Numeric~~	~~1~~	~~52~~	~~52~~	#
11	***Hispanic Origin / Ethnicity***	Numeric	1	53	53	#
12	***Education***	Numeric	2	54	55	##
13	~~***Veteran Status***~~	~~Numeric~~	~~1~~	~~56~~	~~56~~	#
14	***Marital/Relational Status***	Numeric	1	57	57	#
15	***Employment Status***	Numeric	2	58	59	##
16	***Income***	Numeric	6	60	65	######
17	***SSI or SSDI***	Numeric	1	66	66	#
18	***Primary Source of Income/Support***	Numeric	1	67	67	#
19	***Living Arrangements***	Numeric	2	68	69	##
20	***Family Size***	Numeric	2	70	71	##
21	***County of Residence***	Numeric	3	72	74	###
22	***Source of Referral - Primary***	Numeric	2	75	76	##
23	***Source of Referral - Secondary***	Numeric	2	77	78	##
24	***DCBS Involvement***	Numeric	1	79	79	#
25	***Diagnosis 1***	Alpha/Numeric	8	80	87	XXX.XXXX
26	***Diagnosis 2***	Alpha/Numeric	8	88	95	XXX.XXXX
27	***Diagnosis 3***	Alpha/Numeric	8	96	103	XXX.XXXX
28	***Diagnosis 4***	Alpha/Numeric	8	104	111	XXX.XXXX
29	***Diagnosis 5***	Alpha/Numeric	8	112	119	XXX.XXXX
30	***Diagnosis 6***	Alpha/Numeric	8	120	127	XXX.XXXX
31	***Diagnosis 7***	Alpha/Numeric	8	128	135	XXX.XXXX
32	***Diagnosis 8***	Alpha/Numeric	8	136	143	XXX.XXXX
33	***Diagnosis 9***	Alpha/Numeric	8	144	151	XXX.XXXX
34	***Diagnosis 10***	Alpha/Numeric	8	152	159	XXX.XXXX
35	***Diagnosis 11***	Alpha/Numeric	8	160	167	XXX.XXXX
36	***Diagnosis 12***	Alpha/Numeric	8	168	175	XXX.XXXX
37	***Diagnosis 13***	Alpha/Numeric	8	176	183	XXX.XXXX
38	***Diagnosis 14***	Alpha/Numeric	8	184	191	XXX.XXXX
39	***Primary Diagnosis Indicator***	Alpha/Numeric	8	192	199	XXX.XXXX
40	***Serious Mental Illness (SMI or CMI)***	Numeric	1	200	200	#
41	***Severe Emotional Disability (SED)***	Numeric	1	201	201	#
42	***Methadone***	Numeric	1	202	202	#
43	***IV Drug User***	Numeric	1	203	203	#
44	~~***Co-Dependent/Collateral***~~	~~Numeric~~	~~1~~	~~204~~	~~204~~	#
45	***DUI Conviction***	Numeric	1	205	205	#
46	***Developmental Disability/Developmental Delay***	Numeric	1	206	206	#

47	***Client 2 Description ~~N/A~~***	Numeric	1	207	207	#
48	***Victim of Rape/Sexual Assault/Sexual Abuse***	Numeric	1	208	208	#
49	***Victim of Domestic Abuse***	Numeric	1	209	209	#
50	***Perpetrator of Rape/Sexual Assault/Sexual Abuse***	Numeric	1	210	210	#
51	***Perpetrator of Domestic Abuse***	Numeric	1	211	211	#
52	***~~Pregnant Women~~***	Numeric	1	212	212	#
53	***Pregnant Women - Due Date***	Numeric	6	213	218	YYYYMM
54	***Women with Dependent Children***	Numeric	1	219	219	#
55	***~~Clozapine or Clozaril N/A~~***	~~Numeric~~	~~1~~	~~220~~	~~220~~	#
56	***~~Substance Use Disorder Prior Episode~~***	~~Numeric~~	~~1~~	~~221~~	~~221~~	#
57	***~~Disposition at Termination N/A~~***	~~Numeric~~	~~1~~	~~222~~	~~222~~	#
58	***Drug Type Code, Primary at Admission***	Numeric	4	223	226	####
59	***Frequency of Use - Primary (Admission)***	Numeric	1	227	227	#
60	***Route of Administration - Primary***	Numeric	1	228	228	#
61	***Age of First Use or Alcohol Intoxication - Primary***	Numeric	2	229	230	##
62	***Drug Type Code, Secondary at Admission***	Numeric	4	231	234	####
63	***Frequency of Use - Secondary (Admission)***	Numeric	1	235	235	#
64	***Route of Administration - Secondary***	Numeric	1	236	236	#
65	***Age of First Use or Alcohol Intoxication - Secondary***	Numeric	2	237	238	##
66	***Drug Type Code, Tertiary at Admission***	Numeric	4	239	242	####
67	***Frequency of Use - Tertiary (Admission)***	Numeric	1	243	243	#
68	***Route of Administration - Tertiary***	Numeric	1	244	244	#
69	***Age of First Use or Alcohol Intoxication – Tertiary***	Numeric	2	245	246	##
70	***Deaf or Hard of Hearing***	Numeric	1	247	247	#
71	***~~Acquired or Traumatic Brain Injury~~***	~~Numeric~~	~~1~~	~~248~~	~~248~~	#
72	***Homeless Indicator***	Numeric	1	249	249	#
73	***State Guardianship***	Numeric	1	250	250	#
74	***Primary Language***	Alpha/Numeric	3	251	253	XXX
75	***English Ability***	Numeric	1	254	254	#
76	***Client Review Date***	Date	8	255	262	YYYYMMDD
77	***Head Injury***	Numeric	1	263	263	#
78	***Head Injury Frequency***	Numeric	2	264	265	##
79	***Head Injury Medical***	Numeric	1	266	266	#
80	***Race Am Indian***	Numeric	1	267	267	#
81	***Race Asian***	Numeric	1	268	268	#
82	***Race Black***	Numeric	1	269	269	#
83	***Race Pacific***	Numeric	1	270	270	#
84	***Race White***	Numeric	1	271	271	#

85	***Arrests in Past 30 Days***	Numeric	2	272	273	##
86	***Military History***	Numeric	2	274	275	##
87	***Attendance at Self-Help Programs***	Numeric	2	276	277	##
88	***School Attendance Status***	Numeric	1	278	278	#
89	***Gender Identity***	Numeric	1	279	279	#
90	***Sexual Orientation***	Numeric	1	280	280	#
91	***Child Custody***	Numeric	1	281	281	#
92	***Military Family Relations***	Numeric	2	282	283	##
93	***Problem Gambling/Problem Sports Wagering/Gambling Disorder***	Numeric	1	284	284	#
94	***Pregnant Client***	Numeric	1	285	285	#

N/A and ~~strikethrough~~ indicate fields no longer required, edited or considered

New fields will NOT be counted in the General Error Standard or Fatal Error Standard during the first fiscal year of activity.

Client Data Set Table Layout

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
1	System Reporting Date	date	From input file, must match valid date and not in future	F	
2	* Region Number	char 2	From input file ID, must match valid code	F	
3	* Client ID	char 9	Must be 9 character valid encryption code	F	
	* Month	num 2	From input file ID, must match valid code	F	
	* Year	num 4	From input file ID, must match valid code	F	
4	Date of Birth	date	Before today, before System Reporting date, within 150 years; over 100 years, Possible error	G/P	
5	Sex at Birth	char 1	Must be valid code	G	
6	Client Status Code	char 1	Must be valid code	F	
7	Provider Identifier	char 6	Must match Providers Table	G	
8	Initial Contact Date	date	Must be a valid Date Date must be before System Reporting Date Date must be after Date of Birth and/or 1960	G	
9	Admission Date	date	Must be before or same as System Reporting Date and after DOB	G	
10	~~Race~~	~~char 1~~			
11	Hispanic Origin	char 1	Must be valid code	G/C	If = 6 / 7 / 8
12	Education	char 2	Must be valid code	G/C	If = 97 /98
13	~~Veteran Status~~	~~char 1~~			
14	Marital Status	char 1	Must be valid code	G/C	If = 7 / 8
15	Employment Status	char 2	Must be valid code	G/C	If = 96 / 97 /98
16	Income	char 6	Must be valid code	G/C	If = 999998
17	SSI or SSDI	char 1	Must be valid code	G/C	If = 6 / 7 / 8
18	Primary Source of Inc Sup	char 1	Must be valid code	G/C	If = 7 / 8
19	Living Arrangements	char 2	Must be valid code	G/C	If = 96 / 97 /98
20	Family Size	char 2	Must be valid code	G/C	If = 98
21	County of Residence	char 3	Must match county table else set to “998”	G/C	If = 996 / 997 / 998
22	Source of Ref Primary	char 2	Must be valid code	G/C	If = 96 / 97 /98
23	Source of Ref Secondary	char 2	May be blank or match valid code else set to “98”	G	

Field No.	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
24	DCBS Involvement	char 1	Must be valid code	G/C	If = 6 / 7 / 8
25	Diagnosis 1	char 8	Valid ICD-10 code; at least one required	G	
26	Diagnosis 2	char 8	same as #25	G	
27	Diagnosis 3	char 8	same as #25	G	
28	Diagnosis 4	char 8	same as #25	G	
29	Diagnosis 5	char 8	same as #25	G	
30	Diagnosis 6	char 8	same as #25	G	
31	Diagnosis 7	char 8	same as #25	G	
32	Diagnosis 8	char 8	same as #25	G	
33	Diagnosis 9	char 8	same as #25	G	
34	Diagnosis 10	char 8	same as #25	G	
35	Diagnosis 11	char 8	same as #25	G	
36	Diagnosis 12	char 8	same as #25	G	
37	Diagnosis 13	char 8	same as #25	G	
38	Diagnosis 14	char 8	same as #25	G	
39	Primary Diagnosis Ind	char 8	Must be valid code	G/P	
40	Serious Mental Illness	char 1	Must be valid code; under age 18 is Possible error	G/P/C	If = 6 / 7 / 8 and MH client
41	Severe Emotional Dis	char 1	Must be valid code and under age 21; between 18 & 20 is Possible error	G/P/C	If = 6 / 7 / 8 and MH client
42	Opioid Replacement Therapy	char 1	Must be valid code; not SUD client is Possible error	G/P/C	If = 6 / 7 / 8 and SUD client
43	IV Drug User	char 1	Must be valid code; not SUD client is Possible error	G/P/C	If = 6 / 7 / 8 and SUD client
~~44~~	~~Co Dependent Collateral~~	~~char 1~~	~~Must be valid code~~	~~G A~~	
45	DUI Conviction	char 1	Must be valid code; not SUD client is Possible error	G/P/C	If = 6 / 7 / 8 and SUD client
46	Developmental Dis Delay	char 1	Must be valid code; outside appropriate age range for code is Possible error	G/P/C	If = 6 / 7 / 8
47	Client 2 Description	char 1	Must be valid code; Not Client Status 2 is Possible error	G/P/C	If = 0 and Client Status Code = 2
48	Vic of Rape Sex Assault	char 1	Must be valid code	G /C	If = 6 / 7 / 8

49	Victim of Domestic Abuse	char 1	Must be valid code	G /C	Must be valid code
Field No.	**Field Name * = Key field**	**Type size**	**Edits**	**Errors**	**Incomplete Criteria**
50	Perp of Rape Sex Assault	char 1	Must be valid code	G /C	If = 6 / 7 / 8
51	Perp of Domestic Abuse	char 1	Must be valid code	G /C	If = 6 / 7 / 8
52	Pregnant Women	char 1	Must be valid code & female; male is Possible error	G/P/C	If = 6 / 7 / 8 and SUD client
53	Due Date	char 6	If Preg-Women = Yes, then must be valid date (yyyymm) between 9 months in future and 4 months in past	G /C	If = 999998 and Pregnant women = Yes
54	Women with Dep Children	char 1	Must be valid code & female; male is Possible error	G /C	If = 6 / 7 / 8 and SUD client
55	~~Clozapine or Clozaril~~	~~char 1~~			
56	SUD Prior Episode	char 1	Must be valid code	G /C	If = 6 / 7 / 8 and SUD client
57	~~Disposition at Term~~	~~char 1~~			
58	Drug Type Primary	char 4	Must be valid code; not SUD client is Possible error	G/P/C	If = 9996 / 9997 / 9998 / 0101 and SUD client
59	Freq of Use Primary	char 1	Must be valid code	G/C	If = 6 / 7 / 8 and Drug type valid
60	Route of Admin Primary	char 1	Must be valid code	G /C	If = 6 / 7 / 8 and Drug type valid
61	Age First Use Primary	char 2	Must be numeric and between 00-98; 00 or over client age is Possible error	G/P/C	If = 96 / 97 / 98 and Drug type valid
62	Drug Type Secondary	char 4	Same as #60	G/P	See Field 58
63	Freq of Use Secondary	char 1	Same as #61	G /C	See Field 59
64	Route of Admin Secondary	char 1	Same as #62	G/C	See Field 60
65	Age First Use Secondary	char 2	Same as #63	G/P/C	See Field 61
66	Drug Type Tertiary	char 4	Same as #60	G/P	See Field 58
67	Freq of Use Tertiary	char 1	Same as #61	G/C	See Field 59
68	Route of Admin Tertiary	char 1	Same as #62	G/C	See Field 60
69	Age First Use Tertiary	char 2	Same as #63	G//C	See Field 61
70	Deaf or Hard of Hearing	char 1	Must be valid code	G	If = 6 / 7 / 8

71	~~Traumatic Brain Injury~~	~~char 1~~			If = 6 / 7 / 8
72	Homeless Indicator	char 1	Must be valid code; conflict with field #21 is Possible error	G/C	If = 6 / 7 / 8
73	State Guardianship	char 1	Must be valid code	G/C	If = 6 / 7 / 8
Field No.	**Field Name * = Key field**	**Type size**	**Edits**	**Errors**	**Incomplete Criteria**
74	Primary Language	char 3	Must be valid code	G/C	If = 996 / 997 / 998
75	English Ability	char 1	Must be valid code	G/C	If = 6 / 7 / 8 and Primary Language NOT English
76	Client Field Review Date	date	Must be valid date before field #5	G/C	If = 99999996 / 99999997 / 99999998
77	Head Injury	char 1	Must be valid code	G/C	If = 6 / 7 / 8
78	Head Injury Frequency	char 2	Must be valid code; conflict with field #79 is Possible error	G/C	If = 96 / 97 / 98
79	Head Injury Medical	char 1	Must be valid code	G/C	If = 6 / 7 / 8
80	Race Am Indian	char 1	Must be valid code	G/C	If = 6 / 7 / 8
81	Race Asian	char 1	Must be valid code	G/C	If = 6 / 7 / 8
82	Race Black	char 1	Must be valid code	G/C	If = 6 / 7 / 8
83	Race Pacific	char 1	Must be valid code	G/C	If = 6 / 7 / 8
84	Race White	char 1	Must be valid code	G/C	If = 6 / 7 / 8
85	Arrests	char 2	Must be valid code; value over 31 is Possible error	G/P/C	If = 96 / 97 / 98 and SUD client
86	Military History	char 2	Must be valid code	G/C	If = 96 / 97 / 98
87	Self-Help Attendance	char 2	Must be valid code; value over 31 is Possible error	G/C	If = 96 / 97 / 98 and SUD client
88	School Attendance Status	char 2		G/C	If = 6 / 7 / 8 and Client Status 1
	MH	bit	based on diagnosis codes		
	MR	bit	based on diagnosis codes		
	Alc	bit	based on diagnosis codes		
	Drug	bit	based on diagnosis codes		
	~~Fatal Error~~	~~bit~~	~~Not used~~		
	Cert	bit	indicates ‘Certified’ record		
89	Gender Identity	Char 1	Indicates gender identity per client preference	G/C	Error reported Field set to 8 in database
90	Sexual Orientation	Char 1	Indicates sexual orientation per client preference	G/C	Error reported Field set to 8 in database

91	Child Custody	Char 1	Indicates the agent or agency which currently has legal custody of persons less than twenty one (21) years of age.	G/C	Error reported Field set to 8 in database
92	Military Family Relations	Char 2	Identifies response to the question, "**"Is or was anyone** in your family (biological, foster, kinship, step, adoptive, etc.) a member of the United States military?".	G/C	Error reported Field set to 8 in database
Field No.	**Field Name * = Key field**	**Type size**	**Edits**	**Errors**	**Incomplete Criteria**
93	Problem Gambling/ Problem Sports Wagering/ Gambling Disorder	char 1	Must be valid code	G/C	If = 6 / 7 / 8
	MH Rec	bit	indicates MH record per Data Dictionary definition		
	MH Cert	bit	indicates 'Certified' MH record		
	SUD Rec	bit	indicates SUD record per Data Dictionary definition		
	SUD Cert	bit	indicates 'Certified' SUD record		
	SUD Cert Old	bit	indicates pre-12/06 'Certified SUD record		

A ~~strike through~~ indicate fields no longer required, edited or considered. Fields after 88 are for internal use only.

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Note: Input records completely replace existing records for matching Year and Month.

Under the Errors column;

F = Fatal error - field vital to record, entire record rejected.

G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code.

P = Possible error - value in this field should be reviewed if it is outside normal bounds or is in conflict with another field.

C = Completeness - this field checked against Not Collected codes **for Status 1 clients ONLY**

NOTE: Some fields are considered for Completeness ONLY if the client's diagnosis puts them in the appropriate program. See the Incomplete Criteria column.

NOTE: Only the following fields are required for Client Status 2 clients, however all fields containing data will be edited.

Region Number, Client ID, System Reporting Date, Date of Birth, Client Status Code, and Client 2 Description

For Client Status 3 clients, the following fields are required. No other fields will be edited.
Region Number, Client ID, System Reporting Date, and Client Status Code

All other fields will be accepted ONLY if valid data is present. The only errors that may occur related to the other fields are when two fields containing valid data are in conflict, such as Pregnant Male clients and duplicate diagnostic codes.

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NOTE: For the purpose of cross-checking fields,

- if the client has any Diagnosis that is a Mental Health diagnosis, then the client is a "MH" client;
- if the client has any Diagnosis that is an Intellectual Disabilities diagnosis, then the client is an "ID" client';
- if the client has any Diagnosis that is an Alcohol or Drug diagnosis, then the client is a "SUD" client;

- - - -
Timeliness Standard FAILS if final submission not completed by the last day of the month following the Reporting Period.

Fatal Error Standard FAILS if any fatal field has more than 1.0% invalid values. See “Standards for Information Quality” for list of fatal fields.

General Error Standard FAILS if any non-fatal field has more than the maximum error rate of invalid values allowable for the field. See “Standards for Information Quality” for list of non-fatal fields and maximum error rate.

Input Record Format

1. System Reporting Date

Data field name - System_Reporting_Date
Sub field - Month
Sub field - Year

Length	Format	From	To	Fatal
8	YYYYMMDD	1	8	Yes

Description: Data submission date to the client data set. It is suggested that this be the date that the data was created for the file or the date that the file was submitted.

Valid Codes: Must be a valid date in the form YYYYMMDD.

Example: Submission Date is October 30, 2006.
Code = 20061030

Special Instructions:
1. Enter month and day using 2 digits each. Enter year using 4 digits.
2. If month or day is only one digit, please precede the digit with a zero.
3. Do not enter '/' or '-' in this field.
4. This date should be no later than the day the submission is received.

	Error Condition	**Error Action**
Fatal Error	1. Invalid Date 2. System Reporting Date after submission date	Current record is rejected

2. Region Number

Data field name - Region_Number

Length	Format	From	To	Fatal
2	##	9	10	Yes

Description: Region collecting data on this element

Valid Codes:

01	Region 01 – Four Rivers Behavioral Health (Western Ky.)
02	Region 02 – Pennyroyal Center
03	Region 03 – River Valley Behavioral Health (Green River)
04	Region 04 – LifeSkills, Inc.
05	Region 05 – Communicare
06	Region 06 – Centerstone of Kentucky (formerly Seven Counties Services)
07	Region 07 – NorthKey Community Care (Northern Ky.)
08	Region 08 – Comprehend, Inc.
09	Region 09 – Transitions, Inc.
10	Region 10 – Pathways, Inc.
11	Region 11 – Mountain Comprehensive Care Center
12	Region 12 – Kentucky River Community Care, Inc.
13	Region 13 – Cumberland River Behavioral Health (Comprehensive Care Center)
14	Region 14 – Adanta (Lake Cumberland)
15	Region 15 – New Vista (formerly Bluegrass)
16	Region 16 – The Healing Place

17 Region 17 – The MORE Center
18 Region 18 – Central Kentucky Recovery Center (CKRC)
19 Region 19 – Wellspring

Special Instructions: 1. For regions 1-9, please be sure to precede the region number with a zero.
2. Must match region number specified in file name.

	Error Condition	**Error Action**
Fatal Error	Invalid Region	Current record is rejected

3. Client ID

Data field name - Client_ID

Length	Format	From	To	Fatal
9	#########	11	19	Yes

Description: Identifies client within the database using a unique identifier. This identifier should be the encrypted SSN using the established encryption methodology. Contact UK IBI for the KDMHMRS Client ID Encryption Protocol.

Valid Codes: 9-character encrypted SSN.

	Error Condition	**Error Action**
Fatal Error	Invalid encrypted SSN	Current record is rejected

4. Date of Birth

Data field name - Date_of_Birth

Length	Format	From	To	Fatal
8	YYYYMMDD	20	27	No

Description: Client's date of birth

Valid Codes: Valid date in the format YYYYMMDD
99999998 – Unknown (only valid if Field #6 Client Status Code = “2”)

Example: Client was born February 16, 1960
Code = 19600216

Special Instructions: 1 Do not enter '/' or '-' in this field.
2. Birth date must be prior to Field 9 -Admission Date and Field 1 - Reporting Date.
3. Birth date must not be more than 150 years prior to Field 1 - Reporting Date.
4. Not required if Field #6 Client Status Code = “3”.

	Error Condition	**Error Action**
General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Birth date more than 150 years ago 4. Code = 99999998 and Client Status = 1 or Client Status = 2	Error reported Field set to Null in database
Possible Error	Birth date more than 100 years ago	Error reported no change to database

5. Sex at Birth

Data field name – Sex at Birth

Length	Format	From	To	Fatal
1	#	28	28	No

Description: Identifies the client's most recently reported biological gender. Per Office of Management & Budget (OMB), sex is defined as biological sex. For SFY22, this field name was expanded from "Sex" to "Sex at Birth" to add clarity. The DBHDID removed the values 3, 4, and 5 to this field starting with SFY22 and shifted those options to the Gender Identity field which is new in SFY22. This is a self-reported data element. The unknown code can be used when the client's biological sex is unknown or the Client Status Code (field #6) ="2" of "3".

Valid Codes:

1. Male
2. Female
7. Unknown (only valid if Field #6 Client Status Code = "2" or "3")
8. Not Collected (only valid if Field #6 Client Status Code = "2" or "3")

Special Instructions: Do not leave this field blank.

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake.

6. Client Status Code

Data field name - Client_Status_Code

Length	Format	From	To	Fatal
1	#	29	29	Yes

Description: **Client Status 1:** Any person participating in a Center program for whom the Center has established or plans to establish an individual plan of care (e.g. Individual Support Plan, Treatment Plan, Service Plan) signed by a clinically licensed or certified professional and who has received one or more services during the current fiscal year. NOTE: Generally, any client who has received more than three services should be a Status 1 client.

Client Status 3 (Pseudo Client): This special reporting procedure / method is for Services and / or Purchases reported under DMHMRS Modifiers 024, 025, 072, 073, 174 (NTE02, columns 7-9 - formerly FAO-12) and should be used ONLY to report services / purchases when there is no single person against which the service may be counted.

Client Status 2: Any person who receives a service, as defined in event data service codes, during the current fiscal year, whose treatment is of brief duration, informational or educational in nature or who does not have a plan of care (at this time). The following services and associated programs have been identified as definitive of a client status 2 if the client has received ONLY these services.

DMHMRS Modifier 1 (FAO-12)	Service Description	Associated Program
001	Assessment	MH/SUD
004	PASRR Evaluation (Level II)	MH/ID PASRR
006	PASRR-Response to Referral	MH/ID PASRR

024	Miscellaneous Services Purchased	MH/ID Supported Living
025	Miscellaneous Goods Purchased	MH/ID Supported Living
070	DUI Education Services	SUD-DUI
073	Consultation	MH/SUD/ID
101	Screening	MH
102	Screening	SUD
138	Residential Crisis Stabilization	MH/SUD (Adult)
139	Residential Crisis Stabilization	MH/SUD (Child/Youth)
174	Outreach and Education	MH/SUD/ID
176	Mobile Crisis Intervention Services	MH/SUD/ID
200, 210, 211	Crisis Intervention	MH/SUD/ID

The following details apply to the associated programs listed above.

Division of Intellectual Disabilities

- Supported Living – Code as Client Status 3 as defined in the CMHC Data Implementation Guide.

Division of Substance Use Disorder

- DUI – If only education and assessment are provided, code as Client Status 2. If any treatment services are provided, code as Client Status 1.

Division of Mental Health / Division of Intellectual Disabilities

- PASRR **–** Client status 2 is used only for the evaluation, other ID PASRR services have codes in dataset and they should be client status 1.

NOTE: Clients who meet the following criteria may be considered **Valid Client Status 2**:

1) clients with 7 or fewer days between the first and last service
or 2) clients with fewer than 5 services
or 3) clients with fewer than 10 services within 60 days
or 4) clients who average less than 1 service per month

or

clients who have received JUST the above services. Clients who receive any other services should be coded Status 1.

Valid Codes:

1. Client meeting definition of Client Status 1
2. Client meeting definition of Client Status 2
3. Pseudo Client (new 2004)
9. Client Deceased

Special Instructions: Alternate editing processes will be used for those clients coded as 2 in this field. In particular, only the client ID field will be considered as fatal, and all other errors will be considered when calculating general and fatal error rates only if the field is completed.

	Error Condition	**Error Action**
Fatal Error	Invalid Code	Current record is rejected

Update Frequency: At time of contact for Client Type 2. At time of Intake for Client Type 1. When a treatment plan is established for a Type 2, change to Type 1.

7. Provider Identifier (Site Code)

Data field name - Provider_Identifier

Length	Format	From	To	Fatal
6	XXXXXX	30	35	No

Description: Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs

are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. This ID number is assigned by the individual center in keeping with the standard coding structure.

Valid Codes: See provider list on the Web
999998 – Unknown/Not Collected (valid only if Field 6 – Client Status = 2 / 3)

Special Instructions: 1. Regions must submit provider id update forms to the department whenever sites are added, deleted, or changed.

2. To update Provider Types at any time, Regions use the form "Appendix A1 - Provider Type Update" located at
http://dbhdid.ky.gov/CMHC/documents/guides/current/AppendixA1.pdf

3. All regions should left justify this element as required by the provider ID list. The rest of the field should be left blank.

	Error Condition	**Error Action**
General Error	1. Provider ID does not match provider listing 2. Code = '999998' and Client Status = 1	Error reported Field set to 999998 in database

Update Frequency: At time of Intake.

8. Initial Contact Date (Reinstated July 2017)

Data field name - Initial_Contact_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	36	43	No

Description: Date of potential client's initial contact with CMHC by phone or otherwise. This is a required field.

First contact means the first time that the person (or family or guardian if the person is a child or has a guardian) contacts the Center to obtain services, but also applies to a person if they have not received services by the Center during the previous six months. First contact usually will be a call from a potential client looking for an appointment, a walk-in looking for an appointment, or a crisis service provided by the provider. The preliminary screening and risk assessment services may occur telephonically or face-to-face and are to be provided according to payer service delivery requirements.

"During Initial Contact", a preliminary screening and risk assessment is made to determine acuity of needs. This is a separate event from the "Initial Evaluation" which is described below.

After the "Initial Contact" and preliminary screening the "Initial Evaluation" occurs. THE FOLLOWING ARE NOT "Initial Contact" activities but instead are to be included in "Initial Evaluation".

- preliminary diagnoses,
- source of referral, reason for seeking care,
- identification of immediate clinical care needs related to the diagnosis for mental and substance use disorders,
- a list of current prescriptions and medications and other substances being taken,

- identification of suicide risk factors,
- identification of safety concerns,
- identification of need for medical care, and
- a determination of military involvement.

Valid Codes: Valid date in the format YYYYMMDD.
If unknown, use 8 spaces or '99999998'

Example: August 26, 2006 - 20060826

Special Instructions:
1. Must be prior or equal to Field 1 - System Reporting Date, and equal to or after Field 4 - Date of Birth
2. Do not enter random characters or symbols such as '/' or '-' in this field.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Date of Birth 4. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database

9. Admission Date

Data field name - Admission_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	44	51	No

Description: Date when the client receives first direct service of this episode, including the initial intake. This is a required field.

Valid Codes: Valid date in the format YYYYMMDD.
If Field 6 – Client Status = 2, may be 8 spaces or '99999998'

Example: January 31, 2007 - 20070131

Special Instructions:
1. Must be prior or equal to Field 1 - System Reporting Date, **equal to or** after Field 4 - Date of Birth equal to or after 1/1/1960, and equal to or after Field 8 – Initial Contact Date.
2. Do not enter random characters or symbols such as '/' or '-' in this field.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Date of Birth and/or 1960 4. Date prior to Initial Contact Date 5. Code = 99999998 and Client Status = 1	Error reported Field set to Null in database

Update Frequency: When permission to treat is signed.

10. Race

Data field name - Race dropped in 2006

Length	Format	From	To	Fatal
1	#	52	52	No

Note: this field no longer in use, replaced by fields 80-84. Please zero fill or follow instructions below.

Description: Client's Race

Valid Codes:

1	White / Caucasian
2	Black / African American
3	American Indian / Alaskan Native
4	Asian
5	Alaskan Native (use valid code "3")
6	Native Hawaiian or Pacific Islander
7	Multi-racial
8	Not Applicable/Unknown/Not Collected
9	Other

Note: Japanese-Americans should be classified as 4-Asian and not 6-Pacific Islander

11. Hispanic Origin / Ethnicity

Data field name - Hispanic_Origin

Length	Format	From	To	Fatal
1	#	53	53	No

Description: Identifies client's specific Hispanic origin. Hispanic origin can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person's parents or ancestors before arriving in the United States. Hispanic Origin / Ethnicity is separate from a person's race. People who identify as Hispanic, Latino, or Spanish may be any race.

Valid Codes:

0	Not of Hispanic Origin
1	Puerto Rican
2	Mexican
3	Cuban
4	Other Hispanic
6	Not Applicable
7	Unknown
8	Not collected

Note: Use "0" (Not of Hispanic Origin) for non-Hispanic clients, NOT "6" (Not Applicable)

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 – Client Status = 1	Counted against General Error Standard

Update Frequency: At time of Intake.

12. Education

Data field name - Education

Length	Format	From	To	Fatal
2	##	54	55	No

Description: Specifies the highest school grade the client has completed, or the equivalent. Home schooled, special ed students, foreign students, and others may have differences between the number of years of schooling and the equivalent education level achieved. Enter the nearest equivalent grade completed or education level achieved. NOTE: This is NOT the grade they are currently attending and may NOT necessarily be the number of years in school.

Valid Codes:

pre-school	95
kindergarten	96
no schooling	00
grades 1 - 11	01 - 11
high school graduate or GED	12
1 to 3 years of education beyond high school	13 - 15
four year college degree	16
1 to 8 years of education beyond 4-year college degree	17 - 24
more than 8 years of education beyond 4-year college degree	25
education level unknown	97
education level not applicable / not collected	98

Example: Client is currently in the 4th grade - Code = 03.
Client has completed a 4 year college degree plus 1 year of graduate school - Code = 17.

Special Instructions: If education is single digit, please precede with a zero.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 97/98 in database and Field 6 – Client Status = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after a change in student status. Must be reviewed annually or whenever there is an indication that the status has changed.

13. Veteran Status

dropped in 2011 (Replaced by field 86 – Military History)
Data field name - Veteran_Status

Length	Format	From	To	Fatal
1	#	56	56	No

Note: this field is no longer in use. It has been replaced by the new field 86 (Military History). Please pad field 13 with a space/blank or follow instructions below.

Description: Identifies whether the client has performed military service. If client has served in multiple actions, mark the most recent service. Military service is defined as anyone in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, or Coast and Geodetic Survey.

Valid Codes:

0	No military service	**5**	**Any Military Service**
~~1~~	~~World War II~~	6	Not Applicable
~~2~~	~~Korean War~~	7	Unknown
~~3~~	~~Vietnam War~~	8	Not Collected
~~4~~	~~Persian Gulf War~~		

NOTE: Although codes 1-4 are acceptable, code **5** should be used for a client with any military service.

14. **Marital/Relational Status**

Data field name - Marital_Status

Length	Format	From	To	Fatal
1	#	57	57	No

Description: Describes the client's marital status/family structure in categories revised to be compatible with the U.S. Census.

Valid Codes:

1	Single/never married (or only marriage was annulled)		
2	Married	6	Separated
3	Divorced	7	Unknown
4	Co-habitating	8	Not Applicable/Not Collected
5	Widowed		

Example: Client is single - Code = 1

Special Instructions: Values of “2”, “3”, “4”, “5”, or “6” in this field will generate a Possible error if the value in Field 4 (Date of Birth) indicates the client is under 18 years of age.

Note: Clients whose only marriage has been annulled should be coded as 1 – Never Married

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Possible Error	Code = 2,3,4,5,or 6 and Field 4 (Date of Birth) indicates client is under 18 years of age	Error reported No change to database
Completeness Error	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after change in legal marital status. Must be reviewed annually or whenever there is an indication that the status has changed.

15. Employment Status

Data field name - Employment_Status

Length	Format	From	To	Fatal
2	##	58	59	No

Description: Identifies client's current employment status.

Valid Codes:

01	Employed full time - 32 or more hours per week
02	Employed part time - 31 or less hours per week
03	Laid off from job
04	Looking for work/available for work during the last four weeks (Includes those clients who are out of work and not looking)

05	In the armed forces
06	Homemaker
07	Student
08	Retired
09	Resident of institution/incarcerated
10	Child (preschool, under school age) (under 6)
11	Disabled
96	Not Applicable
97	Unknown
98	Not collected

Example: Seasonal workers employed full time are coded 01 (employed full time)

Note: Clients with a code of 10 – Child must be under age 6.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
Possible Error	Code is 10 and client is age 6 or over	Error reported No change to database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.
NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

16. **Income** (Reinstated July 2013)

Data field name - Income

Length	Format	From	To	Fatal
6	######	60	65	No

Description: Annual family income of the client (in whole dollars).

Family income is the amount reported on the IRS tax returns on the line titled "total income" or from the W-2 received from employers. Total income can also be the amount of public assistance received for a 12-month period or any other form of disability payments. For persons who file tax returns, total income is line 4 on the 1040EZ form, line14 on the 1040A form, and line 23 on the 1040 form.

Valid Codes:

000000-900000	Actual number
900001	Refused to Answer
999998	Unknown/Not Collected

Do NOT include comma or decimal

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 999998 in database
Completeness Error	Code = 999998 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

17. SSI or SSDI or TANF

Data field name - SSI_or_SSDI

Length	Format	From	To	Fatal
1	#	66	66	No

Description: Identifies whether the client is currently receiving SSI and/or SSDI or TANF.
SSI = supplemental security income
SSDI = social security disability income
TANF = Temporary Assistance to Needy Families (formerly AFDC)

Valid Codes:

0	No - receives none
1	Yes - SSI only
2	Yes - SSDI only
3	Yes - both SSI and SSDI
4	Yes – TANF only
5	Yes – TANF and SSDI
6	Not Applicable
7	Unknown
8	Not collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

18. Primary Source of Income/Support

Data field name - Primary_Source_of_Inc_Sup

Length	Format	From	To	Fatal
1	#	67	67	No

Description: Identifies the primary source of client's income.

Valid Codes:

1	Wages/salary/self employed
2	Public assistance
3	Retirement/pension
4	Disability
5	Other sources
6	No income/support
7	Unknown
8	Not Applicable/Not Collected

Example: 60% of client's income is from TANF - Code = 2

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Completeness Error	Code = 7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.

19. Living Arrangements

Data field name - Living_Arrangements

Length	Format	From	To	Fatal
2	##	68	69	No

Description: Identifies the living arrangement for clients having field #6 Client Status Code = "1".

Use value "96-Not Applicable" ONLY for clients having field #6 Client Status Code = "2" or "3".

If values "01", "02", or "03" are used, the client homeless status should be recorded as homelessness in field #72 Homeless.

NOTE: Value "98-Not Collected" is not an option beginning with July 2017 data set.

Valid Code	Label	Description
No Fixed Residence		
1	Homeless/uninhabitable dwelling	Clients with no fixed address; includes homeless shelters. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street, homeless shelters).
2	Mission/shelter	A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
3	Hotel/motel	An unsupervised hotel or motel designed to provide temporary living accommodations.
Staffed Residence or Dependent Living or Residential Placement		
11	Other Staffed residence	A non-ID staffed residence which is not one of the codes below. This may include the SUD Transitional Living. This does not include monitored residence.
12	Alcohol/Drug treatment facility	An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of alcohol and drug treatment services in conjunction with residential care.

13	Behavioral Health Residential Placement for Children/Youth - Residential Care (e.g., group home, congregate care facility)	Child Caring Facility/Private Child Caring Facility means any institution or group home, including institutions and group homes that are publicly operated, providing residential care on a twenty-four (24) hour basis to children, not related by blood, adoption, or marriage to the person maintaining the facility, other than an institution or group home certified by an appropriate agency as operated primarily for educational or medical purposes, or a residential program operated or contracted by the Department of Juvenile Justice that maintains accreditation, or obtains accreditation within two (2) years of opening from a nationally recognized accrediting organization. DCBS Group home means a homelike facility, excluding Department of Juvenile Justice operated or -contracted facilities, for not more than eight (8) foster children, not adjacent to or part of an institutional campus, operated by a sponsoring agency for children who may participate in community activities and use community resources. The Department of Juvenile Justice (DJJ) operates Group Homes that Group Home provide community-based residential programming for male and female public and youthful offenders between the ages of 12 and 17. Program staff provide 24-hour per day seven-day per week supervision. Group homes may serve as an alternative to more restrictive institutional care or as a step-down for youth to move from an institutional placement to the community before returning home.
14	ID staffed residence residential supports	Residential supports that provide twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person centered plan. A Staffed Residence is a home rented or owned by the provider agency where up to three individuals may live. These services are only provided to populations with Intellectual Disabilities.
15	ID group home residential supports	Residential supports for four to eight participants with an I/DD that provides twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person centered plan. The group home shall meet all regulations as promulgated by 902 KAR 20:078, which provides the licensure requirements for the operation of group homes and the services provided. These services are only provided to populations with Intellectual Disabilities.
16	ID adult foster care/family home residential supports	Residential supports that provide twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person centered plan. A Family Home/Adult foster care home is a private residence where up to three individuals may reside and is owned by the provider/family. These services are only provided to populations with Intellectual Disabilities.

Independent Living		Family and family-like arrangements refer to a broad range of living arrangements that simulate a family situation. This includes foster care and small group homes.
21	Living in parent/guardian's residence	
22	Living in own residence	Value “22” is intended for adults. It is not intended for children who are living with a parent or guardian. Those clients should be coded with a value of 21 (Living in parent/guardian’s residence)
23	Living in own residence with parent/guardian	
24	Boarding home	
25	Living in residence of a family member – other than parent or guardian	
26	Living in residence of a friend or acquaintance	
27	Fictive Kin or Relative Placement	"Fictive kin" means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child.
28	Foster Parent/Family Home; non-relative; DCBS contracted foster care provider or DCBS foster home	"Child-placing agency" means any agency licensed by the cabinet, which supervises the placement of children in foster family homes or child-caring facilities, or which places children for adoption. Foster care refers to the provision of a living arrangement in a household other than that of the client’s biological family. "Foster family home" means a private home in which children are placed for foster family care under supervision of the cabinet or of a licensed child-placing agency.
Licensed Long-Term Care Facility		The Office of Inspector General defines Licensed Long-Term Care Facilities https://chfs.ky.gov/agencies/os/oig/dhc/Pages/ltc.aspx
31	SNF (nursing home)	Nursing Home: An establishment that provides living quarters and care for the elderly and the chronically ill. This includes assisted living outside a nursing home. The state skilled nursing programs provide long-term medical care for mentally ill persons who also require treatment or supervision of the mental illness. Criteria for admission is inpatient status in other state-operated facilities. The state skilled nursing programs include Glasgow State Nursing Facility in Glasgow Kentucky and the Western State Nursing Facility in Hopkinsville Kentucky.

32	Personal care home	The Scope of Operations and Services for Personal Care Homes includes (1) A resident in a PCH or SPCH shall: (a) Be admitted in accordance with KRS 216.765; (b) Be ambulatory or mobile nonambulatory; (c) Be able to manage most of the activities of daily living; and (d) Have care needs that do not exceed the capability of the PCH or SPCH. (2) An individual who is nonambulatory or nonmobile shall not be eligible for residence in a PCH or SPCH.
33	~~ICF/MR~~ ICF/IID State facility	The State Intermediate Care Facility (ICF) programs are designed to provide comprehensive and individualized health care, training and habilitation services to individuals to promote their functional skills and independence. The State Intermediate Care Facilities include Bingham Gardens in Louisville Kentucky, Hazelwood ICF in Louisville Kentucky, Oakwood ICF in Somerset Kentucky, and Outwood ICF in Dawson Springs Kentucky.
34	~~ICF/MR~~ ICF/IID Private facility	The Scope of Operation and Services for Intermediate Care Facilities (ICFs). Intermediate care facilities for mentally retarded and developmentally disabled persons provide services for all age groups on a twenty-four (24) hour basis, seven (7) days a week, in an establishment with permanent facilities including resident beds for persons whose mental or physical condition requires developmental nursing services along with a planned program of active treatment. The facility provides special programs as indicated by individ ual care plans to maximize the resident's mental, physical, and social development in accordance with the normalization principle. The intermediate care facilities for the mentally retarded and devel opmentally disabled must comply with the facility specifications for Intermediate Care Facilities, 902 KAR 20:056.
35	Family care home	A family care home shall provide twenty-four (24) hour supervision and personal care services in residential accommodations for a resident who be cause of impaired capacity for self care, elects to have or requires a protective environment but does not have an illness, injury, or disability for which constant medical care or skilled nursing services are required. A resident shall be ambulatory or mobile nonambulatory and able to manage most of the activities of daily living.

~~Other~~ Justice System Institutions		Institutions under the justice system: Institutions under the justice system refers specifically to jails and prisons managed or paid for by a government entity (i.e., federal, state, county, and city). “A criminal justice system is a set of legal and social institutions for enforcing the criminal law in accordance with a defined set of procedural rules and limitations. Criminal justice systems include several major subsystems, composed of one or more public institutions and their staffs: police and other law enforcement agencies; trial and appellate courts; prosecution and public defender offices; probation and parole agencies; custodial institutions (jails, prisons, reformatories, half-way houses, etc.); and departments of corrections (responsible for some or all probation, parole, and custodial functions). Some jurisdictions also have a sentencing guidelines commission” (Frase, R.S. & Weidner, R.R., 2002).
41	Foster care	During SFY23, use of code 41 will transition to the use of new codes 27 and 28 to indicate type of Foster Care Placement.
42	Jail/prison - local or state	Jails-County: Kentucky Detention Center are operated by each individual county and are accredited by the Kentucky Department of Correction for operation. Jails-State: Kentucky Correctional centers and program are operated and/or contracted by the Kentucky Department of Corrections. The Detention Centers and the Correctional Centers provide programs with a wide range of services including education, counseling, acute medical and mental health care, Substance Use Disorder treatment, behavior management, observation, and assessment, as well as continuous supervision.
43	Jail/prison – federal	Jail/prison-Federal: Kentucky Detention centers provide the United State Bureau of Prisons the ability to house prisoners at a per diem rate for court proceedings and other necessary detention services. The Detention Centers provide programs with a wide range of services including education, counseling, acute medical and mental health care, Substance Use Disorder treatment, behavior management, observation, and assessment, as well as continuous supervision
44	Regional Juvenile Detention Center	Regional Juvenile Detention Centers are operated by the KY Dept. for Juvenile Justice and provide secure detention to all counties in Kentucky. The Detention Centers provide programs with a wide range of services including education, counseling, acute medical and mental health care, behavior management, observation, and assessment, as well as continuous supervision.

45	Youth Development Center	Youth Development Centers are operated by the KY Dept for Juvenile Justice. They are small campus-type settings with capacities ranging from 30 to 45 youth per center. These programs provide monitoring of youths' activities 24-hours per day, seven days per week. Security level and measures vary by facility. Youth placed in these programs are typically between the ages of 14 and 18 and have been adjudicated as public and youthful offenders. There are a total of seven (7) youth development centers (YDC's); these are currently located in the following counties: Adair, Butler, Wayne, Graves, Rowan, Kenton, and Morgan.
Inpatient Facilities		
51	State Psychiatric Hospital	These programs provide acute, inpatient psychiatric care for adults who are mentally ill. The State Psychiatric Hospital programs include Central State Hospital in Louisville, Eastern State Hospital in Lexington, Western State Hospital in Hopkinsville.
52	Other Psychiatric Inpatient	A private provider or medical provider licensed and/or contracted through the State Mental Health Authority. In Kentucky, this includes Appalachian Regional Healthcare (ARH) Psychiatric Center in Hazard. Other psychiatric inpatient care refers to inpatient psychiatric services provided in a private psychiatric hospital, a psychiatric bed in a general hospital, or any other psychiatric inpatient bed that is not part of a state psychiatry hospital. Examples of Other Psychiatric Inpatient Care settings include: • Private psychiatric hospital: a facility licensed and operated as a private psychiatric hospital that primarily provides 24-hour inpatient care to persons with mental illness. • Separate inpatient psychiatric unit of a general hospital: a licensed general hospital (public or private) that provides inpatient mental health services in at least one separate psychiatric living unit. This unit must have specifically allocated staff and space (beds) for the treatment of persons with mental illness. The unit may be located in the hospital itself or in a separate building, either adjacent or more remote, and be owned by the hospital. It may also provide 24-hour residential care and/or less than 24-hour care (e.g., outpatient, day treatment, partial hospitalization), but these additional service setting are not requirements.

53	Forensic Psychiatric Care	The Kentucky Correctional Psychiatric Center (KCPC) is a licensed psychiatric hospital that conducts forensic competency evaluations, competency restoration, and criminal responsibility evaluations for pre-trial patients. The facility also provides inpatient treatment for individuals who have been adjudicated incompetent to stand trial and are held on a civil commitment order. All patients at KCPC are court-ordered under KRS 504.080, KRS 504.110, or KRS 202C. KCPC serves all 120 counties and is located in a secure facility on the grounds of Luther Luckett Correctional Complex in Lagrange..
54	General Medical Hospital (public or private)	
55	Psychiatric Residential Treatment Facility (PRTF) for Children/Youth	"Psychiatric Residential Treatment Facility" (PRTF) means either a licensed: (a) Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503, with an age range of no greater than five (5) years at the time of admission in a living unit; or (b) Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and habitation to persons who: 1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility; 2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or developmental disability; and 3. Do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment.
56	Crisis Residence	A residential (24 hours/day) crisis stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.
57	Other Inpatient	An Inpatient, 24-hour/day care setting which is not one of the above.
Other		
96	Not Applicable	Value “96” should only be used upon client’s death which is further indicated by field #6 Client Status Code = “9” or for clients whose field #6 Client Status Code = “2” or “3”.
97	Unknown	Value “97” (unknown) should rarely be used.

Example: Client lives in an apartment alone - Code = 22

Special Instructions:

1. Value “96” should only be used upon client’s death which is further indicated by field #6 Client Status Code = “9” or for clients whose field #6 Client Status Code = “2” or “3”.
2. Value “97” (unknown) should rarely be used.
3. **Value “98-Not Collected” is not an option beginning with July 2017 data set.**
4. Value “22” (Living in own residence) is intended for adults. It is not intended for children who are living with a parent or guardian. Those clients should be coded with a value of 21 (Living in parent/guardian’s residence).
5. Value “22” in this field will generate a **General Error** if the value in Field 4 (Date of Birth) indicates the client is under 16 years of age. It will be a **Possible Error** for clients ages 16 to 17.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 98 in database
General Error	Code = 22 and Field 4 (Date of Birth) indicates client is under 16 years of age.	Error reported Field set to 98 in database
Possible Error	Code = 22 and Field 4 (Date of Birth) indicates client is at least 16 years of age but less than 18 years of age.	Error reported No change to database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and must be reviewed annually or whenever there is an indication that the status has changed.

NOTE: This field is required for SUD / TEDS Discharge record - should be validated as often as possible.

20. Family Size (Reinstated July 2013)

Data field name – Family_Size

Length	Format	From	To	Fatal
2	##	70	71	No

Description: Number of household members on the family income (Internal Revenue Service definition)

Definition of family: Total number of personal exemptions claimed on the most recent federal tax return, form 1040ez, 1040a, or 1040. For person not filing tax returns, how many persons living in the home are dependent on the family income?

Valid Codes:

01-19	Actual number
20	Twenty or more
21	Refused to Answer
98	Unknown/Not collected Refused to Answer

	Error Condition(s)	**Error Action**

General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

21. County of Residence

Data field name - County_of_Residence

Length	Format	From	To	Fatal
3	###	72	74	No

Description: Kentucky County for which the client considers his/her county of residence. If the client's county of residence is in another state, use the code respective to the state as listed in Appendix B.

Valid Codes:

001-299	Actual county code - See County Code list in Appendix B. NOTE: codes > 120 represent states other than Kentucky
996	Not Applicable
997	Unknown

Example: Client lives in Louisville - Jefferson county - Code = 056

Special Instructions:

1. See list of county codes, Appendix B.
2. If actual code is less than "100", use preceding with zero(s) (e.g., "021").
3. If the client's county of residence is in another state, use the code respective to the state as listed in Appendix B.
4. Value "996" should only be used upon client's death which is further indicated by field #6 Client Status Code = "9", or for homeless clients (as needed) as reflected in field #73 homelessness, or for clients whose field #6 Client Status Code = "2" or "3".
5. Value "997" (unknown) should rarely be used.
6. **Value "998-Not Collected" is not an option beginning with July 2017 data set.**

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported Field set to 998 in database
Completeness Error	Code = 996/997/998 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake and after relocation. Must be reviewed annually or whenever there is an indication that the status has changed.

22. Source of Referral - Primary

Data field name - Source_of_Ref_Primary

Length	Format	From	To	Fatal
2	##	75	76	No

Description: Defines who made the primary referral of the client to the program

Valid Codes: Personal

01 Self
02 Employer
03 Family/friend
04 Self help group
05 Clergy
06 State Nursing Facility
07 Private Nursing Facility

Judicial Systems
08 Veterans Court
09 Mental Health Court
10 District Court
11 Police
50 Circuit or State court
51 Federal court
14 Probation/parole
15 Recognized legal entity - other than probation/parole
16 Driving Under the Influence (DUI)
17 Other criminal justice
18 Diversionary program / Court Designated Work Program
19 Department of Juvenile Justice (DJJ)
20 Drug Court

Inpatient Treatment Facility
21 State Funded or State Contracted Psychiatric Hospital
22 Other Psychiatric Hospital / Psychiatric Unit at Other Hospital
23 Substance Use Disorder (SUD) Treatment Facility-State
24 Substance Use Disorder (SUD) Treatment Facility- Private
27 Personal Care Home
28 General hospital
29 ICF/IID Facility – State
30 ICF/IID Facility - Private

Agency Referral
31 School/Family Resource and Youth Services Center
32 Vocational Rehabilitation
33 Community Mental Health Center (CMHC)
34 DCBS (Department for Community Based Services)
35 Other social services agency
36 Health Department
38 Child Care Provider
39 University/College

Private Behavioral Health and Medical Providers
41 Private psychiatrist
42 Private psychiatric clinic
43 Physician
44 Private Therapist
45 Private APRN

Other
96 Not Applicable
97 Unknown
98 Not collected
99 Other

Example: Client talked to his minister about his drinking problem. The minister suggested the client call the local community MH/ ID center. Code = 05 (Clergy)

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 98 in database
Completeness Error	Code = 96/97/98 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake.

23. Source of Referral - Secondary

Data field name - Source_of_Ref_Secondary

Length	Format	From	To	Fatal
2	##	77	78	No

Description: Defines who made the secondary referral of the client to the program.

Valid Codes: See codes for Field 22 - Source of Referral - Primary.

Special Instructions: If no secondary referral is present, enter 96, 97 or 98. All are acceptable.

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 98 in database

Update Frequency: At time of Intake.

24. DCBS Involvement

Data field name - DCBS_Involvement

Length	Format	From	To	Fatal
1	#	79	79	No

Description: Indicates if client has received services from the Department for Community Based Services (formerly known as the Department for Social Services).

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Example: Client tells you he once received assistance from a caseworker with DCBS in another city of your region about two years ago - Code = 1 (Yes)

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At time of Intake. Must be reviewed at any time that the value changes, upon treatment plan review and annually.

25. Diagnosis 1

Data field name - Axis_I_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	80	87	No

Description: ICD-10 diagnosis

Valid Codes: 1. See Appendix F – Any valid ICD10 Diagnosis Code

Special Instructions:
1. Must be a valid ICD-10 code.
2. Must include decimal point – except for 3 digit codes.
3. Must be the EXACT code – include any necessary 4th, 5th, 6th, or 7th digits.
4. Fields 25 through 38 allow for the submission of up to 14 diagnoses for a client.
5. Field 25 should contain a valid code but any other unneeded diagnosis fields should be padded with '000.0000' or left blank.

	Error Condition(s)	Error Action
General Error	1. Invalid Code 2. When a code is duplicated from another diagnosis field. (Z71.1 and 000.0000 are acceptable duplicates.)	Error reported Field set to 000.0000 in database

Update Frequency: At the completion of the treatment plan or after any revision to the treatment plan.

26. Diagnosis 2

Data field name - Axis_I_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	88	95	No

Description: Same as Field 25.

27. Diagnosis 3

Data field name - Axis_I_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	96	103	No

Description: Same as Field 25.

28. Diagnosis 4

Data field name - Axis_I_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	104	111	No

Description: Same as Field 25.

29. Diagnosis 5

Data field name - Axis_I_Diagnosis_5

Length	Format	From	To	Fatal
8	XXX.XXXX	112	119	No

Description: Same as Field 25.

30. Diagnosis 6

Data field name - Axis_I_Diagnosis_6

Length	Format	From	To	Fatal
8	XXX.XXXX	120	127	No

Description: Same as Field 25.

31. Diagnosis 7

Data field name - Axis_II_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	128	135	No

Description: Same as Field 25.

32. Diagnosis 8

Data field name - Axis_II_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	136	143	No

Description: Same as Field 25.

33. Diagnosis 9

Data field name - Axis_II_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	144	151	No

Description: Same as Field 25.

34. Diagnosis 10

Data field name - Axis_II_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	152	159	No

Description: Same as Field 25.

35. Diagnosis 11

Data field name - Axis_III_Diagnosis_1

Length	Format	From	To	Fatal
8	XXX.XXXX	160	167	No

Description: Same as Field 25.

36. Diagnosis 12

Data field name - Axis_III_Diagnosis_2

Length	Format	From	To	Fatal
8	XXX.XXXX	168	175	No

Description: Same as Field 25.

37. Diagnosis 13

Data field name - Axis_III_Diagnosis_3

Length	Format	From	To	Fatal
8	XXX.XXXX	176	183	No

Description: Same as Field 25.

38. Diagnosis 14

Data field name - Axis_III_Diagnosis_4

Length	Format	From	To	Fatal
8	XXX.XXXX	184	191	No

Description: Same as Field 25.

39. Primary Diagnosis Indicator

Data field name - Primary_Diagnosis_Ind

Length	Format	From	To	Fatal
8	XXX.XXXX	192	199	No

Description: Field which indicates the patient's primary diagnosis.

DEFINITION OF PRIMARY DIAGNOSIS: The condition which is the main focus or attention or treatment, usually the condition for which the client initially sought treatment. For example, a client is initially seen at CMHC following inpatient hospitalization for follow-up of Schizophrenia. During the course of treatment, it is discovered the client also has a Substance Use Disorder problem and client is treated for Substance Use Disorder .
Schizophrenia remains under treatment and remains the primary diagnosis.

Valid Codes: Must be a valid ICD-10 code **and** must be present in one of the diagnosis fields 25-38. See Appendix F.

Special Instructions:
1. Must be a valid ICD-10 code.
2. Must include decimal point – except for 3 digits codes.
3. Must be the EXACT code – including any necessary digits after decimal.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Code 2. Code '000.0000' and Field 6 – Client Status = 1	Error reported Field set to 000.0000 in database
Possible Error	Diagnosis not in fields 25-38	Error reported No change to database

Update Frequency: At the time of Intake and after testing for or hospitalization for any contributing illness.

40. Serious Mental Illness (SMI or CMI)

Data field name - Severe_Mental_Illness

Length	Format	From	To	Fatal
1	#	200	200	No

Description: SMI, also known as CMI (chronic mental illness), identifies clients age 18 and over who meet the priority target population definition for serious/chronic mental illness.

This description is based on the dimensions of diagnosis, disability, and duration. Additional information describing these dimensions may be found in the Request for Funding Manual.

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Special Instructions: Applicable to all clients who have any Mental Health diagnosis. For a listing of MH diagnosis codes, see Appendix G. If not applicable, set Code = 0.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database

General Error:	Code = 1 and Client's age <18	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against General Error Standard

Update Frequency: After staffing or change of diagnostic status to meet SMI criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

41. Severe Emotional Disability (SED)

Data field name - Severe_Emotional_Dis

Length	Format	From	To	Fatal
1	#	201	201	No

Description: Identifies children, under the age of 18, who meet the priority/target population definition for SED.

This description is based on a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the DSM.

Additional information on the definition is found in the Request for Funding Manual.

Valid Codes:

0 No

1 Yes (SED)

This code is valid for all persons under 18 years of age (or up to 21 if they were classified as having SED prior to reaching 18 years of age) who meet criteria for Severe Emotional Disturbance unless criteria for Code #2 are met. All persons having SED will not necessarily receive Targeted Case Management (TCM), although all persons receiving TCM should meet the criteria for SED.

2 Yes (High Fidelity Wraparound)

This code is valid for all persons who have been accepted into the High Fidelity Wraparound Program. Use of this code should ALWAYS be accompanied by reporting the client's information in the IMPACT Outcomes Management System. It is required that all persons in the High Fidelity Wraparound Program meet the criteria for SED.

6 Not Applicable

7 Unknown

8 Not collected

Special Instructions:

1. Applicable to all clients which have any Mental Health diagnosis. For a listing of MH diagnosis codes, see Appendix G.
2. If not applicable, set Code = 0.
3. SED refers to clients under 18 years of age. However, clients over 17 and under 21 years of age may still be coded as SED if they were classified as being SED prior to reaching 18 years of age.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
General Error	Code = 1 or 2 and Client's age > 20	Error reported Field set to 8 in database

Possible Error	Code = 1 or 2 and Client's age > 17 and < 21	Error reported No change made to database
Completeness Error	Code = 6/7/8 in database and Mental Health Diagnosis present	Counted against General Error Standard

Update Frequency: After staffing or change of diagnostic status to meet SED criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

42. Medications for Opioid Use Disorder (MOUD)

Data field name – (MOUD)

Length	Format	From	To	Fatal
1	#	202	202	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "Are the use of opioid medications such as methadone, buprenorphine, naltrexone or other opioid agonist replacement therapy currently a part of your treatment plan?"

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not collected

Special Instructions:

1. Applicable to all clients who have any Substance Use Disorder diagnosis. For a listing of SUD diagnosis codes , see Appendix G
2. If not applicable, set Code = 6.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Possible Error	Code = 1 and no Substance Use Disorder Diagnosis present	Error reported No change to database.
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

43. IV Drug User

Data field name - IV_Drug_User

Length	Format	From	To	Fatal
1	#	203	203	No

Description: Identifies a client in the alcohol or drug program who answers yes to the question "In your lifetime, have you ever used drugs intravenously?"

Valid Codes:

0	No
1	Yes
6	Not Applicable

7 Unknown
8 Not collected

Special Instructions: 1. Applicable to all clients who have any Substance Use Disorder diagnosis. For a listing of SUD diagnosis codes, see Appendix G.
2. If not applicable, set Code = 8

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Possible Error	Code = 1 and no Substance Use Disorder Diagnosis present	Error reported No change to database.
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

44. Co-Dependent/Collateral

Data field name - Co_Dependent_Collateral

Length	Format	From	To	Fatal
1	#	204	204	No

Note: Effective with FY2011, this field no longer in use. Please pad field with a space or with an "8" (Not collected).

Description: A client in the alcohol or drug program who may or may not have a primary Substance Use Disorder diagnosis, but is in treatment for a Substance Use Disorder problem relative to a family member or significant other. Has an affirmative response to the question "Are you seeking services because of problems arising from your relationship with an alcohol or drug user?"

Valid Codes:
~~0 No~~
~~1 Yes~~
~~6 Not Applicable~~
~~7 Unknown~~
~~8~~ Not collected

45. DUI Conviction

Data field name - DUI_Conviction

Length	Format	From	To	Fatal
1	#	205	205	No

Description: A client in the alcohol or drug program who answers yes to the question "Are you receiving services at this agency as a result of a DUI conviction?"

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown

8 Not collected

NOTE: The diagnosis of Substance Use Disorder states that the problem is recurrent. Therefore, a client with one DUI may not fit the diagnosis of Substance Use Disorder . It is not uncommon for people with one DUI to not meet the criteria for abuse. Therefore, a "yes" answer to this question does not mean that the client would have a diagnosis of Substance Use Disorder . (per SUD Division on 3/29/2005)

Special Instructions:
1. Applicable to all clients who have any Substance Use Disorder diagnosis
2. Clients with a DUI Conviction, but no SUD diagnosis, may be recorded as Yes
2. If not applicable, set Code = 8

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder Diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

46. Developmental Disability/Developmental Delay

Data field name - Developmental_Dis_Delay

Length	Format	From	To	Fatal
1	#	206	206	No

Description: Identifies the client as meeting the definition of developmental delay or developmental disability as specified below:

Code #1 - Developmental Delay (under age 10)

In order to be considered developmentally delayed a child shall be under age 10 years (birth through the day prior to the 10th birthday) and shall, by appropriate diagnostic instruments and procedures, or professional judgment, be determined to be significantly behind developmental norms in the following skill areas:

1. Cognitive Development
2. Communication Development
3. Physical Development (including vision and hearing)
4. Social or Emotional Development
5. Adaptive Development

In order to be significantly behind developmental norms in the above skill areas the child shall meet one of the following criteria:

two standard deviations below the mean in one skill area

or

at least one and one-half standard deviations below the mean in two skill areas

ESTABLISHED RISK: A child shall be under 10 years of age and diagnosed with physical or mental conditions which have a high probability of resulting in developmental delay.

Code # 2 - Developmental Disability (10 years or older)

Severe, chronic disability of a person 10 years of age or older which:

A) Is attributable to a mental and/or physical impairment
B) Is manifested before a person reaches the age of 22
C) Is likely to continue indefinitely
D) Results in substantial functional limitations in three or more of the following areas of major life activity:
   1) self-care
   2) receptive and expressive language
   3) learning
   4) self-direction
   5) capacity for independent living
   6) economic self-sufficiency
E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

Valid Codes:

0	Neither
1	Developmental Delay
2	Developmental Disability
6	Not Applicable
7	Unknown
8	Not collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Possible Error	Code = 1 and client's age >= 10 or Code = 2 and client's age < 10	Error reported No change to database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: After staffing and/or testing. Must be reviewed annually or whenever there is an indication that the status has changed.

47. Client 2 Description (Reinstated July 2014)

Data field name – Client_2_Description

Length	Format	From	To	Fatal
1	#	207	207	No

Description: Further description of why client is coded a "2" in Field 6 - Client Status.

Valid Codes:

0	Not Applicable (Field 6 – Client Status Code = 1)
1	Client did not continue service
2	Client placed on a waiting list
3	Client received non-billable service by any payer (e.g. respite, Medication Dispensing via CMSP)
5	Screening/Assessment/Evaluations (including DUI, jail diversion, PASUDAR, etc.)
6	Client received services during a community, state, or national/federal crisis, emergency, or disaster.
9	Other

	Error Condition(s)	**Error Action**

General Error	Invalid Code	Error reported Field set to <blank> in database
Possible Error	Valid code (other than 0) and Field 6 (Client Status Code) <> 2	Error reported No change to database
Completeness Error	Code = 0 in and Field 6 (Client Status Code) = 2	Counted against General Error Standard

48. Victim of Rape/Sexual Assault/Sexual Abuse

Data field name - Vic_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	208	208	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Note: Sexual abuse includes sexual victimization as a child.

Valid Codes:

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

49. Victim of Domestic Abuse (formerly Physical Abuse) Changed 2004

Data field name - Victim_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	209	209	No

Description: By definition, this population includes both clients who present the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin.

Valid Codes:

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue

3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of domestic abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

50. Perpetrator of Rape/Sexual Assault/Sexual Abuse

Data field name - Perp_of_Rape_Sex_Assault

Length	Format	From	To	Fatal
1	#	210	210	No

Description: By definition, this population includes both clients who present one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Valid Codes:
0 No
1 Yes, unknown whether they are currently seeking treatment for this issue
2 Yes, not seeking treatment for this issue
3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

51. Perpetrator of Domestic Abuse (formerly Physical Abuse) Changed 2004

Data field name - Perp_of_Physical_Abuse

Length	Format	From	To	Fatal
1	#	211	211	No

Description: By definition, this population includes both clients who present with the problem of being a domestic abuse perpetrator and those that present with other problems initially but acknowledge being a perpetrator of domestic abuse after treatment services have begun. This should also include all clients referred by the criminal justice system or

Department for Community Based Services for domestic violence or child abuse treatment services; except those involving sexual abuse.

Domestic Abuse is commonly defined as a pattern of controlling and/or coercive behaviors including physical violence, emotional abuse, and attempts to control the environment of persons who are related by blood or marriage, have a child in common, or past or present intimate partners.

In cases where a client is referred to the center for court-ordered domestic violence offender treatment services, the client should be coded as "3 = Yes, currently seeking treatment"

Valid Codes:

0 No
1 Yes, unknown whether they are currently seeking treatment for this issue
2 Yes, not seeking treatment for this issue
3 Yes, currently seeking treatment for this issue
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake and after any event of Physical Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

52. Pregnant Women

Data field name - Pregnant_Women

Length	Format	From	To	Fatal
1	#	212	212	No

Description: A **female** client with a **Substance Use Disorder diagnosis** who answers yes to the question "Are you pregnant?"

Valid Codes:

0 No
1 Yes
6 Not Applicable (used when client is Male or is Female and does not have an SUD diagnosis)
7 Unknown
8 Not Collected

Special Instructions:

1. Code 1 is eligible for payment against the Substance Use Disorder block grant set aside for pregnant women.
2. Applicable to all clients that have any Substance Use Disorder diagnosis. For a listing of SUD diagnosis codes, see Appendix G.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 0 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Use Disorder Diagnosis	Field set to 8 in database Field set to 8 in database No change to database

	present	
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer eligible for the SUD Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

Note: this field no longer in use, replaced by field 94. Please zero fill.

53. Pregnant Clients - Due Date

Data field name - Due_Date

Length	Format	From	To	Fatal
6	YYYYMM	213	218	No

Description: Identifies the month and year of the expected birth of the child.

Valid Codes:
1. Valid date in the year and month format (YYYYMM).
2. 999998 - Not Applicable/Unknown/Not collected

Example: Client is pregnant. Due date is May, 2015. Code = 201505

Special Instructions:
1. Applicable to all clients have Field 94 (Pregnant Client) = 1
2. If not applicable set Code = 999998.

	Error Condition	**Error Action**
General Error	1. Invalid code 2. Code = 999998 and Field 52-Pregnant Client = 1 3. ~~Date is more than four months prior to System Reporting Date or~~ more than nine months from System Reporting Date. 4. Date is before 4/1 of prior Fiscal Year	Error reported Field set to 999998 in database

Update Frequency: At the time of Intake and after discovery of pregnancy. This field should be changed to '999998' when field 94 is changed to 0. Must be reviewed annually or whenever there is an indication that the status has changed.

54. Women with Dependent Children

Data field name - Women_with_Dep_Children

Length	Format	From	To	Fatal
1	#	219	219	No

Description: A **female** client with a **Substance Use Disorder diagnosis** who answers yes to the question "Do you have one or more minors that may or may not be in your direct care or responsibility?"

Valid Codes:
0 No
1 Yes
6 Not Applicable (used when client is Male or is Female and does not have an

	SUD diagnosis)
7	Unknown
8	Not Collected

Special Instructions: 1. Code 1 is eligible for payment against the Substance Use Disorder block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Use Disorder diagnosis. For a listing of SUD diagnosis codes, see Appendix G.
3. If not applicable, use Code = 6.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Use Disorder Diagnosis present	Field set to 8 in database No change to database
Completeness Error	Code = 6/7/8 in database and Substance Use Disorder diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

55. Clozapine or Clozaril

Length	Format	From	To	Fatal
1	#	220	220	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Identifies those clients who receive the medication clozaril (clozapine). Individuals taking clozaril must agree to an intensive clinical medical management (i.e. weekly monitoring, laboratory test).

Valid Codes:

0	No
1	Yes
8	Unknown/Not collected

56. Substance Use Disorder Prior Treatment Episode

Data field name - SUD_Prior_Episode

Length	Format	From	To	Fatal
1	#	221	221	No

Note: This field no longer in use. Please leave blank or follow instructions below.

Description: Identifies the total number of prior treatment episodes in any Substance Use Disorder treatment program.

Valid Codes:

0-4	Actual number of prior treatments
5	Five or more
6	Not Applicable
7	Unknown
8	Not Collected

Example: A first treatment would be coded 0 because there are no prior treatments.

Special Instructions: 1. Applicable to clients who have any Substance Use Disorder diagnosis. For a list of SUD diagnosis codes, see Appendix G.

2. If client is in a SUD program, enter a zero if no prior treatments.
3. If not applicable, use Code = 8.

57. Disposition at Termination

Length	Format	From	To	Fatal
1	#	222	222	No

Note: This field no longer in use. Please zero fill or follow instructions below.

Description: Disposition at closure of chart.

Valid Codes:

0	Client actively receiving service
1	Met treatment goals/completed treatment
2	Client no longer seeking treatment
3	Referral to more appropriate resource
4	Moved out of service area
5	Against staff advice
6	Discharge-non compliance
7	Incarcerated
8	Death
9	Other

58. Drug Type Code, Primary ~~at Admission~~

Data field name - Drug_Type_Primary

Length	Format	From	To	Fatal
4	####	223	226	No

Description: Identifies the client's primary Substance Use Disorder problem at admission AND at discharge from a Substance Use Disorder program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Use Disorder program.
Since a client is considered 'discharged' when there has been a gap of more than 90 days between SUD services, this field will have to be updated when (if) the client resumes SUD services.

Valid Codes: 1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Example: A client is admitted with dependence on a benzodiazepine tranquilizer. If it is known that the specific drug is valium, the code would be 1304.

Special Instructions:
1. Applicable to all clients which have any Substance Use Disorder diagnosis. For a list of SUD diagnosis codes, see Appendix G.
2. For clients with no SUD diagnoses, enter 9998 (to keep current year in line with past years, use 9998 for clients with no SUD diagnosis rather than 9996)
3. NOTE: Coding a Tobacco drug type in this field (or the Secondary / Tertiary fields) does NOT cause the system to put the client in a SUD program / category.

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 9998 in database
Possible Error	Field is valid drug code but no Substance Use Disorder Diagnosis present	Error reported No change to database
Completeness Error	Code = 9996/9997/9998 or 0101 in database and Substance Use Disorder diagnosis present	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

59. Frequency of Use - Primary

Data field name - Freq_of_Use_Primary

Length	Format	From	To	Fatal
1	#	227	227	No

Description: Identifies the frequency of use of the primary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes:

1	No use in past month
2	1-3 times in past month
3	1-2 times in past week
4	3-6 times in past week
5	Daily
6	Not Applicable
7	Unknown
8	Not Collected

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996, 9997, 9998	Counted against General Error Standard

Update Frequency: At the time of Intake.
NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

60. Route of Administration - Primary

Data field name - Route_of_Admin_Primary

Length	Format	From	To	Fatal
1	#	228	228	No

Description: Identifies the usual route of administration of the primary drug.

Valid Codes:

1	Oral
2	Smoking

3	Inhalation
4	Injection
6	Not Applicable
7	Unknown
8	Not Collected
9	Other

Example: Client A snorts cocaine - Code = 3
Client B injects cocaine - Code = 4

Special Instructions: Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 in database and Field 58-Drug Type Code Primary at Admission <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

61. Age of First Use or Alcohol Intoxication - Primary

Data field name - Age_First_Use_Primary

Length	Format	From	To	Fatal
2	#	229	230	No

Description: For alcohol, this records the age of first alcohol intoxication.
For all other substances, this identifies the age of first use of the primary substance.

Valid Codes:

00	Newborn with substance dependency at birth
01-95	Client age at first use NOTE: if client started after the age of 95, use code 95
96	Not Applicable
97	Unknown
98	Not Collected

Example: Client A, in alcohol treatment, first drank to intoxication at age sixteen. - Code = 16.
Client B, in drug treatment, began using cocaine at age twenty one. - Code = 21.

Special Instructions: Required if Drug Type Code, Field 58 - Primary at Admission <> 0101 or 9996/9997/9998.

Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database

Completeness Error	Code = 96/97/98 in database and Field 58-Drug Type Code, Primary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

62. Drug Type Code, Secondary ~~at Admission~~

Data field name - Drug_Type_Secondary

Length	Format	From	To	Fatal
4	####	231	234	No

Description: Identifies the clients secondary Substance Use Disorder problem at admission AND at discharge from a Substance Use Disorder program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Use Disorder program. Since a client is considered 'discharged' when there has been a gap of more than 90 days between SUD services, this field will have to be updated when (if) the client resumes SUD services.

Valid Codes: Codes))

1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.
2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 9998 in database
Possible Error	Field is valid drug code but no Substance Use Disorder Diagnosis present	Error reported No change to database
General Error	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

63. Frequency of Use - Secondary

Data field name - Freq_of_Use_Secondary

Length	Format	From	To	Fatal
1	#	235	235	No

Description: Identifies the frequency of use of the secondary drug type at the time of admission or discharge to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use - Primary at Admission

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

64. Route of Administration - Secondary

Data field name - Route_of_Admin_Secondary

Length	Format	From	To	Fatal
1	#	236	236	No

Description: Identifies the usual route of administration of the secondary drug.

Valid Codes: Same as Field 60

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

65. Age of First Use or Alcohol Intoxication - Secondary

Data field name - Age_First_Use_Secondary

Length	Format	From	To	Fatal
2	#	237	238	No

Description: For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the secondary substance.

Valid Codes:

00	Newborn with substance dependency
01-95	Clients age at first use NOTE: if client started after the age of 95, use code 95
96	Not Applicable
97	Unknown
98	Not Collected

Special Instructions: Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9996/9997/9998.
Must be less than or equal to the client's current age

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 62-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than the client's current age	Error reported No change to database
Completeness Error	Field =96/97/98 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

66. Drug Type Code, Tertiary ~~at Admission~~

Data field name - Drug_Type_Tertiary

Length	Format	From	To	Fatal
4	####	239	242	No

Description: This identifies the clients tertiary Substance Use Disorder problem at admission AND at discharge from a Substance Use Disorder program. (changed beginning in FY 2008). This field is now required for BOTH admission into and discharge from a Substance Use Disorder program. Since a client is considered 'discharged' when there has been a gap of more than 90 days between SUD services, this field will have to be updated when (if) the client resumes SUD services.

Valid Codes:
1. See valid detailed drug code table (Report - Appendix C - Listing of Drug Type Codes))
2. 9996 - Not Applicable
3. 9997 - Unknown
4. 9998 - Not collected

Special Instructions: 1) If applicable, do not leave blank.
2) If the value submitted for this field is a valid drug code, it should not repeat the drug code included in Field 58 (Drug Code – Primary) or Field 62 (Drug Code – Secondary) unless the Route of Administration is different for the two drugs. Drug Code 0101 (None) is excluded from this rule. Also excluded is any drug code that refers to multiple drugs (e.g., Code 2002 – Other Drugs, Code 0902 – Other Hallucinogens, Code 1109 – Other Amphetamines, etc.).

	Error Condition	Error Action
General Error	Invalid code	Error reported Field set to 9998 in database
Possible Error	Field is valid drug code but no Substance Use Disorder Diagnosis present	Error reported No change to database
General Error	Field is valid drug code and it repeats the drug code in Field 58 (Drug Code- Primary) or Field 62 (Drug Code – Secondary) and the Route of Administration is the same.	Error reported Field set to 9998 in database

Update Frequency: At the time of Intake.
NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

67. Frequency of Use - Tertiary

Data field name - Freq_of_Use_Tertiary

Length	Format	From	To	Fatal
1	#	243	243	No

Description: Identifies the frequency of use of the tertiary drug type at the time of admission to this episode of treatment.

Valid Codes: Same as Field 59 - Frequency of Use, Primary at Admission

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

68. Route of Administration - Tertiary

Data field name - Route_of_Admin_Tertiary

Length	Format	From	To	Fatal
1	#	244	244	No

Description: Identifies the usual route of administration of the tertiary drug.

Valid Codes: Same as Field 60

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 66-Drug Type Code, Tertiary<> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

69. Age of First Use or Alcohol Intoxication - Tertiary

Data field name - Age_First_Use_Tertiary

Length	Format	From	To	Fatal

2	#	245	246	No

Description: For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the tertiary substance.

Valid Codes:

00	Newborn with substance dependency
01-95	Clients age at first use
96	Not Applicable
97	Unknown
98	Not Collected

Special Instructions: Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9996/9997/9998.
Must be less than or equal to the client's current age

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 98 in database
Possible Error	Code = 00 and Field 66-Drug Type Code, Primary <> 0101 or 9996/9997/9998; Code is greater than client's current age	Error reported No change to database
Completeness Error	Field =96/97/98 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9996/9997/9998	Counted against General Error Standard

Update Frequency: At the time of Intake.

70. Deaf or Hard of Hearing

Data field name - Deaf_and_Hard_of_Hearing

Length	Format	From	To	Fatal
1	#	247	247	No

Description: By definition, this population includes clients who are either deaf or hard of hearing.

Deaf: The presence of a significant hearing loss sufficient to make communication by auditory means impractical for daily communication.

Hard of Hearing: The presence of a significant hearing loss which impairs auditory communication, hard of hearing refers to those people who rely on their residual hearing and speech for communication. This distinction between deaf and hard of hearing is not a medical or auditory one but a reflection of communication preference and cultural identity.

Valid Codes:

0	No
2	Deaf
3	Hard of Hearing
4	Deaf/Blind
6	Not Applicable
7	Unknown
8	Not Collected

	Error Condition	**Error Action**

General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

71. Acquired or Traumatic Brain Injury (dropped 2006 and Replaced by fields 77-79)

Data field name - Traumatic_Brain_Injury

Length	Format	From	To	Fatal
1	#	248	248	No

Note: this field no longer in use, replaced by fields 77 - 79. Please zero fill or follow instructions below.

Description: An acquired or traumatic brain injury is an injury with structural, non-degenerative brain damage. This injury is one that is not hereditary, congenital or degenerative, and it is an injury that occurs after birth. An acquired or traumatic brain injury is not a disease process that results in deterioration of the brain and its function.

Injuries within the scope of this definition may include:

(a) central nervous system injury from a physical trauma
(b) central nervous system damage from anoxia or hypoxic episode
(c) central nervous system damage from an allergic condition, toxic substance or other acute medical incident

The following conditions are NOT considered to be acquired or traumatic brain injuries, for the purposes of this definition:

(a) spinal cord injuries in which there are no known or obvious injuries to the intracranial central nervous system
(b) progressive dementia and other mentally impairing conditions of a chronic degenerative nature such as senile dementia, organic brain disorders, Alzheimer's Disease, alcoholism or other addictions
(c) depression and psychiatric disorders in which there is no known or obvious central nervous system damage
(d) intellectual disabilities without an etiology to the acquired brain injury
(e) birth defect related disorders

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

72. Homeless Indicator (new 2004)

Data field name - Homeless_Indicator

Length	Format	From	To	Fatal

1	#	249	249	No

Description: **A Homeless Person is:**

- A Client who answers YES to the question; “Are you now, or have you been homeless in the past 12 months?”

Homelessness is defined in Section 103 of the McKinney-Vento Act, as amended by the HEARTH Act (https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/)
The categories are:

(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation (e.g., condemned or abandoned buildings). Include persons who are exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and have no fixed residence and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing. Include persons who have as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation (e.g., offices, movie theatre, restaurant, and post office).

(2) individuals and families who will imminently lose their primary nighttime residence;

(3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition*; and

(4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Include residents of domestic violence shelters and youth shelters.

*For the purpose of McKinney-Vento, the term homeless refers to children and youths who lack a fixed, regular, and adequate nighttime residence. This includes children and youth, ages three through 21 who are:

a. Sharing housing due to loss of housing or economic hardship
b. Living in motels, hotels, dilapidated trailers or camping ground due to lack of alternative adequate housing
c. Living in emergency or transitional housing
d. Abandoned in hospitals
e. Awaiting foster care
f. Having a primary nighttime residence that is a public or private place not designed for, or ordinarily used as regular sleeping accommodations
g. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations
h. Migratory students who live in housing described above
i. “Unaccompanied Homeless Youth” means a homeless youth who is under the age of 18 and is not in the physical custody of a parent or guardian.

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

Special Instructions: Screen every applicant.

	Error Condition	**Error Action**
General Error	Invalid code	Error reported Field set to 8 in database
Completeness Error	Field =6/7/8 in database and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

73. State Guardianship (new 2006)

Data field name - State_Guardianship

Length	Format	From	To	Fatal
1	#	250	250	No

Description: Indicates if Client (regardless of age) is a State Guardianship Client

Note: To answer "Yes", the client must be affirmed by DCBS's (Department for Community Based Services) legal "State Guardianship" status. This status is assigned by court through an established process.

NOTE: A person's 'living arrangement' such as a prison, half-way house, home, etc. does not determine them as a "State Guardianship" client. The DCBS legal process must be followed through the courts to declare someone an official "Guardian" of the state.

Valid Codes:
- 0 No
- 1 Yes
- 6 Not Applicable
- 7 Unknown
- 8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

74. Primary Language Used by Client (new 2006)

Data field name - Primary_Language

Length	Format	From	To	Fatal
3	XXX	251	253	No

Description: Indicates the primary language used by the Client

Valid Codes: Any valid ISO 639 3-character language code. See "Language Codes" report in the REPORTS drop down box with the Data Set Implementation Guide on the web The first page of the report lists the 46 most common languages used in Kentucky. The remaining pages list the rest of the over 400 languages listed. If you cannot find the applicable language in the report, contact UK IBI.

Examples:
- ENG American / English
- ASL American Sign Language
- SPA Spanish
- 996 Not Applicable
- 997 Unknown

998 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '998' in Database
Completeness Error	Code = 996/997/998 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

75. Ability to Understand English (new 2006)

Data field name - English_Ability

Length	Format	From	To	Fatal
1	#	254	254	No

Description: Indicates the interviewer's assessment of how well the Client is able to understand English. If the Client's primary language is English (American), use code '6' in this field.

Valid Codes:
0 Not at all
1 Not well / Poorly
2 Well (average for age)
3 Very well (above average for age)
6 Not applicable because English is primary language
7 Unknown
8 Not collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1 and Field 74 (Primary Language) is NOT 'ENG'	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

76. Date of Client Field Review (new 2006)

Data field name - Client_Review_Date

Length	Format	From	To	Fatal
8	YYYYMMDD	255	262	No

Description: Indicates the date when **ALL** applicable client fields were last reviewed and updated. This date may be the date of the initial load of the client's demographic data.

Valid Codes:
Any valid date in YYYYMMDD format
99999996 Not Applicable
99999997 Unknown
99999998 Not Collected

Special Instructions: The value in this field is compared to the value in Field Number 9 (Admission Date). If Date of Client Field Review is prior to Admission Date, then the Admission Date value is substituted for the Date of Client Field Review. If a valid date value is not supplied in the Admission Date field, then no comparison can be made and a Possible error is reported for Status 1 clients for the Date of Client Field Review.

Value in this field should be before or equal to the value in Field Number 1 (System Reporting Date) and should be greater than or equal to 1/1/1960.

	Error Condition(s)	**Error Action**
General Error	1. Invalid Code 2. If date is after field 1 (System Reporting Date) or prior to 1/1/1960.	Error reported, field set to NULL in Database
Completeness Error	Code = 99999996/9999997/99999998 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake when the Client is loaded as a Status 1 client. All active clients must be reviewed annually. Individual fields should be updated whenever there is an indication that the status of that field has changed, but would not mandate a change to this date UNLESS **ALL** demographic fields were reviewed at the time of the update.

77. Head Injury (new 2006)

Data field name - Head_Injury

Length	Format	From	To	Fatal
1	#	263	263	No

Description: Indicates the Client's answer to the question: "Have you ever had a head injury that resulted in being knocked out or kept in the hospital for at least one night ?"

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

78. Head Injury Frequency (new 2006)

Data field name - Head_Injury_Frequency

Length	Format	From	To	Fatal
2	##	264	265	No

Description: Indicates the Client's answer to the question: "How many times have you had a head injury that resulted in being knocked out or kept in the hospital for at least one night?"

Valid Codes:
00 None
01-94 Number of times
95 95 times or more or can't remember how many times
96 Not Applicable because never had a head injury
97 Unknown
98 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Completeness Error - checked ONLY when field 77 (Head Injury) = Yes	Code = 96/97/98 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard
Possible	1. Code = 00 and field 77 (Head Injury) = Yes 2. Code between 01 & 94 and field 77 (Head Injury) = No	Error reported No change to database

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

79. Head Injury Medical (new 2006)

Data field name - Head_Injury_Medical

Length	Format	From	To	Fatal
1	#	266	266	No

Description: Indicates the Client's answer to the question: "Have you ever had a medical crisis that resulted in a brain injury?" Examples would include having a stroke, overdosing on a drug, or not getting oxygen for several minutes.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

80. Race American Indian / Alaskan Native (replaced field #10 in 2006)

Data field name - Race_Am_Indian

Length	Format	From	To	Fatal

Length	Format	From	To	Fatal
1	#	267	267	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America]). Terms that apply include "Native American".

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

81. Race Asian (including Japanese-Americans) (replaced field #10 in 2006)

Data field name - Race_Asian

Length	Format	From	To	Fatal
1	#	268	268	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

82. Race Black / African American (replaced field #10 in 2006)

Data field name - Race_Black

Length	Format	From	To	Fatal
1	#	269	269	No

Description: Indicates the Client's primary race. A person having origins in any of the black racial groups of Africa. Terms that apply include "Haitian", "Black", "African American", Haitian, Jamaican, Ethiopian, Somali. The category includes, but is not limited to, the groups Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

83. Race Native Hawaiian / Pacific Islander (replaced field #10 in 2006)

Data field name - Race_Pacific

Length	Format	From	To	Fatal
1	#	270	270	No

Description: Indicates the Client's primary race. A person having origins in any of the other original peoples of Hawaii, Guam, Samoa, other Pacific Islands, including Chamorro people.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

84. Race White / Caucasian (replaced field #10 in 2006)

Data field name - Race_White

Length	Format	From	To	Fatal
1	#	271	271	No

Description: Indicates the Client's primary race. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, White). This category includes, but is not limited to, the groups Irish, German, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

NOTE: Clients claiming multi-racial ancestry would indicate 'Yes' in more than one of the Race fields (#80, #81, #82, #83, #84, and #85). Clients claiming a race other than the five listed would indicate 'No' in ALL five Race fields. This is a self-report field. Clients refusing to provide this information would indicate 'Not Collected' in all five Race fields.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually and whenever there is an indication that the status has changed.

85. Number of Arrests in the past 30 days (new 2008)

Data field name - Arrests

Length	Format	From	To	Fatal
2	##	272	273	No

Description: Indicates the Client's answer to the question: "How many times have you been arrested in the past 30 days?"

Valid Codes: 00-95 Number of arrests in past 30 days

96 Not Applicable
97 Unknown
98 Not Collected

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Number exceeds 30	Error reported, no change to Data Base
Completeness Error	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake and monthly thereafter.

NOTE: Because of the nature of the question, this field must be updated regularly to be assured of accuracy. It is required for federal TEDS reporting and Mental Health Client-Level reporting.

Prior to Fiscal Year 2013, the field was only required for clients with a Substance Use Disorder diagnosis. Starting with Fiscal Year 2013, it is required for all Status 1 clients.

86. Military History (newly replaces field 13-Veterans Status as of July 2010)

Data field name – Military_History

Length	Format	From	To	Fatal
2	##	274	275	No

Description: Identifies whether the client is currently active in the military or has performed previous military service. If client has served in multiple actions, indicate the most recent service. Military service is defined as serving in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, National Guard or Reserve.

Valid Codes:
00 No military service
01 Active duty without deployment
02 Active duty with deployment to a non-combat zone
03 Active duty with deployment to a hostile or combatant zone
04 Previous duty without deployment (veteran)
05 Previous duty with deployment to a non-combatant zone (veteran)
06 Previous duty with deployment to a hostile or combatant zone (veteran)
96 Not Applicable
97 Unknown
98 Not Collected

Special Instructions: Do not leave this field blank.

	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Code between "01" and "06" and Field 4 (Date of Birth) indicates client's age to be under 18.	Error reported, no change to Database.
Completeness Error	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At time of intake. Must be reviewed annually or whenever there is an indication that the status has changed.

87. Attendance at Self-Help Programs in the Past 30 Days (new Jan. 2010)

Data field name – Self_Help_Attendance

Length	Format	From	To	Fatal
2	##	276	277	No

Description: The number of times client has attended a self-help program in the prior 30 days. Includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), 12-Step, DRA (Dual-diagnosis Recovery Anonymous), Double Trouble in Recovery (DTR), Cocaine, Anonymous, and other self-help/mutual support groups focused on recovery from Substance Use Disorder and dependence.

Valid Codes:

00-90	Number of self-help sessions attended in past 30 days
95	Some attendance in past 30 days, but frequency unknown
96	Not Applicable (appropriate for non-SUD/TEDS clients)
97	Unknown
98	Not Collected

Special Instructions:

1. Applicable to all Status 1 clients who have a Substance Use Disorder diagnosis.
2. If not applicable, set code = 96.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	Number exceeds 30	Error reported, no change to Data Base
Completeness Error	Code = 96/97/98 in submission and Substance Use Disorder diagnosis present and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of EACH admission to a Substance Use Disorder program. A client is considered to be *admitted* on the date of his first Substance Use Disorder service. That episode of admission continues until there is a break in Substance Use Disorder services of more than 30 days. For further details, see "Substance Use Disorder Client Admissions and Discharges" in Data Dictionary.

NOTE: Required for SUD / TEDS Discharge record - should be validated as often as possible.

88. School Attendance Status (new July 2012)

Data field name – School_Attendance_Status

Length	Format	From	To	Fatal
1	#	278	278	No

Description: Indicates whether or not the client has attended school or college in the past three months.

Valid Codes:

0	No
1	No, because client's school/college was on break during the past three months.
2	Yes, client has attended public school, private school, home school, college or university
3	Yes, "Self-contained Special Education class" for children in Special Education who are not mainstreamed in regular school grade
6	Not Applicable
7	Unknown

8 Not Collected

Special Instructions:

- Include only nursery or preschool, kindergarten, elementary school, home school, or other schooling which leads to a high school diploma or a college degree.
- Data item should be collected for all Status 1 clients regardless of age.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '8' in Database
Completeness Error	Code = 6, 7, or 8 in submission and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At the time of intake and at discharge and at least quarterly in between those dates.

NOTE: Required for federal Client-Level Data reporting. Field should be validated at least once every three months.

89. Gender Identity (new SFY22)

Data field name – Gender Identity

Length	Format	From	To	Fatal
1	#	279	279	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field identifies the client's identified gender as most recently reported. The DBHDID starting collecting this field with SFY22 to capture gender identity through the two-question approach as recommended by the Center for Disease Control and Prevention.

Valid Codes:

1. Male
2. Female
3. Transgender Male (designated female at birth but identifies as male)
4. Transgender Female (designated male at birth but identifies as female)
5. Intersex (at birth, had biological characteristics / reproductive organs associated with both male and female sex)
6. Nonbinary or Genderqueer (identifies with or expresses a gender identity that is neither exclusively male nor female).
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

Special Instructions:

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake. The field must be updated if the client reports a change in gender identity since the last submitted data.

90. Sexual Orientation (new in SFY22)

Data field name – Sexual Orientation

Length	Format	From	To	Fatal
1	#	280	280	No

Description: This field records the client's self-report response to the question, "Do you think of yourself as …" (where '…' equate to the response values listed below). This field identifies the client's most recently reported sexual orientation. The DBHDID starting collecting this field with SFY22 to promote a client-centered environment as recommended by the Center for Disease Control and Prevention.

Valid Codes:

1. Straight or Heterosexual
2. Lesbian or Gay
3. Bisexual
4. Queer or Pansexual
7. Questioning or Don't Know
8. Not Collected
9. Choose Not to Disclose

Special Instructions:

	Error Condition	**Error Action**
General Error	Invalid Code	Error reported Field set to 8 in database

Update Frequency: At time of Intake. The field must be updated if the client reports a change in sexual orientation since the last submitted data.

91. Child Custody (new in SFY23)

Data field name – Child_Custody

Length	Format	From	To	Fatal
1	#	281	281	No

Description: Indicates the agent or agency which currently has legal custody of persons less than twenty one (21) years of age.

Valid Codes:

Value	Label	Description
1	Parent/Guardian	Parent or other non-state agency guardian has legal custody of the child
2	Both DCBS and DJJ (Department for Community Based Services and Department of Juvenile Justice)	Both DCBS and DJJ have legal custody of the child. This is often referred to as 'dually committed.'
3	Only DCBS (Department for Community Based Services)	DCBS has legal custody of the child
4	Only DJJ (Department of Juvenile Justice)	DJJ has legal custody of the child
6	Not Applicable	The field does not apply to persons age twenty one (21) years or older. The person does not have a guardian.
7	Unknown	The value is unknown

8	Not collected	The value is not collected

Error Conditions:

Error Type	Error Condition(s)	Error Action
General Error	Invalid Code	Error reported Field set to 8 in database
Completeness Error	Code = 6/7/8 and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: Must be reviewed annually or when the status has changed.

Special Instructions:

- Child Custody applies to persons whose age is less than twenty one (21) years. Child Custody applies to people whose age is eighteen (18), nineteen (19), and twenty (20) years as long as they had received children's services prior to age eighteen (18).
- ~~Value "6" should only be used if the client's age is age twenty one (21) years or older.~~
- Value "6" should only be used in the following situations:
  - When the client's age is twenty-one (21) years or older.
  - When the client does not have a guardian; that is, the client is their own guardian.

92. Military Family Relations (new in SFY24)

Data field name – Military_Family_Relations

Length	Format	From	To	Fatal
2	##	282	283	No

Description: Identifies whether the client has or had a family member who is serving or has served in the military or has performed previous military service. Specifically, the field indicates the client's answer to the question: **"Is or was anyone in your family (biological, foster, kinship, step, adoptive, etc.) a member of the United States military?**"

Definition(s): To serve in the military is to be (current or previously) a member of one of the branches of the United States Armed Forces, Reserve components or National Guard, Coast Guard, or Space Force.

Value	Label	Description
01	Spouse, married partner, unmarried partner	Spouse such as wife or husband; partner may include married or unmarried legal status
02	Parent or other parent/guardian figure	Birth parent, or other legal guardian figure regardless of origin (biological, foster, kinship, step, adoptive, etc.)
03	Child	A child figure regardless of origin (biological, foster, kinship, step, adoptive, etc.)
04	Sibling	Sister or brother figure regardless of origin (biological, foster, kinship, step, adoptive, etc.)
05	Grandparent	Grandparent figure regardless of origin (biological, foster, kinship, step, adoptive, etc.)
06	Other	Family relation not identified in other valid codes
07	Two or more close relations	Indicates where two (2) or more family relations are or were a member of the United States military regardless of origin (biological, foster, kinship, step, adoptive, etc.).
08	None	To the best knowledge of the client, they have no family member who is or has served in the United States military

96	Not Applicable	It is known that no other available values in this field apply to the client.
97	Unknown	The value is unknown at this time; yet, will be updated later.
98	Not Collected	The value is unknown at this time; yet, may be updated later.

Special Instructions:

1. Do not leave this field blank.
2. The identification of a relation does not assume that the relation lives in the same household as the client.
3. The relation can live in the same household or in a different household of the client; household and living arrangement are not relevant to this data element.
4. The current or previous status of the relation's military involvement is not relevant to this data element.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to '98' in Database
Possible Error	none	Error reported, no change to Database.
Completeness Error	Code = 96/97/98 in database and Field 6 – Client Status Code = 1	Counted against General Error Standard

Update Frequency: At time of intake. Must be reviewed annually or whenever there is an indication that the status has changed.

93. Problem Gambling/Problem Sports Wagering/Gambling Disorder (new in SFY26)

Data field name – Problem_Gambling

Length	Format	From	To	Fatal
1	#	284	284	No

Description: Problem gambling" is often used in clinical practice and public health discussions to describe gambling behavior that is harmful or risky but may not meet the full criteria for Gambling Disorder. Individuals not meeting the full diagnostic criteria may still exhibit behaviors that cause distress or problems and may benefit from intervention.

Gambling Disorder, as a recognized behavioral addiction, is categorized under "Substance-Related and Addictive Disorders." The diagnostic criteria for Gambling Disorder focus on persistent and problematic gambling behavior that leads to clinically significant impairment or distress.

Early intervention can prevent the progression of Gambling Disorder and reduce the potential for more severe harm.

Problem gambling" is generally understood to describe gambling behaviors that:

- Cause harm or distress to the individual or others (e.g., financial losses, relationship strain).
- May not meet the DSM-5 threshold for Gambling Disorder (less than four criteria), but still lead to negative consequences.
- Involves gambling more frequently or with higher amounts of money than is intended, without the severe impairments associated with Gambling Disorder.

Signs of Problem Gambling (Subclinical Indicators):

- Gambling more money or more frequently than intended.
- Feeling a need to “chase losses” to recover money.
- Lying about the extent of gambling.
- Experiencing guilt or regret after gambling.
- Gambling to relieve stress or escape problems.
- Minor disruptions to finances, relationships, or daily life that do not meet the full criteria for disorder.

Valid Codes:
0 No
1 Yes
6 Not Applicable
7 Unknown
8 Not Collected

Special Instructions: Screen every applicant.

	Error Condition(s)	**Error Action**
General Error	Invalid Code	Error reported, field set to ‘8’ in Database
Completeness Error	Code = 6/7/8 in submission and Field 6 (Client Status Code) = 1	Counted against General Error Standard

Update Frequency: At the time of intake. Must be reviewed annually or whenever there is an indication the status has changed. Individuals who have previously been diagnosed or are later diagnosed with a Gambling Disorder should have the Gambling Disorder diagnosis included in one of the 14 diagnosis code fields within the client data set, as applicable.

94. Pregnant Client (new in SFY27)

Data field name – Pregnant_Client

Length	Format	From	To	Fatal
1	#	285	285	No

Description: A female sex at birth client who answers yes to the question "Are you pregnant?"

Valid Codes:
0 No
1 Yes
7 Unknown
8 Not Collected

Special Instructions: Ask every client with female sex at birth.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 0 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and Field 5 – Sex at Birth = 1 (Male)	Field set to 8 in database.

Completeness Error	Code = 7/8 in database and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer pregnant. Must be reviewed annually or whenever there is an indication that the status has changed.