

Effective 10/1/2009

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

CODING INSTRUCTIONS

For:

Treatment Episode Data Set (TEDS)

FY 2010

Definition of a Client

A **client** is defined as a person who has been admitted for treatment of his/her own drug or alcohol problem. A co-dependent/collateral is defined as a person who has no alcohol or drug abuse problem, but is seeking services because of problems arising from his or her relationship with an alcohol or drug user, has been formally admitted to a treatment unit, and has his or her own client record or a record within a primary client record. Every admission and discharge record must indicate co-dependency/collateral status.

Definition of a Treatment Episode

For purposes of identifying the circumstances under which data should be submitted, MDCH assumes a simplified process model of treatment services delivery related to substance abuse. Basic to this model is a treatment episode, which is defined as the period of service between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The first event in this episode is an admission and the last event is a discharge. Any change in service and/or provider during a treatment episode should be reported as a discharge, with transfer given as the reason for termination. The subsequent admission can be reported in the admissions data system with a Client Record Type code of "T" for transfer. For reporting purposes, "completion of treatment" is defined as completion of all planned treatment for the current treatment episode. Completion of treatment at one level of care or with one provider is not "completion of treatment" if there is additional treatment planned or expected as part of the current treatment episode.

Reporting of a Discharge

When a client "completes" a treatment service and a "discharge" occurs, this event is to be reported. In circumstances where the provider does not initiate the termination, it may not be apparent until after the fact. For example, the facility may lose contact with a client and some time may elapse before this is noticed. As a guideline in such circumstances, a **treatment episode is assumed to have ended at the time the client has not been seen for 3 days for residential treatment, and 45 days in the case of outpatient care.** MDCH recognizes that some adjustments may be required to these guidelines to accommodate individual CA practices. In all cases, the date of discharge should revert to the last date of face-to-face contact.

Treatment Episode Data Set (TEDS) File

Admission

Field Name	Type	Size	Begin	End	Comments
Record Type	Text	1	1	1	A=Admission T=Transfer Y=Transition-in
An Admission (A) Record Type refers to the first face-to-face event in an episode of care.					
A Discharge (D) Record Type is submitted both when a client completely terminates treatment and when a client completes a Level of Care (LOC). When continuing on in treatment, the Discharge Reason reported should be 06, "Completed LOC-Transfer/Continuing Treatment."					
A Transfer (T) Record Type can be accepted only if the preceding discharge occurred within 45 calendar days of the date of transfer. A Transfer indicates a change in either provider or LOC.					

Field Name	Type	Size	Begin	End	Comments																																								
Submission Type	Text	1	2	2	A=Add C=Change D=Delete E=Error																																								
Most submissions will be Add records. Changes and Deletes are used to modify or remove an existing record previously submitted and accepted into the database. Error records simply erase previously submitted errors without attempting to correct and add it to the database.																																													
CA Payer ID	Text	9	3	11	<table border="1"> <thead> <tr> <th>CA Code</th> <th>CA Name</th> </tr> </thead> <tbody> <tr><td>001182841</td><td>Salvation Army-Harbor Light</td></tr> <tr><td>001183024</td><td>Riverhaven</td></tr> <tr><td>001182930</td><td>Kalamazoo</td></tr> <tr><td>001182903</td><td>Macomb</td></tr> <tr><td>001182850</td><td>Washtenaw</td></tr> <tr><td>001183123</td><td>Pathways</td></tr> <tr><td>001182832</td><td>Genesee</td></tr> <tr><td>001182878</td><td>Lakeshore</td></tr> <tr><td>001183052</td><td>Mid-South</td></tr> <tr><td>001183061</td><td>Network180</td></tr> <tr><td>001183104</td><td>Northern</td></tr> <tr><td>001182896</td><td>Oakland</td></tr> <tr><td>001182869</td><td>Saginaw</td></tr> <tr><td>001182976</td><td>SEMCA</td></tr> <tr><td>na</td><td>St. Clair Co. HD</td></tr> <tr><td>001182994</td><td>Western Upper Peninsula</td></tr> <tr><td>001183033</td><td>Detroit</td></tr> <tr><td>001182887</td><td>Thumb Alliance</td></tr> <tr><td>001183169</td><td>Venture</td></tr> </tbody> </table>	CA Code	CA Name	001182841	Salvation Army-Harbor Light	001183024	Riverhaven	001182930	Kalamazoo	001182903	Macomb	001182850	Washtenaw	001183123	Pathways	001182832	Genesee	001182878	Lakeshore	001183052	Mid-South	001183061	Network180	001183104	Northern	001182896	Oakland	001182869	Saginaw	001182976	SEMCA	na	St. Clair Co. HD	001182994	Western Upper Peninsula	001183033	Detroit	001182887	Thumb Alliance	001183169	Venture
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License Number	Text	6	12	17	DCIS License Number																																								
Social Security Number	Text	9	18	26																																									
CA Client Identifier	Text	11	27	37																																									
This client identifying number must be able to be linked to the client ID number reported for the unique client across all records: Treatment Admission, Treatment Discharge, and the 837 Encounter Record. There must be a number here.																																													
Medicaid Identifier	Text	10	38	47	Must be blank if not applicable																																								
Use if client has a known Medicaid ID. Placing the Medicaid ID in this field does not indicate that Medicaid funds were involved in payment nor does the existence of the Medicaid ID imply that the client is still enrolled or eligible in Medicaid.																																													
Admission Type	Text	1	48	48	1 = first admission 2 = readmission																																								
Refers to the number of admissions the provider identified under license number.																																													

Field Name	Type	Size	Begin	End	Comments																																														
Co-Dependent	Text	1	49	49	1 = yes 2 = no																																														
Non-User and/or significant other/adult child - must be coded in Other Factors																																																			
Date of Admission	Text	8	50	57	CCYYMMDD																																														
Example: October 15, 2004 is 20041015 This is the first face-to-face treatment contact following AAR or other LOC screening activity.																																																			
Service Category	Text	2	58	59	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>11</td> <td>Outpatient</td> </tr> <tr> <td>21</td> <td>Residential detoxification</td> </tr> <tr> <td>22</td> <td>Residential - short-term (no more than 29 days)</td> </tr> <tr> <td>24</td> <td>Residential - long-term (30 day or more)</td> </tr> <tr> <td>31</td> <td>Intensive outpatient</td> </tr> <tr> <td>61</td> <td>Case Mangement</td> </tr> </tbody> </table>	Code	Description	11	Outpatient	21	Residential detoxification	22	Residential - short-term (no more than 29 days)	24	Residential - long-term (30 day or more)	31	Intensive outpatient	61	Case Mangement																																
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Text	2	60	61	Number as reported																																															
This includes only treatment admissions and not assessment services. These should be episodes and not changes in levels of care. Answers the question; "How many times have you tried to address this problem via treatment?"																																																			
Referral Source	Text	2	62	63	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Outpatient</td> </tr> <tr> <td>05</td> <td>Residential detoxification</td> </tr> <tr> <td>06</td> <td>Residential</td> </tr> <tr> <td>09</td> <td>Intensive outpatient</td> </tr> <tr> <td>10</td> <td>Hospital: SA program</td> </tr> <tr> <td>13</td> <td>CDR</td> </tr> <tr> <td>14</td> <td>Other SARF</td> </tr> <tr> <td>18</td> <td>Prevention</td> </tr> <tr> <td>19</td> <td>Student assistance program</td> </tr> <tr> <td>20</td> <td>Drug Court - Adult</td> </tr> <tr> <td>21</td> <td>Drug Court -Adolescent</td> </tr> <tr> <td>22</td> <td>Community Corrections</td> </tr> <tr> <td>29</td> <td>Other SA program</td> </tr> <tr> <td>30</td> <td>Self</td> </tr> <tr> <td>31</td> <td>Family Court</td> </tr> <tr> <td>32</td> <td>Court</td> </tr> <tr> <td>33</td> <td>Probation/Parole</td> </tr> <tr> <td>34</td> <td>Police</td> </tr> <tr> <td>35</td> <td>Secretary of State</td> </tr> <tr> <td>36</td> <td>Lawyer</td> </tr> <tr> <td>37</td> <td>Mental Health</td> </tr> <tr> <td>38</td> <td>Family Independence Agency</td> </tr> </tbody> </table>	Code	Description	01	Outpatient	05	Residential detoxification	06	Residential	09	Intensive outpatient	10	Hospital: SA program	13	CDR	14	Other SARF	18	Prevention	19	Student assistance program	20	Drug Court - Adult	21	Drug Court -Adolescent	22	Community Corrections	29	Other SA program	30	Self	31	Family Court	32	Court	33	Probation/Parole	34	Police	35	Secretary of State	36	Lawyer	37	Mental Health	38	Family Independence Agency
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This is the self-reported answer to the question, "Who directed you to this program?"																													
County of Residence	Text	2	64	65	Reference Appendix SA County Codes for a list of valid county codes.																								

This is not the field to use to describe a person as "homeless" (code 96). Even if the client has no fixed address and is, in fact, homeless, please code the county in which he/she is receiving services. Homelessness should be noted in Living Arrangement.																													
Date of Birth	Text	8	66	73	CCYYMMDD																								
Sex	Text	1	74	74	1= Male 2 = Female																								
Race	Text	1	75	75	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Native American</td></tr> <tr><td>2</td><td>Asian or Pacific Islander</td></tr> <tr><td>3</td><td>African American/Black</td></tr> <tr><td>4</td><td>White</td></tr> <tr><td>5</td><td>Hispanic</td></tr> <tr><td>6</td><td>Multi-racial</td></tr> <tr><td>8</td><td>Arab American</td></tr> <tr><td>9</td><td>Refused to provide</td></tr> <tr><td>0</td><td>Unknown</td></tr> </tbody> </table>	Code	Description	1	Native American	2	Asian or Pacific Islander	3	African American/Black	4	White	5	Hispanic	6	Multi-racial	8	Arab American	9	Refused to provide	0	Unknown				
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Ethnicity	Text	1	76	76	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>0</td><td>Not one of listed groups</td></tr> <tr><td>1</td><td>Puerto Rican</td></tr> <tr><td>2</td><td>Mexican</td></tr> <tr><td>3</td><td>Cuban</td></tr> <tr><td>4</td><td>Other Hispanic</td></tr> <tr><td>5</td><td>Arab Chaldean</td></tr> </tbody> </table>	Code	Description	0	Not one of listed groups	1	Puerto Rican	2	Mexican	3	Cuban	4	Other Hispanic	5	Arab Chaldean										
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Marital Status	Text	1	77	77	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Never Married</td> </tr> <tr> <td>2</td> <td>Married/Cohabiting</td> </tr> <tr> <td>3</td> <td>Widowed</td> </tr> <tr> <td>4</td> <td>Divorced</td> </tr> <tr> <td>5</td> <td>Separated</td> </tr> </tbody> </table>	Code	Description	1	Never Married	2	Married/Cohabiting	3	Widowed	4	Divorced	5	Separated																								
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Military Status	Text	1	78	78	1 = yes 2 = no																																				
Education	Text	2	79	80	00 to 25 number of years of education (e.g., 4 years of college = 16)																																				
Currently in Training / Education	Text	1	81	81	4 = in training/education program 6 = in special education 7 = is attending college 0 = not applicable																																				
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Primary Route	Text	1	85	85	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>0</td><td>Not applicable (drug code was "none")</td></tr> <tr><td>1</td><td>Oral</td></tr> <tr><td>2</td><td>Smoking</td></tr> <tr><td>3</td><td>Inhalation/intranasal ("snorting")</td></tr> <tr><td>4</td><td>Injection</td></tr> <tr><td>5</td><td>Other</td></tr> </tbody> </table>	Code	Description	0	Not applicable (drug code was "none")	1	Oral	2	Smoking	3	Inhalation/intranasal ("snorting")	4	Injection	5	Other				
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<p>(Most frequent route for each drug coded above). Make sure route coded is appropriate for drug code above: example: Alcohol cannot be smoked, marijuana cannot be injected, etc.</p>																							
Primary Age at First Use	Text	2	86	87	2 character age 98 = not applicable (drug code was "none")																		
<p>Do not report that age of first use occurred before birth or that this age is greater than the current age of the client</p>																							
Primary Frequency of Use	Text	2	88	89	2 characters 00 = not used 02 = 1 or 2 times a month 06 = 1 or 2 times a week 18 = 3-6 times a week 30 = daily use 98 = not applicable (drug code was "none")																		
<p>Frequency of use is intended to capture the time frame when the client was using and had the opportunity to use. If the client was recently in a controlled setting, then the question should be asked about the period preceding confinement or incarceration. In effect, the question is this: "When you were actively using, how often did you use?" The intent of this item is not to let a technicality or a 30-day limit mask the frequency and intensity of use. Federal Block Grant outcome performance measures seek to compare use at the start of treatment to use at its conclusion. It is understood that not 100% of all clients will show use, but clinicians should make an effort to document use patterns when there was an opportunity to use.</p>																							
Primary Initial Prescription	Text	1	90	90	Initially a prescription 0 = not applicable (drug code was "none") 1 = yes 2 = no																		
Secondary Substance	Text	2	91	92	For list of values, reference Primary Substance																		
Secondary Route	Text	1	93	93	For list of values, reference Primary Route																		

Field Name	Type	Size	Begin	End	Comments				
Secondary Age at First Use	Text	2	94	95	2 character age 98 = not applicable (drug code was "none")				
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Tertiary Substance	Text	2	99	100	For list of values, reference Primary Substance				
Tertiary Route	Text	1	101	101	For list of values, reference Primary Route				
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Tertiary Initial Prescription	Text	1	106	106	Initially a prescription 0 = not applicable (drug code was "none") 1 = yes 2 = no				
Total Annual Income	Number	6	107	112	6 characters, rounded to the nearest whole dollar; no decimal points or commas				
<p>Total annual income should not be confused with determining ability to pay. This section should be an estimate of income for 12-months prior to admission. Only legally earned taxable and non-taxable income should be reported. Indicate the total amount of gross income of the individual client if he/she is single; or that of the client and his/her spouse if married; or that of the parent(s) of a minor client for one year prior to admission. Enter zero (0) if consumer reports no income for the past 12-months. Enter 999998 if unreported.</p>									
Number of Dependents	Text	2	113	114	Number of dependents claimed on federal tax return				
<p>Enter the number of persons that are dependent upon client's income.</p>									
Correctional Status	Text	2	115	116	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No status with corrections system</td> </tr> </tbody> </table>	Code	Description	00	No status with corrections system
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Field Name	Type	Size	Begin	End	Comments									
					01	In prison								
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					06	Court supervision								
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					09	Awaiting sentencing								
					10	Refused to provide information								
					98	Unknown								
Total Arrests – 30 days	Number	2	117	118	00 if no arrests									
Arrests - Possession/Sales -- 30 days	Number	2	119	120	00 if no arrests									
Arrests - DUI/DWI – 30 days	Number	2	121	122	00 if no arrests									
Total Arrests - 5 years	Number	2	123	124	00 if no arrests									
Arrests - Possession/Sales - 5 years	Number	2	125	126	00 if no arrests									
Arrests - DUI/DWI - 5 years	Number	2	127	128	00 if no arrests									
Note that 30-day arrests in any category should not exceed the 5-year number of arrests. Arrests for the 5-year categories should equal or exceed the 30-day category totals.														
Living Arrangement	Text	1	129	129	1 = independent 2 = dependent 3 = homeless									
Independent: Includes persons with fixed addresses living independently and includes adult children living at parents address. Dependent: Includes dependent children living with parents, juvenile wards of the court, or adults living in a supervised setting such as a halfway house, group home, or correctional facility. Homeless: Includes persons with no fixed address, including residents off shelters.														
Opioid Replacement Treatment	Text	1	130	130	1 = yes (methadone) 2 = no 3 = buprenorphine									
Primary Diagnosis	Text	6	131	136	Reference Appendix SA Diagnosis Codes for a list of the valid values									
Secondary Diagnosis	Text	6	137	142	Secondary Diagnosis may not be the same as Primary Diagnosis									
Pregnant	Text	1	143	143	1 = yes 2 = no									
Other Factor 1	Text	1	144	144	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>2</td> <td>Adult child</td> </tr> <tr> <td>3</td> <td>Significant other</td> </tr> </tbody> </table>		Code	Description	0	None	2	Adult child	3	Significant other
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					<table border="1"> <tr><td>4</td><td>Hearing impaired</td></tr> <tr><td>5</td><td>Visually impaired</td></tr> <tr><td>6</td><td>Head injury</td></tr> <tr><td>7</td><td>Developmentally disabled</td></tr> <tr><td>8</td><td>Mobility impaired</td></tr> <tr><td>9</td><td>Gambling addiction</td></tr> </table>	4	Hearing impaired	5	Visually impaired	6	Head injury	7	Developmentally disabled	8	Mobility impaired	9	Gambling addiction
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<p>Adult Child - A person 18 years or older who has one or more parent(s)/guardian(s) who were chemically dependent while the person was growing up and who may be exhibiting dysfunctional behavior</p> <p>Significant Other - Spouse, child, partner.</p> <p>Hearing Impaired - Hearing loss is sufficient enough to require the use of hearing aid(s) and/or alternative communication modes</p> <p>Visually Impaired - Permanent visual impairment is severe enough to require adjustments in style of living.</p> <p>Head Injury - Concussions or other forms of mild or moderate brain injury.</p> <p>Developmentally Disabled - Significantly sub-average general intellectual functioning</p> <p>Mobility Impaired - Permanently impaired enough to require adjustments in style of living</p>																	
Other Factor 2	Text	1	145	145	For list of values, reference Other Factor 1												
Other Factor 3	Text	1	146	146	For list of values, reference Other Factor 1												
Time Waiting to Enter Treatment	Number	3	147	149	3 digit number of days												
<p>This indicates the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from client's failure to comply with administrative procedures or to meet other obligations. Reported number of days must be validated with Date of Request.</p>																	
Primary Language Spoken	Alpha	3	150	152	For list of values, refer to http://lcweb.loc.gov/standards/iso639-2/langhome.html												
<p>If client does not speak at all, enter the language he/she understands</p>																	
Indication of MH Issues	Number	1	153	153	1 = yes 2 = no												
<p>Enter "yes" if any reported or suspected mental health issues are present at the time of admission. This determination must be made on a standard instrument or process</p>																	
Drug Court Client	Number	1	154	154	1 = yes 2 = no												
<p>Indicate whether or not this client is involved with any type of drug court. This is a "selection" item for DCH purposes and will be used instead of the referral source to identify and distinguish drug court admissions.</p>																	
Admission Time of Day	Number	4	155	158	24-hour HHMM												
Detailed Not in Labor	Number	2	159	160	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Homemaker</td></tr> <tr><td>02</td><td>Student</td></tr> <tr><td>03</td><td>Retired</td></tr> </tbody> </table>	Code	Description	01	Homemaker	02	Student	03	Retired				
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Field Name	Type	Size	Begin	End	Comments
					04 Disabled
					05 Inmate of Institution
					06 Other
					07 Not Actively Seeking Work
					98 Not Applicable
Code this only if Employment Status is coded with a 4 "Not in Competitive Labor Force" under Employment Status. Otherwise, code this with a 98					
Date of Request	Number	8	161	168	CCYYMMDD
This date, when subtracted from the admission date, should equal the number of days reported in the Time Waiting to Enter Treatment field. This indicates the date that the client (or client representative) contacted a treatment agency resulting in an appointment for a face-to-face meeting with an SA professional.					
Women's Specialty	Text	1	169	169	1= yes 2= no
Code yes for all women eligible for and receiving qualified women's specialty services. At admission, this can be coded based on eligibility. To qualify, the women must be either pregnant or parenting a minor child, or seeking to regain custody of a minor child. The provider must be certified by the CA as gender competent.					
Child Welfare Involvement	Text	1	170	170	1= yes 2= no
This applies to both males and females and is coded yes if the client has involvement with either Children's Protective Service or with Foster Care at the time of admission					
Attendance at Self-Help Programs	Text	2	171	172	2 characters 00 = none 02 = 1 or 2 times a month 06 = 1 or 2 times a week 18 = 3-6 times a week 30 = daily 98 = not applicable
Enter the appropriate number of times in the 30 days before admission that the client attended self-help groups like AA and NA.					
Error ID	Number	8	173	180	
Filler	Text	8	181	188	

Discharge

Field Name	Type	Size	Begin	End	Comments
Record Type	Text	1	1	1	D=Discharge X=Transition-out
Submission Type	Text	1	2	2	A=Add C=Change D=Delete

Field Name	Type	Size	Begin	End	Comments																																								
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CA Payer ID	Text	9	3	11	<table border="1"> <thead> <tr> <th>CA Code</th> <th>CA Name</th> </tr> </thead> <tbody> <tr><td>001182841</td><td>Salvation Army-Harbor Light</td></tr> <tr><td>001183024</td><td>Riverhaven</td></tr> <tr><td>001182930</td><td>Kalamazoo</td></tr> <tr><td>001182903</td><td>Macomb</td></tr> <tr><td>001182850</td><td>Washtenaw</td></tr> <tr><td>001183123</td><td>Pathways</td></tr> <tr><td>001182832</td><td>Genesee</td></tr> <tr><td>001182878</td><td>Lakeshore</td></tr> <tr><td>001183052</td><td>Mid-South</td></tr> <tr><td>001183061</td><td>Network180</td></tr> <tr><td>001183104</td><td>Northern</td></tr> <tr><td>001182896</td><td>Oakland</td></tr> <tr><td>001182869</td><td>Saginaw</td></tr> <tr><td>001182976</td><td>SEMCA</td></tr> <tr><td>na</td><td>St. Clair Co. HD</td></tr> <tr><td>001182994</td><td>Western Upper Peninsula</td></tr> <tr><td>001183033</td><td>Detroit</td></tr> <tr><td>001182887</td><td>Thumb Alliance</td></tr> <tr><td>001183169</td><td>Venture</td></tr> </tbody> </table>	CA Code	CA Name	001182841	Salvation Army-Harbor Light	001183024	Riverhaven	001182930	Kalamazoo	001182903	Macomb	001182850	Washtenaw	001183123	Pathways	001182832	Genesee	001182878	Lakeshore	001183052	Mid-South	001183061	Network180	001183104	Northern	001182896	Oakland	001182869	Saginaw	001182976	SEMCA	na	St. Clair Co. HD	001182994	Western Upper Peninsula	001183033	Detroit	001182887	Thumb Alliance	001183169	Venture
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<p>Mild/Moderate - Mental health issues are present but not at the level outlined below under severe</p> <p>Severe - Substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or ability to cope with the ordinary demands of life.</p> <p>Item is intended to capture, both for state and federal reporting, those clients who are identified as “co-occurring”. The discharge record has more specificity because more information about the presence of mental health issues will be available at discharge than at the initial admission.</p>																													
Date of Discharge	Text	8	84	91	CCYYMMDD																								
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Field Name	Type	Size	Begin	End	Comments
<p>Under the episode model, “Completed Treatment” (01) is used only when a client satisfactorily completes the treatment indicated in the individual treatment plan. When “Continuing in Treatment/Transfer” (06) is used, the subsequent record can be submitted as either an Admission (A) or a Transfer (T) record. The Transfer record date of service must be within 30 calendar days of the preceding discharge.</p> <p>For reporting purposes, “Completion of Treatment” is defined as completion of all planned treatment for the current episode. Completion of treatment of one level of care or at one provider is not “completion of treatment” if there is additional treatment planned or expected as part of the current treatment episode.</p> <p>Further Guidance:</p> <p>01) Completed Treatment is used only when a consumer is not being referred to any other level of substance abuse treatment. AA/NA is not considered substance abuse treatment. Example: Successful completion of outpatient treatment.</p> <p>“Completed treatment” is an appropriate code for clients who have self-terminated after significant engagement in treatment and after serious work on the treatment plan objectives. Example: Client has decided that he/she has had sufficient treatment and coding the reason for discharge as complete is the most accurate description of the episode.</p> <p>02) Left against staff advice is used when the program is willing to continue treatment services, but the client stopped showing up for planned substance abuse treatment.</p> <p>03) In jail is used as the reason when the client’s incarceration precludes treatment from continuing.</p> <p>04) Staff decision for rules violations is self-explanatory.</p>					
<p>05) Death is also self-explanatory.</p> <p>06) Completed LOC -Transfer/Continuing Treatment is used when a client has changed LOC and is expected to continue in substance abuse treatment with the same or a new provider as documented in the discharge plan. Example: Residential to outpatient. It also can be used to “discharge” a client whose funding has stopped, but who is still actively in treatment.</p> <p>07) Mutual Staff/Client Decision is used when substance abuse treatment is incomplete, but there is a mutual decision to terminate treatment.</p> <p>08) Early Jail Release is used when a client is being treated in a jail setting and he/she does not continue after release.</p> <p>09) Client Relocated is used when treatment terminates because of the physical move.</p> <p>10) Program Closed/Merged is used when no further services are provided at that provider license number.</p> <p>11) Other is used for any instances not covered in items 1 through 10, but should not include the situation where funding stops; but the client remains in treatment. “Other” still describes a situation where the actual treatment has terminated.</p>					
Admission Time of Day	Number	4	94	97	24-hour HHMM
Discharge Time of Day	Number	4	98	101	24-hour HHMM

Field Name	Type	Size	Begin	End	Comments	
Detailed Not in Labor	Number	2	102	103	Code	Description
					01	Homemaker
					02	Student
					03	Retired
					04	Disabled
					05	Inmate of Institution
					06	Other
					07	Not Actively Seeking Work
					98	Not Applicable
Women's Specialty	Text	1	104	104	1= yes 2= no Does not need to match with what was reported in the admission record	
Code yes for all women eligible for and receiving qualified women's specialty services. At discharge, the response will be based on the woman actually receiving WSS. To qualify, the women must be either pregnant or parenting a minor child, or seeking to regain custody of a minor child. The provider must be certified by the CA as gender competent.						
Child Welfare Involvement	Text	1	105	105	1= yes 2= no Does not need to match with what was reported in the admission record	
This applies to both males and females and is coded yes if the client at any time during the course of treatment has involvement with either Children's Protective Service or with Foster Care						
Attendance at Self-Help Programs	Text	2	106	107	2 characters 00 = none 02 = 1 or 2 times a month 06 = 1 or 2 times a week 18 = 3-6 times a week 30 = daily 98 = not applicable	
Enter the appropriate number of times in the 30 days before discharge that the client attended self help groups like AA and NA. Do not include any of the times before treatment began (if length of stay is less than 30 days).						
Error ID	Number	8	108	115		
Filler	Text	8	116	123		

SA Diagnosis Codes

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
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DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
00	None	000.00	N/A
10	Alcohol	305.00 291.10 303.90 291.30 291.40 303.00 291.00 291.20 291.80	Alcohol abuse amnesic disorder dependence hallucinosi idiosyncratic intoxication intoxication withdrawal delirium Dementia associated with alcoholism Uncomplicated alcohol withdrawal
20 21 22	Heroin Methadone (non-Rx) Other opiates/synthetics	305.50 304.00 292.00	Opioid abuse/intoxication dependence withdrawal
30 31 32 33 34	Barbiturates Other sedatives/hypnotics Other tranquilizers Benzodiazepine GHB, GBL	305.40 292.83 304.10 292.00	Sedative, hypnotic, or anxiolytic abuse/intoxication amnesic disorder dependence withdrawal delirium
41 42	Cocaine Crack Cocaine	305.60 292.81 292.11 304.20 292.00	Cocaine abuse/intoxication delirium delusional disorder dependence withdrawal
43 44 45	Methamphetamines Other amphetamines Methcathinone ("cat")	305.70 292.11 292.81 304.40 292.00	Amphetamine or similarly acting sympathomimetic abuse/intoxication delusional disorder delirium dependence withdrawal
50	Hallucinogens	305.30 292.11 305.30 292.84 292.89	Hallucinogen abuse/hallucinosi delusional disorder dependence mood disorder Posthallucinogen perception disorder
51	PCP	305.90 292.81 292.11 304.50 292.84 292.90	Phencyclidine (PCP) or similarly acting arylcyclohexylamine: abuse/intoxication delirium delusional disorder dependence mood disorder organic mental disorder NOS
53 54	Ecstasy Ketamine	305.90 292.81	abuse/intoxication delirium

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
		292.11 304.50 292.84 292.90	delusional disorder dependence mood disorder organic mental disorder NOS
52	Marijuana/hashish	305.20 292.11 304.30	Cannabis abuse/intoxication delusional disorder dependence
60	Inhalants	305.90 304.60	Inhalant abuse/intoxication dependence
61	Antidepressants	305.90 292.83 292.89 292.81 292.11 292.82 292.12 292.84 292.90 292.89 292.00 304.90	Other or unspecified psychoactive substance abuse/intoxication amnesic disorder anxiety disorder delirium delusional disorder dementia hallucinosi s mood disorder organic mental disorder NOS personality disorder withdrawal Psychoactive substance dependence NOS
70 72	Over-the-Counter Steroids	305.90 305.90 304.90	Caffeine intoxication Other or unspecified psychoactive substance abuse/intoxication Psychoactive substance dependence NOS
81	Talwin and PBZ	305.50 304.00 292.00	Opioid abuse/intoxication dependence withdrawal
91	Other	305.10 292.00 305.90 292.83 292.89 292.81 292.11 292.82 292.12 292.84 292.90 292.89 292.00 304.90	Nicotine dependence withdrawal Other or unspecified psychoactive substance abuse/intoxication amnesic disorder anxiety disorder delirium delusional disorder dementia hallucinosi s mood disorder organic mental disorder NOS personality disorder withdrawal Psychoactive substance dependence NOS

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
	Polysubstance (Must specify <u>at least</u> a primary and a secondary drug from list above)	304.80	Polysubstance dependence

SA County Codes

Code	County
00	Out of State (Out of state other than those listed in codes 85-89)
01	Alcona
02	Alger
03	Allegan
04	Alpena
05	Antrim
06	Arenac
07	Baraga
08	Barry
09	Bay
10	Benzie
11	Berrien
12	Branch
13	Calhoun
14	Cass
15	Charlevoix
16	Cheboygan
17	Chippewa
18	Clare
19	Clinton
20	Crawford
21	Delta
22	Dickinson
23	Eaton
24	Emmet
25	Genesee
26	Gladwin
27	Gogebic

Code	County
46	Lenawee
47	Livingston
48	Luce
49	Mackinaw
50	Macomb
51	Manistee
52	Marquette
53	Mason
54	Mecosta
55	Menominee
56	Midland
57	Missaukee
58	Monroe
59	Montcalm
60	Montmorency
61	Muskegon
62	Newaygo
63	Oakland
64	Oceana
65	Ogemaw
66	Ontonagon
67	Osceola
68	Oscoda
69	Otsego
70	Ottawa
71	Presque Isle
72	Roscommon
73	Saginaw
74	St. Clair

Code	County
28	Grand Traverse
29	Gratiot
30	Hillsdale
31	Houghton
32	Huron
33	Ingham
34	Ionia
35	Iosco
36	Iron
37	Isabella
38	Jackson
39	Kalamazoo
40	Kalkaska
41	Kent
42	Keweenaw
43	Lake
44	Lapeer
45	Leelanau

Code	County
75	St. Joseph
76	Sanilac
77	Schoolcraft
78	Shiawassee
79	Tuscola
80	Van Buren
81	Washtenaw
82	Wayne (excluding city of Detroit)
83	Wexford
84	City of Detroit
85	Wisconsin
86	Indiana
87	Ohio
88	Illinois
89	Canada
96	Homeless
97	Unknown