



Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Appendix 1 Data Code Values

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Version 13.0

Table of Contents

1	Children Dependency or Delinquency Status	3
2	County Area	4
3	Covered Service or Project.....	5
4	Discharge Destination	18
5	Education Grade Level	19
6	Employment Status	19
7	Evaluation Level	20
8	Project Codes	23
9	FY 2020-21 Active OCA Codes.....	25
10	FY 2020-21 Carry Forward OCA Codes.....	41
11	FY 2020–21 Historical OCA Codes	41
12	Project Codes, Method of Payment and Unit of Measure.....	48
13	HCPCS Codes with Modifiers and Covered Services	49
14	Living Arrangement.....	55
15	Modifiers	56
16	Outcome Measure	63
17	Referral Source.....	63
18	Service Category.....	64
19	Staff Identifier Education/Credential Level.....	65
20	State/Province.....	66
21	Substance Use Disorder	67

1 Children Dependency or Delinquency Status

Code	Name	Description
01	Children Adjudicated as Delinquent, in physical custody	A delinquent youth in the physical custody of the Department of Juvenile Justice, who is committed to a Juvenile Justice program or facility.
02	Children Adjudicated as Delinquent, not in physical custody	A delinquent youth not in the physical custody Department of Juvenile Justice, who is living in the community and not a DJJ residential/commitment placement.
03	Children Adjudicated as Dependent, in licensed out of home care	A dependent child in the physical custody of the Department, to include such placements as foster and group homes, emergency shelter, and therapeutic placements.
04	Children Adjudicated as Dependent, not in licensed out of home care	A dependent child not in the physical custody of the Department and not in licensed out of home care.
05	Children Adjudicated as Dependent & Delinquent, in physical custody	The child meets codes 01 and 03 above
06	Children Adjudicated as Dependent & Delinquent, not in physical custody	The child meets codes 02 and 04 above
07	Children Adjudicated as "Children in Need of Services" (CINS)	A child is in need of services and there is no pending departmental investigation into an allegation of suspicion of abuse, neglect or delinquent, or no current supervision by the department for adjudication for dependency or delinquency. The child must also be found by the court to be a persistent runaway, habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parent or legal guardians, pursuant to Chapter 39, F.S.
08	Children Emancipated by a Court of Law	An individual under age 18 who, through a court process, becomes legally recognized as an independent adult and takes responsibility for his or her own welfare, including medical care.
96	Not Applicable	
97	Unknown	

2 County Area

Code	Name	Code	Name	Code	Name
01	Alachua	24	Hamilton	47	Okeechobee
02	Baker	25	Hardee	48	Orange
03	Bay	26	Hendry	49	Osceola
04	Bradford	27	Hernando	50	Palm Beach
05	Brevard	28	Highlands	51	Pasco
06	Broward	29	Hillsborough	52	Pinellas
07	Calhoun	30	Holmes	53	Polk
08	Charlotte	31	Indian River	54	Putnam
09	Citrus	32	Jackson	55	St. Johns
10	Clay	33	Jefferson	56	St. Lucie
11	Collier	34	Lafayette	57	Santa Rosa
12	Columbia	35	Lake	58	Sarasota
13	Miami-Dade	36	Lee	59	Seminole
14	DeSoto	37	Leon	60	Sumter
15	Dixie	38	Levy	61	Suwannee
16	Duval	39	Liberty	62	Taylor
17	Escambia	40	Madison	63	Union
18	Flagler	41	Manatee	64	Volusia
19	Franklin	42	Marion	65	Wakulla
20	Gadsden	43	Martin	66	Walton
21	Gilchrist	44	Monroe	67	Washington
22	Glades	45	Nassau	99	Out of State
23	Gulf	46	Okaloosa		

3 Covered Service or Project

To assist service providers who are not yet fully compliant with PAM 155-2 V13, we are including modifier codes and descriptions for data that was reportable in SAMHIS as Modifier 4, Other Cost Accumulators (OCAs).

FASAMS has a dedicated field in service events for OCAs. Thus, the former Modifier 4 codes are NOT reportable in FASAMS. All items marked as legacy are presented to allow service providers that continue to report data under V12 to submit data to their respective Managing Entities (ME). MEs are expected to report the actual five-character OCA in the FASAMS OCA field. OCA modifiers are not appropriate for covered services.

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
02	Detoxification, 24-hour service, Free- Standing Residential	24	Substance Abuse Inpatient Detoxification		X		X	Client-Specific	Availability	Day
08	Ambulatory - Detoxification	32	Substance Abuse Outpatient Detoxification		X		X	Client-Specific	Availability	Direct Staff Minutes
03	Rehabilitation/ Residential - Hospital (other than Detoxification)	03	Crisis Stabilization	X	X	X	X	Client-Specific	Availability	Day
03	Rehabilitation/ Residential - Hospital (other than Detoxification)	09	Inpatient	X		X		Client-Specific	Utilization	Day

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
04	Rehabilitation/ Residential - Short term (30 days or fewer)	39	Short-term Residential Treatment	X				Client-Specific	Availability	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	18	Residential Level I	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	19	Residential Level II	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	20	Residential Level III	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	21	Residential Level IV	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	36	Room and Board with Supervision Level I	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	37	Room and Board with Supervision Level II	X	X	X	X	Client-Specific	Utilization	Day

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
	days or fewer)									
04	Rehabilitation/ Residential - Short term (30 days or fewer)	38	Room and Board with Supervision Level III	X	X	X	X	Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	A1	BNET			X		Client-Specific		See Appendix 1, Table 10
04	Rehabilitation/ Residential - Short term (30 days or fewer)	A2	FIT Team		X			Client-Specific		See Appendix 1, Table 10
04	Rehabilitation/ Residential - Short term (30 days or fewer)	A3	Central Receiving System					Client-Specific		See Appendix 1, Table 10
04	Rehabilitation/ Residential - Short term (30 days or fewer)	A7	Federal Project Grant					Client-Specific		See Appendix 1, Table 10
04	Rehabilitation/ Residential - Short term (30 days or fewer)	A8	Local Diversion Forensic Project					Client-Specific		See Appendix 1, Table 10

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
04	Rehabilitation/ Residential - Short term (30 days or fewer)	B6	Provider Proviso Projects					Client-Specific		See Appendix 1, Table 10
04	Rehabilitation/ Residential - Short term (30 days or fewer)	C0	Other Bundled Projects					Client-Specific		See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	18	Residential Level I	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	19	Residential Level II	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	20	Residential Level III	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term	21	Residential Level IV	X	X	X	X	Client-Specific	Utilization	Day

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
	(more than 30 days)									
05	Rehabilitation/ Residential - Long term (more than 30 days)	36	Room and Board with Supervision Level I	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	37	Room and Board with Supervision Level II	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	38	Room and Board with Supervision Level III	X	X	X	X	Client-Specific	Utilization	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	A1	BNET			X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	A2	FIT Team		X			Client-Specific	Availability or Utilization	See Appendix 1, Table 10

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
05	Rehabilitation/ Residential - Long term (more than 30 days)	A3	Central Receiving System	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	A7	Federal Project Grant	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	A8	Local Diversion Forensic Project	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	B6	Provider Proviso Projects	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
05	Rehabilitation/ Residential - Long term (more than 30 days)	C0	Other Bundled Projects	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
06	Ambulatory – Intensive	04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non-	Availability	Direct Staff Minute

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
	outpatient							Client-Specific		
06	Ambulatory – Intensive outpatient	06	Day Treatment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	08	In-Home and On-Site	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	10	Intensive Case Management	X		X		Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	14	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	44	Comprehensive Community Service Team	X	X	X	X	Client-Specific or Non- Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non- Client-Specific	Utilization	Direct Staff Minute
06	Ambulatory – Intensive outpatient	A2	FIT Team		X			Client-Specific	Availability or Utilization	See Appendix 1, Table 10
06	Ambulatory – Intensive outpatient	B4	CAT Team			X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
06	Ambulatory – Intensive outpatient	B5	FACT Team	X				Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	01	Assessment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	02	Case Management	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non- Client-Specific	Availability	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	05	Day Care	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	08	In-Home and On-Site	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	11	Intervention	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	12	Medical Services	X	X	X	X	Client-Specific	Availability* or Utilization *Added for COVID 19	Direct Staff Minute

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
									Reporting	
07	Ambulatory – Non-Intensive outpatient	13	Medication Assisted Treatment		X		X	Client-Specific	Utilization	Dosage
07	Ambulatory – Non-Intensive outpatient	14	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	15	Outreach	X	X	X	X	Client-Specific or Non-Client- Specific	Utilization	Non-Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	22	Respite Services	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	25	Supportive Employment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	26	Supported Housing/Living	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	27	Treatment Alternative for Safer Community		X		X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	28	Incidental Expenses	X	X	X	X	Client-Specific or Non- Client-Specific	Utilization	Dollars Spent

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
07	Ambulatory – Non-Intensive outpatient	29	Aftercare	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	35	Outpatient -Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	40	Mental Health Clubhouse Services	X				Non- Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	42	Intervention - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	43	Aftercare - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	44	Comprehensive Community Service Team	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	46	Recovery Support	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
07	Ambulatory – Non-Intensive outpatient	47	Recovery Support - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	A0	Forensic Multidisciplinary Team	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A1	BNET			X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A3	Central Receiving System	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A4	Care Coordination	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A5	First Episode Team	X		X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A6	Self-Directed Care	X		X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A7	Federal Project Grant	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
07	Ambulatory – Non-Intensive outpatient	A8	Local Diversion Forensic Project	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	A9	Disaster Behavioral Health	X		X		Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	B2	Transition Voucher	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	B6	Provider Proviso Projects	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	B7	Wraparound	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
07	Ambulatory – Non-Intensive outpatient	C0	Other Bundled Projects	X	X	X	X	Client-Specific	Availability or Utilization	See Appendix 1, Table 10
97	Other FASAMS Service/Setting	04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non- Client- Specific	Availability	Direct Staff Minute
97	Other FASAMS Service/Setting	07	Drop-In/Self-Help Centers	X				Non- Client- Specific	Utilization	Non-Direct Staff Minute
97	Other FASAMS Service/Setting	15	Outreach	X	X	X	X	Client-Specific or Non-Client-	Utilization	Non-Direct Staff Minute

FASAMS Service/ Treatment Setting Code	FASAMS Service/ Treatment Setting Name	Covered Service or Project Code	Covered Service or Project Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
								Specific		
97	Other FASAMS Service/Setting	28	Incidental Expenses	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Dollars Spent
97	Other FASAMS Service/Setting	30	Information and Referral	X	X	X	X	Non-Client-Specific	Availability	Direct Staff Minute
97	Other FASAMS Service/Setting	44	Comprehensive Community Service Team	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
97	Other FASAMS Service/Setting	45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
97	Other FASAMS Service/Setting	48	Indicated Prevention	X	X	X	X	Non-Client-Specific	Utilization	Direct Staff Minute
97	Other FASAMS Service/Setting	49	Selective Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Minute
97	Other FASAMS Service/Setting	50	Universal Direct Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Minute
97	Other FASAMS Service/Setting	51	Universal Indirect Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Minute

4 Discharge Destination

Code	Name
03	Juvenile Justice (all components excluding TASC or similar entity)
04	County Public Health Unit
05	School (Education)
11	Prison/Jail
15	Medical Hospital
16	State Mental Health Treatment Facility
19	Child Welfare
20	Religious Organization
21	Shelter
22	Methadone Clinic
23	Addiction Receiving Facility
24	Detoxification
25	Intensive Inpatient Treatment
26	Residential Treatment (Adult)
27	Day or Night Treatment
28	Intensive Outpatient Treatment
29	Outpatient Treatment
30	Aftercare
31	Intervention
33	Assisted Living Facility
34	Crisis Stabilization Unit
35	Short Term Residential Treatment Facility
36	Residential Treatment for Children/Adolescent
37	Transitional Living Facility
39	Receiving Facility
40	Other Social Service/Health/ Community entities
99	None of the Above

5 Education Grade Level

Code	Name	Code	Name
00	No Years of Schooling	30	Associate Degree
01	Grade 1	31	Bachelor's degree
02	Grade 2	32	Master's degree
03	Grade 3	33	Professional Degree
04	Grade 4	34	Doctorate Degree
05	Grade 5	35	Special School
06	Grade 6	36	Vocational School
07	Grade 7	37	College Undergraduate Freshman (1st Year)
08	Grade 8	38	College Undergraduate Sophomore (2nd Year)
24	Grade 9	39	College Undergraduate Junior (3rd Year)
25	Grade 10	40	College Undergraduate Senior (4th Year)
26	Grade 11	41	Kindergarten
27	Grade 12	42	Nursery School/Preschool/Head Start
28	High School Graduate (Diploma/GED)	43	Unknown

6 Employment Status

Employment Codes		Reasons For Not Being In Workforce	
Code	Name	Code	Name
10	Active military, overseas	70	Unemployed
20	Active military, USA	81	Homemaker - Manages household for family members.
30	Full Time	82	Student Note: Not included in performance algorithms.
31	Unpaid Family Worker - A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities, the client must be coded as Unemployed.	83	Disabled Note: Not included in performance algorithms.
40	Part Time	84	Incarcerated Note: Not included in performance

Employment Codes		Reasons For Not Being In Workforce	
Code	Name	Code	Name
			algorithms.
50	Leave of Absence Note: Not included in performance algorithms.	86	Not authorized to work Note: Not included in performance algorithms.
60	Retired	97	Unknown

7 Evaluation Level

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
1	Level of Care	LOCUS (1) CALOCUS (2)	1	Recovery Maintenance and Health Management	≥ 10-13	
			2	Low Intensity Community Based Services	≥ 14-16	
			3	High Intensity Community Based Services	≥ 17-19	
			4	Medically Monitored Non-Residential Services	≥ 20-22	
			5	Medically Monitored Residential Services	≥ 23-27	
			6	Medically Managed Residential Services	≥ 28	
		BIO Psychosocial (3)	1	Recovery Maintenance and Health Management		
			2	Low Intensity Community Based Services		
			3	High Intensity Community Based Services		
			4	Medically Monitored Non-Residential Services		
			5	Medically Monitored Residential Services		
			6	Medically Managed Residential Services		
		ASAM (4)	1	0.5 Early Intervention		
			2	1 Outpatient Services		

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
			3	2.1 Intensive Outpatient Services		
			4	2.5 Partial Hospitalization Services		
			5	3.1 Clinically Managed Low-Intensity Residential Services		
			6	3.3 Clinically Managed Population Specific High-Intensity Residential Services Note: This level is not designated for adolescent populations.		
			7	3.5 Adults - Clinically Managed High-Intensity Residential Services		
			8	3.5 Adolescents - Clinically Managed Medium-Intensity Residential Service		
			9	3.7 Adults - Medically Monitored Intensive Inpatient Services		
			10	3.7 Adolescents - Medically Monitored High-Intensity Inpatient Services		
			11	4 Medically Managed Intensive Inpatient Services		
			12	OTP Opioid Treatment Program (Level 1). Note: OTP's not specified here for adolescent populations.		
			13	1 WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring		
			14	2 WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring.		
			15	3.2 WM - Clinically Managed Residential Withdrawal Management		
			16	3.7 WM - Medically Monitored Inpatient Withdrawal Management		
			17	4 WM - Medically Managed		

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
				Intensive Inpatient Withdrawal Management		
2	Level of Functioning	FARS (5)	1	No Problem	18	
			2	Less than Slight Problem	19 - 36	
			3	Slight Problem	37 - 54	
			4	Slight to Moderate Problem	55 - 72	
			5	Moderate Problem	73 - 90	
			6	Moderate to Severe Problem	91 - 108	
			7	Severe Problem	109 - 126	
			8	Severe to Extreme Problem	127 - 144	
			9	Extreme Problem	145 - 162	
		CFARS (6)	1	No Problem	16	
			2	Less than Slight Problem	17 - 32	
			3	Slight Problem	33 - 48	
			4	Slight to Moderate Problem	49 - 64	
			5	Moderate Problem	65 - 80	
			6	Moderate to Severe Problem	81 - 96	
			7	Severe Problem	97 - 112	
			8	Severe to Extreme Problem	113 - 128	
			9	Extreme Problem	129 - 144	
		NCFAS/CAT (8)	1	Not applicable	-3 to 2	
			2	Clear strength		
			3	Mild strength		
			4	Baseline adequate		
			5	Mild problem		
			6	Moderate problem		
			7	Serious problem		
			8	Unknown		
		CGAS (9)			1 to 100	
3	Competency to Proceed to Trial	Competency to Proceed to Trial (7)			1 for Yes 2 for No	Yes

8 Project Codes

Code	Description	Policy Guidance
A0	Forensic Multidisciplinary Team	Bundled rate expenditures for Forensic Multidisciplinary teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MH0FH unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
A1	BNET	Bundled rate expenditures for Behavioral Health Network (BNET). Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures may be coded to OCA MH0BN only.
A2	FIT Team	Bundled rate expenditures for Family Intensive Treatment teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MS091 unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
A3	Central Receiving System	Bundled rate expenditures for Central Receiving System grants. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MHSCR unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
A4	Care Coordination	Bundled rate expenditures for Care Coordination. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) These expenditures should be coded to OCA MH0CN or MS0CN unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
A5	First Episode Team	Bundled rate expenditures for Coordinated Specialty - First Episode teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures may be coded to OCA MH026 only.
A6	Self-Directed Care	This code applies only to Lutheran Services Florida and Central Florida Behavioral Health Network for expenditures for the Self-Directed Care programs. Allowable covered services within the bundled rate must be reported in SAMHIS as the actual covered service (i.e., case management, incidentals, etc.)

Code	Description	Policy Guidance
A7	Federal Project Grant	Expenditures associated with a federal project grant using the assigned OCA. Examples of federal project grants include, but are not limited to, the Florida System of Care Expansion and Sustainability Project (OCA MHESP), Florida Response to the Opioid Crisis MAT (OCA MSOPM), and Florida Partnerships for Success (OCA MS0FS). If the grant funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) See the OCA code table for additional allowable OCAs.
A8	Local Diversion Forensic Project	Bundled rate expenditures for Outpatient Forensic Mental Health Services as described in Guidance 6 of the ME contract. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) See the OCA code table for allowable OCAs.
A9	Disaster Behavioral Health	Allowable expenditures for Disaster Behavioral Health grants, coded with established OCA (e.g., ME Provider Hurricane Matthew Crisis Counseling, OCA MHHMP) See the OCA code table for additional OCAs.
B1	Network Eval. & Dvlpmt	Allowable expenditures of network service provider funding necessary to evaluate, develop, or expand the capacity of the regional network of care. This includes fidelity monitoring, independent quality assessment, workforce development, training, and related initiatives. See the OCA code table for allowable OCAs.
B2	Transition Voucher	Bundled rate expenditures for Transition Vouchers. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) These expenditures may be coded to OCAs MHDRF, MHTRV, or MSTRV only.
B3	Cost Reimbursement	Expenditures paid on an actual cost reimbursement method of payment, as defined in rule 65E-14.019, F.A.C., for necessary staffing, supplies and related expenditures to establish operational start-up capacity for new programs or services. Allowable costs are limited to those expenditures directly related to new services; to service contracts when required by statute, grant or funding source; or to specific fixed capital outlay projects appropriated by the legislature. See the OCA code table for allowable OCAs.
B4	CAT Team	Bundled rate expenditures for Community Action Treatment (CAT) teams as described in Guidance 32. Allowable covered services within the bundled rate must be reported in SAMHIS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MHCAT unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.

Code	Description	Policy Guidance
B5	FACT Team	Florida Assertive Community Treatment (FACT) Teams as described in 65E-14.021(4)(j). The Project Id is for FACT Team costs associated with the enrolled participants for services. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) Incidental Expenses should still be reported under the Incidental Expenses covered services code. See the OCA code table for allowable OCAs.
B6	Provider Proviso Projects	Bundled rate expenditures associated with a named proviso project specified in the General Appropriations Act, using the assigned OCA. If the project funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) See the OCA code table for allowable OCAs.
B7	Wraparound	Bundled rate expenditures for Wraparound This project code should only be used when implementing the evidence-based Wraparound approach to care management, as defined by the National Wraparound Initiative (https://nwi.pdx.edu/). Expenditures for Wraparound may be billed as case management, CCST, or a bundled rate to include allowable covered services of assessment, case management, recovery support, CCST, medical, incidentals, and in-home/on-site. All services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.). See the OCA code table for allowable OCAs.
C0	Other Bundled Projects	Bundled rate expenditures for local community behavioral health initiatives not otherwise reportable under other project codes. These projects may be funded with any combination of block grant and general revenue funds. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) See the OCA code table for allowable OCAs.
C1	Sustainability Payment for COVID related funds/services	Lump sum payments to support provider sustainability during health emergency. This code may only be used once per OCA per Provider to report the difference between the Total YTD ME General Ledger payments to the provider and the Total YTD Actual Payable reported for all other Covered Service and Project Codes for that OCA.

9 FY 2020-21 Active OCA Codes

To assist service providers who are not yet fully compliant with PAM 155-2 V13, we are including modifier codes and descriptions for data that was reportable in SAMHIS as Modifier 4, Other Cost Accumulators (OCAs).

FASAMS has a dedicated field in service events for OCAs. Thus, the former Modifier 4 codes are NOT reportable in FASAMS. All items marked as legacy are presented to allow service providers that continue to report data under V12 to submit data to their respective Managing Entities (ME). MEs are expected to report the actual five-character OCA in the FASAMS OCA field. OCA modifiers are not appropriate for covered services.

Pamphlet 155-2 Appendix 1, Version 13.0

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH000	ME Mental Health Services & Support	7/1/2015		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47	A0, A3, A4, A6, A8, B1, B3, B4, B5, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH001 (Expenditure Code Only)	MH 24-Hr Residential Services (Non-Hospitalization)			18, 19, 20, 21, 28, 36, 37, 38	A0, A8, B1, B3, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH009 (Expenditure Code Only)	Ambulatory/Community Non-24 Hour Care			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 29, 30, 35, 39, 40, 42, 43, 44, 45, 46, 47	A0, A4, A6, A8, A9, B1, B3, B4, B5, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH011	ME Stewart-Marchman Behavioral Healthcare	7/1/2016	6/30/2021	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	B3, B5, B6, B7	1-AMH	SAMH (2), Local Match (5)
MH016	ME MH Personal Enrichment MH Crisis Stab Unit	7/1/2017	6/30/2021	03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH018 (Expenditure Code Only)	CSU, Baker Act, Inpatient Crisis Services			03, 04, 09, 39	A3, A8, B1, B3, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH021	ME MH South Florida Behavioral Network-Involuntary Outpatient Svcs (IOS) Pilot Project	7/1/2018	6/30/2021	02, 11, 12, 14, 25, 26, 28, 32, 35, 40, 44, 45,46, 47	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH025 (Expenditure Code Only)	Prevention Services	7/1/2015		48, 49, 50, 51	A8, B1, B3, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH026 (Expenditure Code Only)	ME Early Intervention Svc - Psychotic Disorders	7/1/2015		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 25, 28, 29, 30, 35, 40, 44, 45, 46, 47	A5, A8, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH027	Directions for Living	7/1/2016	6/30/2021	01, 02, 04, 06, 08, 10, 11, 12, 13, 14, 15, 29, 30, 32, 35, 44, 45, 46, 47	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH031	ME David Lawrence Center Behavioral Health Services	7/1/2016	6/30/2021	01, 02, 04, 08, 10, 11, 12, 14, 15, 28, 29, 30, 35, 46, 47	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH032	ME BayCare Behavioral Health Veterans And Families Pilot Program	7/1/2016	6/30/2021	01, 02, 03, 12, 14, 15, 18, 19, 20, 21, 28, 30, 35, 36, 37, 38, 46, 47	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH034	ME UF Health Center for Psychiatry	7/1/2019	6/30/2021	None	B3, B6	None	SAMH (2), Local Match (5)
MH035	ME Life Stream Central Receiving System – Citrus County	7/1/2019	6/30/2021	01, 02, 03, 04, 09, 10, 11, 12, 14, 18, 19, 20, 21, 24, 28, 30, 32, 35,	A3, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				36, 37, 38, 44, 45, 46, 47			
MH037	Fort Myers Salvation Army Behavioral Health Services	7/1/2016	6/30/2021	18, 19, 20	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH048	ME NW Behavioral Health Services – Training Trauma Now	7/1/2019	6/30/2021	01, 02, 04, 08, 11, 12, 14, 28, 35, 42, 43, 44, 45	B3, B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH051	ME Okaloosa/Walton MH & SA Pretrial Diversion Project	7/1/2019	6/30/2021	01, 02, 11, 12, 14, 25, 26, 29, 35, 42, 46, 47	A8, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH071	ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	7/1/2015		09, 18, 19, 36, 37	B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH072	ME MH Community Forensic Beds	7/1/2015		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 25, 26, 28, 35, 36, 37, 38, 42, 44, 45, 46, 47	A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH073	ME Florida Assertive Community Treatment (FACT) Program Admin.	7/1/2015		01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 13, 12, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	B3, B5	1-AMH	SAMH (2), Local Match (5)
MH076	ME Indigent Psychiatric Medication Program	7/1/2015		28	B7	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MH089	ME Clay Behavioral Hlth-Crisis Prevention	7/1/2015	6/30/2021	02, 06, 07, 12, 14, 25, 28, 37	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH094	ME Citrus Health Network	7/1/2015		03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0BN	ME MH BNET Title XXI Children's Health Insurance Program (Behavioral Health Network)	7/1/2015		01, 02, 03, 04, 06, 08, 09, 10, 12, 13, 14, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 32, 35, 43, 44, 45, 46, 47	A1, B7	1-AMH 2-ASA 3-CMH 4-CSA	Title XXI (B)
MH0CN	ME MH Care Coordination Direct Client Services	7/1/2017		01, 02, 04, 08, 10, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0FH	ME Community Forensic Multidisciplinary Teams for Hospital Diversion	7/1/2016		01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47	A0, A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0PG	ME Grants PATH	7/1/2015		01, 02, 11, 12, 14, 15, 25, 26, 28, 30, 35, 40, 44, 45, 46, 47	A7, B3	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH0TB	ME MH Temporary Assistance for Needy Families (TANF)	7/1/2015		01, 02, 04, 05, 06, 08, 10, 11, 14, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 42, 44, 45, 46, 47		1-AMH 3-CMH	TANF (3)
MH819	ME Gracepoint Center	7/1/2015	6/30/2021	03, 04		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH952	ME Apalachee Center – Liberty & Franklin MH CAT	7/1/2019		01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 46, 47	B4	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCA2	ME MH Community Action Teams (CAT) – CARES ACT	2/1/2021	12/31/2021	01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 40, 43, 44, 46, 47	B3, B4, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCA8	ME 211 Helpline Supports – CARES ACT	2/1/2021	12/31/2021	15, 30	B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCAF	ME FACT Program Administration – CARES ACT	2/1/2021	12/31/2021	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	B3, B5	1-AMH	SAMH (2), Local Match (5)
MHCAJ	ME Jail-Based and Forensic Services Diversion – CARES ACT	2/1/2021	12/31/2021	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 14, 15,	A0, A8, B3, B7	1-AMH 2-ASA	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				28, 29, 30, 35, 42, 44, 45, 46, 47			(5)
MHCAM	Adult and Children's Care Coordination – CARES ACT – ME	2/1/2021	12/31/2021	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCAR	Short-Term Residential Treatment (SRT) – CARES ACT	2/1/2021	12/31/2021	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47	B3, B6	1-AMH	SAMH (2), Local Match (5)
MHCAS	Adult and Children's Care Coordination – CARES ACT- Direct Client Services	2/1/2021	12/31/2021	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCAT	ME MH Community Action Treatment (CAT) Teams	7/1/2017		01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 40, 43, 44, 46, 47	B3, B4, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCOV	ME Emergency COVID-19 Grant	4/20/20	8/19/2021	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47,	A7, B1, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHDRF	ME Disability Rights Florida Mental Health	7/1/2016		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46, 47	B2, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHEDT	ME MH Early Diversion for Forensic Individuals	1/1/2020		01, 02, 08, 10, 11, 14, 15, 25, 26, 29, 35, 42, 46, 47	A0, A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHEMP	ME MH Supported Employment Services	7/1/2017		25, 40	B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHES4	ME FL SOC Expansion and Sustainability Proj- Yr. 4	7/1/2019	6/30/2021	01, 02, 04, 06, 08, 10, 11, 12, 14, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 37, 38, 42, 44, 45, 46, 47	A7, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHFMH	ME MH Forensic Transitional Beds	7/1/2017		18, 19, 20, 21, 36, 37, 38	A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMD	ME FL Hurricane Michael Disaster Response	9/30/2020	9/29/2021	01, 02, 11, 12, 13, 14, 15, 19, 21, 28, 35, 42, 44, 45	A7, B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHHST	MH Hillsborough Co Short Term Residential Treatment Facility	7/1/2020	6/30/21	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47	B3, B6	1-AMH	SAMH (2), Local Match (5)
MHMCT	ME MH Mobile Crisis Teams	7/1/2018		04, 12, 28, 30	B1, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHMMR	ME MH Hurricane Michael Mental Health Response	7/1/2019	8/31/2020	01, 02, 03, 04, 05, 06, 07, 08, 09, 11, 12, 14,	A0, A3, A4, A5, A6, A8, B1, B4,	1-AMH 3-CMH	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47	B5, B7, C0		(5)
MHRM5	ME Renaissance Manor	7/1/2015	6/30/2021	02, 26, 28	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS50	ME Lifestream Center	7/1/2015	6/30/2021	03, 04, 09	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS52	ME Circles of Care - Crisis Stabilization	7/1/2015	6/30/2021	03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSCR	ME Centralized Receiving Systems	10/1/2015		01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47	A3, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSFP	ME MH State Funded Federal Excluded Services	10/1/2016		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49,	A0, A8, B1, B3, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				50, 51			
MHSUN	ME Sunrise/Sunset Beds Pilot	2/1/2021		06, 10, 12, 14, 19, 28, 38	C0	1-AMH	SAMH (2), Local Match (5)
MHTLH	ME MH Telehealth Behavioral Health Services	11/1/2020		01, 02, 04, 08, 10, 11, 12, 14, 15, 28, 29, 32, 35, 42, 43, 46, 47	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHTMH	ME MH Transitional Beds for MH Institution	7/1/2017		18, 19, 20, 21 36, 37, 38	A8, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHTRV	ME Transitions Vouchers Mental Health	7/1/2016		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46	B1, B2, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHTTI	ME Transform Transfer Initiative – Peer Spec Jails	2/11/2021		08, 15, 29, 30, 45, 46	A7, A8	1-AMH 2-ASA	SAMH (2), Local Match (5)
MS000	ME Substance Abuse Services and Support	7/1/2015		01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47	A2, A3, A4, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS003 (Expenditure Code Only)	SA 24- Hour Residential Services (Non-Hospitalization)			18, 19, 20, 21, 36, 37, 38	A2, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							(5)
MS011 (Expenditure Code Only)	Ambulatory/Community Non-24hr Care			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 42, 43, 44, 45, 46, 47	A2, A3, A4, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS021 (Expenditure Code Only)	SA Detoxification Services			04, 24, 32	A3, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS023	HIV Services	7/1/2015		02, 11, 12, 14, 28*, 35*, 42* *effective through 6/30/19	B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS025	Prevention Services	7/1/2015		30, 48, 49, 50, 51	A8, B1, B3, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS027 (Expenditure Code Only)	Federal Pregnant Women and Women with Dependent Children			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	A2, A3, A4, A8, B1, B3, B7, C0	2-ASA	SAMH (2), Local Match (5)
MS081	ME Expand SA SVCS for Pregnant Women, Mothers and Their Families	7/1/2015		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37,	A2, B1, B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				38, 42, 43, 44, 45, 46, 47			
MS091	ME Family Intensive Treatment (FIT)	7/1/2015		01, 02, 03, 04, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	A2, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS095	ME SA Drug Abuse Comprehensive Coordinating Treatment (DACCO).	7/1/2015		02, 15, 19, 28	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0CN	ME SA Care Coordination Direct Client Services	10/1/2017		01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0F4	ME FL Partnership for Success Year 4	10/1/2019		48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0F5	ME FL Partnerships for Success – Yr. 5	10/1/2020		49, 48, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0H4	ME FL Partnership for Success – Hospital Pilot – Year 4	7/1/2019		01, 02, 04, 15, 28, 29, 30, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0H5	ME FL Partnership for Success Hospital Pilot – Yr. 5	10/1/2020		01, 02, 04, 15, 28, 30, 46, 47,	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MS0PP	ME Prevention Partnership Grant (PPG)	7/1/2015		48, 49, 50, 51	B3, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0TB	ME SA Temporary Assistance for Needy Families (TANF)	7/1/2015		01, 02, 04, 05, 06, 08, 11, 14, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47		2-ASA 4-CSA	TANF (3)
MSOW4	ME State Epidemiology Outcomes Workgroup Local – Year 4	10/1/2019		30, 51	A7	None	SAMH (2), Local Match (5)
MSOW5	ME State Epidemiology Outcomes Workgroup Local – Yr. 5	10/1/2020		30, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS903	ME Here's Help	7/1/2015		18, 19, 20, 21	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS907	ME SA St. John's Co. Sheriff's Office Detox Program	7/1/2017		01, 04, 11, 13, 14, 18, 24, 32, 35	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS912	ME SA Memorial Healthcare-Medication Assisted Treatment Program	7/1/2018		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 32, 35, 36, 37, 43, 46, 47	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS916	ME Gateway-Project Save Lives	7/1/2018		01, 04, 08, 11, 12, 13, 14, 15, 18,	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				19, 20, 21, 29, 35, 38, 46			Match (5)
MS917– Active for FY 20-21 Valid for Carry Forward Funding Only for FY 19-20	ME SA STEPS-Women's Residential Treatment	7/1/2018		13, 19, 37	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS918	ME St. Johns Epic Recovery Center – Detox/Res Bed Capac	7/1/2019		18, 19, 20, 21, 24	B6	2-ASA	SAMH (2), Local Match (5)
MS921	Here's Help – Juvenile Residential Treatment Expansion	7/1/2020	6/30/2021	18, 19, 20	B3, B6	4-CSA	SAMH (2), Local Match (5)
MSCAF	ME SA Family Intensive Treatment (FIT) – CARES ACT	2/1/2021	12/31/2021	01, 02, 03, 04, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	A2, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSCAS	NAS/SEN Care Coordination – CARES ACT - Providers	2/1/2021	12/31/2021	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCBS	ME SA Community Based Services	7/1/2018		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	A0, A2, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSCS0	ME SA Seminole Co Sheriff Opioid ARC Partnership	7/1/2020	6/30/2021	01, 02, 08, 11, 12, 13, 28, 32, 36, 37, 38, 42, 46, 47	B3, B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSRC2	ME State Opioid Response Disc Svcs-Rec Comm Org – Year 2	10/1/2019		15, 46, 47	A7, B3	2-ASA	SAMH (2), Local Match (5)
MSRC3	ME State Opioid Response Disc Svcs-Rec Comm Org – Year 3	9/30/2020	9/29/2021	12, 13, 15, 28, 30, 46, 47	A7, B3	2-ASA	SAMH (2), Local Match (5)
MSSFP	ME SA State Funded Federal Excluded Services	10/1/2016		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47, 48, 49, 50, 51	A2, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSG3	ME State Opioid Response Grant – GPRA – Year 3	9/30/2020	9/29/2021	N/A	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSGP	ME State Opioid Response Disc Grant- GPRA	7/1/2020			A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM2	ME State Opioid Response SVCS-MAT – Year 2	10/1/2019		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 42, 43, 46,	A7, B1	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				47			
MSSM3	ME State Opioid Response Svcs – MAT – Year 3	9/30/2020	9/29/2021	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 42, 43, 46, 47	A7, B1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSOH	ME State Opioid Response Disc Grant – Hospital Bridge	7/1/2019		01, 02, 04, 12, 13, 15, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSOW	ME State Opioid Response Disc Grant Child Welfare	7/1/2019		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 42, 43, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP2	ME State Opioid Response Disc Grant Svcs-Prevent – Year 2	10/1/2019		48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP3	ME State Opioid Response Disc Grant-Prev-Yr 3	9/30/2020	9/29/2021	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSTRV	ME Transitions Vouchers Substance Abuse	7/1/2016		01, 02, 05, 06, 08, 11, 12, 13*, 14, 22, 25, 26, 28, 29, 32*, 35, 43, 45*, 46, 47	A2*, B1, B2, B7* *Valid through 6/30/19	2-ASA 4-CSA	SAMH (2), Local Match (5) *Valid through 6/30/19
SORC3	State Opioid Response Disc – HQ Contracts – Year 3	9/30/2020	9/29/2021	01, 02, 08, 12, 13, 15, 30, 46, 47	A7	2-ASA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)

10 FY 2020-21 Carry Forward OCA Codes

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH049 – Valid for Carry Forward Funding Only FY 20-21	ME Bridgeway Center – Okaloosa Telehealth Svcs	7/1/2019	6/30/2020	01, 02, 11, 12, 14, 25, 26, 29, 35, 42, 46, 47	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSCV – Valid for Carry Forward Funding Only FY 20-21	ME COVID-19 Helpline Supports	3/1/2020		15, 30	B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS920 – Valid for Carry Forward Funding Only FY 20-21	ME Road to Recovery – Opioid Response	7/1/2019		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 48, 49, 50, 51	B6	2-ASA 4-CSA	SAMH (2), Local Match (5)

11 FY 2020-21 Historical OCA Codes

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH010	ME MH Miami Dade Homeless Trust	7/1/2018	6/30/2019	01, 02, 08, 10, 11, 12, 14, 19, 25, 26, 28, 35, 44, 45, 46, 47	A8, B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH012	ME Apalachee Center - Forensic Treatment Services	7/1/2017	6/30/2021	39	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH013	PTSD Clinic UCF	7/1/2017	6/30/2020	01, 04, 11, 14, 35, 46 47	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH014	Starting Point Behavioral Healthcare - MH	7/1/2017	6/30/2020	01, 02, 04, 10, 11, 14, 25, 26, 28, 29, 44, 46		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH015	ME MH Jewish Family Svc Suncoast	7/1/2017	6/30/2020	01, 04, 11, 15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH017	ME MH John Hopkins All Children's Hospital	7/1/2017	6/30/2020	01, 02, 04, 11, 12, 14, 30, 35	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH019	ME MH Bridgeway Ctr Emerg Mobile Access Team	7/1/2017	6/30/2020	04, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH023	ME MH Orange Park Medical Center	7/1/2018	6/30/2019	03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH028	ME MH Osceola Mental Health-Park Place	7/1/2018	6/30/2019	01, 12	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH029	ME MH Johns Hopkins Children's Hospital- Postpartum Depression – DACCO	7/1/2018	6/30/2019	01, 05, 11, 12, 28	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH033 – Valid for Carry Forward Funding Only FY 20-21 – INACTIVE as of 3/1/2021	ME Youth Crisis Center – Touchstone Village	7/1/2019	6/30/2020	01, 02, 11, 12, 14, 20, 26, 28, 29, 35, 42	B3, B6	1-AMH	SAMH (2), Local Match (5)
MH036 – Valid for Carry Forward Funding Only FY 20-21 - INACTIVE as of 3/1/2021	ME FL Recovery Schools – Youth BH Wraparound Services	7/1/2019	6/30/2020	01, 02, 11, 14, 28, 29, 35, 42	B3, B6	3-CMH	SAMH (2), Local Match (5)
MH046	ME Centerstone Florida		6/30/2020	None	B3, B6, B7	None	
MH060 (Inactive for FY 20-21)	ME Veterans Alternative Retreat Program	7/1/2016	6/30/2020	28	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH061 (Inactive for FY 20-21)	ME Northside Mental Health Center	7/1/2016	6/30/2020	03, 04		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH096	ME Jerome Golden Center	7/1/2015	6/30/2020	19, 28, 37	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0FA	Grant Miami-Dade Wraparound FACES	7/1/2015	6/30/2020	01, 02, 08, 10, 11, 14, 15, 28, 29, 30, 35, 42, 44, 45, 46, 47		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0MD	Grants Miami-Dade County Wraparound.	7/1/2015	6/30/2020	01, 02, 08, 10, 11, 14, 15, 29, 30, 35, 46		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0PL	ME Grants Project Launch	7/1/2015	6/30/2019	01, 02, 08, 14, 15, 35	A7, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							(5)
MH0TA	Florida Youth Transition to Adulthood.	7/1/2015	7/1/2019	01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCME	ME MH Non-Recurring BG-CAT and MRT Enhancements	7/1/2019	6/30/2020	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 43, 44, 45, 46, 47	A0, A3, A4, A5, A6, A8, B4, B5, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHESP	ME FL SOC (System of Care) Expansion and Sustainability Project	1/1/2017	11/18/2019	01, 02, 04, 06, 08, 10, 11, 12, 14, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 37, 38, 42, 43, 44, 45, 46, 47	A7, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHFLH	ME MH Florida Hurricane SERG	10/1/2018	9/30/2019	01, 02, 03, 04, 08, 11, 12, 13, 14, 15, 19, 20, 22, 24, 28, 30, 35, 37, 38, 42, 48, 49, 50, 51	A7, A9, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHHIP	ME Hurricane Irma Immediate Services Program	10/1/2017	6/30/2019	15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHIR	ME Hurricane Irma Regular Services	1/1/2018	6/30/2020	15, 30	A9, B3	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHHM0	ME Hurricane Matthew Crisis Counseling Prog	10/1/2016	6/30/2018	15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMI	ME Hurricane Maria Crisis Counseling	7/1/2017	6/30/2018	15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMP	ME Provider Hurricane Matthew Crisis Counsel	10/1/2016	6/30/2018	15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHMSD	ME MH Marjory Stoneman Douglas	4/1/2018	6/30/2019	01, 02, 04, 08, 11, 14, 15, 28, 30, 35		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHOER	Orlando Emergency Crisis	4/1/2016	6/30/2019	15, 30		1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHS51	ME Circles of Care- Cedar Village	7/1/2015		19		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS55	ME Circles of Care - Geropsychiatric Care	7/1/2016		03, 04, 09	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSMB	ME Meridian Behavioral Healthcare	7/1/2015	6/30/2019	28		1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHTA4	ME MH FL Youth Transition to Adulthood-Year 4	7/1/2017	6/30/2019	01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29,	A7, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				35, 46, 47			(5)
MHTA5	ME MH FL Youth Transition to Adulthood-Year 5	9/30/2018	6/29/2020	01, 02, 04, 07, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	A7, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MS0FH	ME FL Partnership for Success-Hospital Pilot	4/1/2017	6/30/2018	01, 02, 04, 15, 28, 29, 30, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0FS	ME FL Partnership For Success	7/1/2016	10/1/2019	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0JG	ME Special Services for Jerome Golden Center	10/1/2015	6/30/2020	04,19, 24, 37	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0WL	ME State Epidemiology Outcomes Workgroup Local	10/1/2016	6/30/2020	51	A7, B1*, B3* *Valid through 9/30/2019	None	SAMH (2), Local Match (5)
MS902	First Step of Sarasota – Drug Free Babies		6/30/2020	19		2-ASA	SAMH (2), Local Match (5)
MS904	SA Memorial Maternal Regional Hosp Addiction Treatment Program	7/1/2017	6/30/2020	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47		2-ASA 4-CSA	SAMH (2), Local Match (5)
MS905	ME SA Opioid Abuse Pilot Project - PB	7/1/2017	6/30/2020	01, 02, 04, 05, 06, 08,		2-ASA 4-CSA	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47			Local Match (5)
MS906	Opioid Addiction Recovery Peer Pilot - Manatee County	7/1/2017	6/30/2020	02, 04, 15, 28, 29, 30, 46, 47		2-ASA 4-CSA	SAMH (2), Local Match (5)
MS908	ME SA New Hope C.O.R.P.S. Residential Treatment Project	7/1/2017	6/30/2020	18, 19, 20, 21	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS909	ME SA SalusCare Wraparound Services in Response to Opioid Crisis	7/1/2018	6/30/2019	01, 02, 04, 08, 11, 12, 13, 14, 15, 28, 29, 32, 35, 44, 45, 46, 47	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS911	ME Phoenix Affiliates-Family Stabiliz for Opioid	11/6/2018	6/30/2019	01,08,14	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS914	ME SA DACCO Behavioral Health Trmt Exp-Medication Assisted Trmt	7/1/2018	6/30/2019	01, 02, 06, 08, 11, 12,13, 14, 32, 35, 44, 45, 46, 47	B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS915	ME SA Westcare Gulfcoast Veterans Integrated Behavioral Healthcare	7/1/2018	6/30/2019	01, 02, 08, 11, 12, 14, 19, 25, 26, 28, 29, 35, 46, 47	B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSOPH	FL Targeted Opioid Crisis - Hospital	7/1/2017	6/30/2019	02, 04, 12, 14, 15, 19, 28, 29, 30, 35, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							(5)
MSOPM	ME FL Response to the Opioid Crisis MAT (STR)	4/1/2017	6/30/2019	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 43, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOPS	ME FL Response to the Opioid Crisis School	4/1/2017	6/30/2019	48, 49, 50, 51	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSRCO	ME State Opioid Response Disc Svcs-Rec Comm Org	9/30/2018	6/30/2019	07, 15, 46, 47	A7, B3	2-ASA	SAMH (2), Local Match (5)
MSSOP	ME State Opioid Response Disc Grant SVCS-Prevent		9/30/2019	48, 49, 50, 51	A7, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSSOR	ME State Opioid Response SVCS-MAT	10/1/2018	9/30/2019	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 43, 46, 47	A7, B1, B3, B7	2-ASA	SAMH (2), Local Match (5)

12 Project Codes, Method of Payment and Unit of Measure

Method of Payment	Unit of Measure	Valid Project Codes
Fee for Service	Day	A7, A8, A9, B2, B6, C0
Fee for Service	Direct Staff Hour	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B6, B7, C0
Fee for Service	Dollar	B2, B5, B6, B7, C0
Fee for Service	Dosage	B2, B6, B7, C0

Method of Payment	Unit of Measure	Valid Project Codes
Fee for Service	Non-Direct Staff Hour	A3, A4, A7, A8, A9, B1, B6, C0
Fee for Service	Quarterly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B6, B7, C0
Fee for Service	Monthly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B6, B7, C0
Fee for Service	Weekly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B5, B6, B7, C0
Fee for Service	Other	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B5, B6, B7, C0
Case Rate	Number of Enrolled Participants	A0, A2, A3, A4, A5, A6, A7, A8, B1, B2, B5, B6, B7, C0
Capitation Rate	Number of Enrolled Participants	A0, A1, A2, A3, A4, A5, A6, A7, A8, B1, B2, B5, B6, B7, C0
Cost Reimbursement	Dollar Note: Only if new operation or if method is required by fund source or law	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B3, B4, B5, B6, B7, C0

13 HCPCS Codes with Modifiers and Covered Services

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
A0160	Transportation of clients for the purpose of access to medical / therapeutic services			28
H0001	Alcohol and/or drug assessment			01, 11
H0001	Alcohol and/or drug assessment	HN	Bachelor's degree level	01, 11
H0001	Alcohol and/or drug assessment	HN, GT	Bachelor's degree level, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	HO	Master's degree level	01, 11
H0001	Alcohol and/or drug assessment	HO, GT	Master's degree level, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	TS	Follow-up service	01, 11
H0001	Alcohol and/or drug assessment	TS, GT	Follow-up service, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	GT	Telemedicine	01, 11
H0002	Behavioral health screening			01, 04, 11, 14
H0003	Alcohol and/or drug screening; screening; laboratory analysis of specimens for presence of alcohol and/or drugs			01, 11, 14
H0004	Behavioral health counseling and therapy, per 15 minutes			14
H0004	Behavioral health counseling and therapy, per 15 minutes	HQ	Group setting	14
H0005	Alcohol and/or drug services; group counseling by a clinician			14
H0007	Alcohol and/or drug services; crisis intervention (Outpatient)			14
H0008	Alcohol and/or drug services; sub-acute detoxification (Hospital Inpatient)			24
H0009	Alcohol and/or drug services; acute detoxification (Hospital Inpatient)			24
H0010	Alcohol and/or drug services; sub-acute detoxification			24

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
	(Residential Addiction Program Inpatient)			
H0011	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Inpatient)			24
H0012	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Outpatient)			24
H0013	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Outpatient)			32
H0014	Alcohol and/or drug services; ambulatory detoxification			32
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education			14
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)			12
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem			18, 19, 20, 21
H0018	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem			18, 19, 20, 21, 39
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			18,19, 20, 21
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)			13
H0022	Alcohol and/or drug intervention service (planned facilitation)			11
H0023	Behavioral health outreach service (planned approach to reach a targeted population)			15
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)			30
H0025	Behavioral health prevention education service			
H0026	Alcohol and/or drug Prevention process service, Community-Based (Delivery of services to develop skills of impactors)			
H0028	Alcohol and/or drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment			
H0029	Alcohol and/or drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol-free social events)			
H0030	Behavioral health hotline service			04, 30
H0031	Mental health assessment, by non-physician			01, 11
H0031	Mental health assessment, by non-physician	HA	Child/adolescent program	01, 11
H0031	Mental health assessment, by non-physician	HM	Less than bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN	Bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN, GT	Bachelor's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	HO	Master's degree level	01, 11
H0031	Mental health assessment, by non-physician	HO, GT	Master's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	TS	Follow-up service	01, 11
H0031	Mental health assessment, by non-physician	TS, GT	Follow-up service, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	GT	Telemedicine	01, 11
H0032	Mental health service plan development by non-physician			01
H0032	Mental health service plan development by non-physician	TS	Follow-up service	01
H0035	Mental health partial hospitalization, treatment, less than 24 hours			04

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes			08, 11, 12, 14, 15
H0038	Self-help/peer services, per 15 minutes			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 26, 29, 30, 40, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FD	FACT Non-Face-To-Face Contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FI	FACT Indirect contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FO	FACT administrative	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0043	Supported housing			26
H0045	Respite care services, not in the home, per diem			22
H0046	Mental health services, not otherwise specified	HE	Mental health program	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 29, 30, 40, 44, 46
H0046	Mental health services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 10, 11, 12, 14, 25, 29, 30, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 11, 12, 14, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood			11, 12, 14
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	HE	Mental health program	11, 12, 14
H2000	Comprehensive multidisciplinary evaluation			01
H2000	Comprehensive multidisciplinary evaluation	HO	Master's degree level	01, 12
H2000	Comprehensive multidisciplinary evaluation	HP	Doctoral level	01, 12
H2000	Comprehensive multidisciplinary evaluation	HP, GT	Doctoral level, Telemedicine	01, 12
H2010	Comprehensive medication services, per 15 minutes			12
H2010	Comprehensive medication services, per 15 minutes	HE	Mental health program	12
H2010	Comprehensive medication services, per 15 minutes	HE, GT	Mental health program, Telemedicine	12
H2010	Comprehensive medication services, per 15 minutes	HF	Substance abuse program	12
H2010	Comprehensive medication services, per 15 minutes	HF, GT	Substance abuse program, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HM	Less than bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HN	Bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO	Master's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO, GT	Master's degree level, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HP	Doctoral level	12
H2010	Comprehensive Medication Services, per 15 minutes	HQ	Group setting	12
H2011	Crisis Intervention Service, per 15 minutes			04, 08, 11, 12, 14, 15
H2012	Behavioral Health Day Treatment, per hour			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 27, 29, 30, 32, 40, 44, 46
H2012	Behavioral Health Day Treatment, per hour	HF	Substance abuse program	01, 02, 04, 05, 06, 07, 08, 11, 12, 14, 15, 22, 25, 27, 29, 30, 32, 44, 46
H2013	Psychiatric Health Facility Service, per diem			03, 09

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
H2014	Skills Training and Development, per 15 minutes			08, 14, 35, 06, 11, 15
H2015	Comprehensive Community Support Services, per 15 minutes	HE	Mental health program	02, 06, 08, 10, 14, 22, 25, 26, 29, 30, 40, 44, 46
H2017	Psychosocial Rehabilitation Services, per 15 minutes			06
H2019	Therapeutic Behavioral Services, per 15 minutes			08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HM	Less than bachelor's degree level	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HN	Bachelor's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HO	Master's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HQ	Group setting	08
H2019	Therapeutic Behavioral Services, per 15 minutes	HR	Family/couple with client present	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HR, GT	Family/couple with client present, Telemedicine	08, 14
H2020	Therapeutic Behavioral services, per diem			19, 20
H2020	Therapeutic Behavioral services, per diem	HA	Child/adolescent program	19, 20
H2020	Therapeutic Behavioral services, per diem	HK	Specialized mental health programs for high-risk populations	19, 20
H2020	Therapeutic Behavioral Services, per diem	HQ	Group setting	19, 20
H2021	Community-Based Wrap-Around Services, per 15 minutes			01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes	HA	Child/adolescent program	01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes,	HM	Less than bachelor's degree level	46
H2025	Ongoing Support to Maintain Employment, per 15 minutes			25
H2027	Psycho-educational Service, per 15 minutes			08, 11, 12, 14, 15
H2028	Sexual Offender Treatment Service, per 15 minutes			14, 30, 44, 46
H2029	Sexual Offender Treatment Service, per diem			14, 30, 44, 46
H2030	Mental Health Clubhouse Services, per 15 minutes			40
H2035	Alcohol and /or drug treatment program per hour			14
H2036	Alcohol and /or drug treatment program per diem			06
H2037	Developmental delay, prevention activities, dependent child of client, per 15 mins.			05
IE001	Incidental Expenses			28
IE100	Incidental Expenses-Psychotropic Medications			28
IE101	Incidental Expenses-IDP Psychotropic Medications			28
IE200	Incidental Expenses-Medication Management Services			28
IE300	Incidental Expenses-Mental Health Counseling			28
IE400	Incidental Expenses-Substance Abuse Services			28
IEA00	Incidental Expenses-Food			28
IEB00	Incidental Expenses-Clothing			28
IEC00	Incidental Expenses-Housing			28
IED00	Incidental Expenses-Utilities			28
IED01	Incidental Expenses-Electricity			28
IED02	Incidental Expenses-Water/Sewer			28
IED03	Incidental Expenses-Telephone			28
IED04	Incidental Expenses-Natural or LP Gas			28
IED05	Incidental Expenses-Heating Oil			28
IEE00	Incidental Expenses-Transportation and Travel			28
IEF00	Incidental Expenses-Primary Care Services			28
IEF01	Incidental Expenses-Dental Services			28
IEF02	Incidental Expenses-Vision Services			28
IEF03	Incidental Expenses-Adjunct Health Services			28
IEF04	Incidental Expenses-Copay			28
IEG00	Incidental Expenses-Service Animal Support			28
IEG01	Incidental Expenses-Purchase of Service Animal			28
IEG02	Incidental Expenses-Service Animal Supplies			28
IEG03	Incidental Expenses-Service Animal Veterinary Services			28
IEH00	Incidental Expenses-Employment Support			28

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
IEH01	Incidental Expenses-Work Tools			28
IEH02	Incidental Expenses-Work Clothes			28
IEI00	Incidental Expenses-Crafts and Hobbies			28
IEJ00	Incidental Expenses-Computers and related items			28
IEJ01	Incidental Expenses-Computer Equipment			28
IEJ02	Incidental Expenses-Printer			28
IEJ03	Incidental Expenses-Software			28
IEJ04	Incidental Expenses-Supplies			28
IEJ05	Incidental Expenses-Internet Service			28
IEK00	Incidental Expenses-Furniture and Home Equipment			28
IEK00	Furniture & Home Equipment			28
IEL00	Incidental Expenses-Education/Training			28
IEM00	Incidental Expenses-Personal Services			28
IEO00	Incidental Expenses-Entertainment			28
IEP00	Incidental Expenses-Fees			28
IEP01	Incidental Expenses-Birth Certificate			28
IEP02	Incidental Expenses-Identification Cards			28
IEP03	Incidental Expenses-Guardianship Fees			28
J0571	Buprenorphine oral [Note: (Ignore the reference to oral in the Long Description. Include Subutex and Probuphine)]			13
J0572	Buprenorphine/naloxone oral [Note: Ignore the reference to oral in the long description. Include Suboxone, Zubsolv and Bunavil]			13
J2315	Injection, naltrexone (Vivitrol), Depot form, 1mg [Note: Ignore the references to route of administration, depot form and milligrams in the long description. If MSOPM is the OCA, only use this code for oral naltrexone, e.g. Revia or Depade]			13
S0201	Partial Hospitalization services, less than 24 hours, per diem			06
S0316	Disease management program, follow-up/reassessment	HF	Substance abuse program	01,12, 29, 44
S0317	Disease management program, per diem	HF	Substance abuse program	32
S3645	HIV-1 Antibody Testing Of Oral Mucosal Transudate			12
S4330	MH Crisis Outreach Services (MH Mobile Crisis Services)			04
S4331	MH Crisis Residential Room and Board is NOT included in this service			03
S5102	Drop in Center	HE	Mental health program	07
S5145	Foster care, therapeutic, child, per diem			20
S5145	Foster care, therapeutic, child, per diem	HE	Mental health program	19
S5145	Foster care, therapeutic, child, per diem	HK	Specialized mental health programs for high-risk populations	04
S5151	Unskilled respite care, not hospice; per diem			22
S9125	Per diem non-residential respite in the home			22
S9485	Acute Crisis Stabilization Unit			03
T1006	Alcohol and/or substance abuse services, family/couple counseling			14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification			01, 04, 12, 14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	TS	Follow-up service	01, 04, 12, 14
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services			11, 14, 16
T1012	Alcohol and/or substance abuse services, skills development			14, 25, 26
T1015	Clinic visit/encounter, all inclusive	HE	Mental health program	12
T1015	Clinic visit/encounter, all inclusive	HF	Substance abuse program	12
T1016	Case management, each 15 minutes			02, 44
T1017	Targeted case management, each 15 minutes			10
T1017	Targeted case management, each 15 minutes	HA	Child/adolescent program	02, 25, 30, 44

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
T1017	Targeted case management, each 15 minutes	HB	Adult program, non-geriatric	02, 25, 30, 44
T1017	Targeted case management, each 15 minutes	HK	Specialized mental health programs for high-risk populations	02, 25, 30, 44
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project, or treatment protocol, per encounter	HE	Mental health program	01, 04, 11
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project, or treatment protocol, per encounter	HF	Substance abuse program	01, 04, 11
T2001	Non-emergency transportation; patient attendant / escort			28
T2002	Non-emergency transportation; per diem			28
T2003	Non-emergency transport; commercial carrier, encounter / trip			28
T2004	Non-emergency transport; commercial carrier, multi-pass			28
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HE	Mental health program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HF	Substance abuse program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HO	Master's degree level	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HQ	Group setting	01
T2011	MH Screening PASARR-2 (5)			01, 14
RB001	Room and Board with Supervision, Level 1			36
RB002	Room and Board with Supervision, Level 2			37
RB003	Room and Board with Supervision, Level 3			38
90801	Psychiatric Evaluation (Evaluation and management) when funded by the state mental health authority			
90834	Evaluation Discharge (Evaluation and management) per diem when funded by the state mental health authority			
90885	Other Psychiatric Services or Procedures			
99211	Established Patient Office or Other Outpatient Services - may not require the presence of a physician or other qualified health care professional.			
99212	Established Patient Office or Other Outpatient Services - requires at least two of these three key components be present in the medical record: <ul style="list-style-type: none"> • A problem focused history • A problem focused examination. • Straightforward medical decision making 			
99213	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in the medical record: <ul style="list-style-type: none"> • An expanded problem focused history • An expanded problem focused examination • Medical decision making of low complexity 			
99214	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in a medical record: <ul style="list-style-type: none"> • A detailed history • A detailed examination • Medical decision making of moderate complexity 			
99220	Evaluation and Management (Initial) Per Diem			
99221	New or Established Patient Initial Hospital Inpatient Care Services			

14 Living Arrangement

Code	Description
Independent Living means the individual is paying (through any source of income) either all costs of living or an equal share of the total cost with others. Just contributing to the cost at less than an estimated equal share is not independent living.	
01	Independent Living - Alone
02	Independent Living – with Relatives
03	Independent Living – with Non-Relatives
Dependent Living means the individual is paying less than an estimated equal share amount of the total combined living expenses.	
04	Dependent Living – with Relatives
05	Dependent Living – with Non-Relatives
Other Living Arrangements	
06	Assisted Living Facility (ALF) Guidance Note: Limited MH-ALF should use Code 17
07	Foster Care/Home
08	Adult Residential Treatment Facility (Group Home)
09	Homeless
10	State Mental Health Treatment Facility (State Hospital)
11	Nursing Home
12	Supported Housing
13	Correctional Facility
14	DJJ Facility
15	Crisis Residence
16	Children Residential Treatment Facility
17	Limited Mental Health Licensed ALF
18	Other Residential Status
99	Not Available or Unknown

15 Modifiers

Code	Description	Guidance
A4	MHFLH – ME MH Florida Hurricane SERG	Legacy only – Not to be used in FASAMS
AD	MHMCT – Mobile Crisis Teams	Legacy only – Not to be used in FASAMS
AH	Clinical Psychologist	To designate the person providing a service is a licensed Clinical Psychologist.
AJ	Clinical Social Worker	To designate the person providing a service is a licensed Clinical Social Worker.
AM	Physician, Team Member Service	To designate the person providing a service is a medical doctor acting as part of a team service.
AN	MSSOR - ME State Opioid Response Services – MAT/Hospital	Legacy only – Not to be used in FASAMS
AP	MS909-SalusCare Wraparound Services	Legacy only – Not to be used in FASAMS
AS	MS914 – DACCO Behavioral Healthcare Expansion MAT	Legacy only – Not to be used in FASAMS
AT	MS915-Westcare Gulf Coast Veterans	Legacy only – Not to be used in FASAMS
AW	MSCBS – Community Based Services	Legacy only – Not to be used in FASAMS
B0	MHA01 - Adult Mental Health 24hr Residential Services	Legacy only – Not to be used in FASAMS
B1	MHA09 - Adult Mental Health Non-Residential Services	Legacy only – Not to be used in FASAMS
B2	MHA18 – Adult Mental Health Crisis Services	Legacy only – Not to be used in FASAMS
B3	MHA25 - Adult Mental Health Prevention Services	Legacy only – Not to be used in FASAMS
B5	MHA72 – Community Forensic Beds	Legacy only – Not to be used in FASAMS
B6	MH073 – Adult Mental Health FACT Team	Legacy only – Not to be used in FASAMS
B8	MHA76 – Indigent Psychiatric Medication Program	Legacy only – Not to be used in FASAMS
BA	MHAPG – Grants PATH	Legacy only – Not to be used in FASAMS
BB	MHATB - Adult Mental Health TANF Eligible	Legacy only – Not to be used in FASAMS
BC	MHC01 - Children Mental Health 24hr Residential Services	Legacy only – Not to be used in FASAMS
BD	MHC09 - Children Non-Residential Services	Legacy only – Not to be used in FASAMS
BE	MHC18 - Children Crisis Services	Legacy only – Not to be used in FASAMS
BF	MHC25 – Children Prevention Services	Legacy only – Not to be used in FASAMS
BH	MHC71 – Residential Treatment for Emotionally Disturbed Children/Youth	Legacy only – Not to be used in FASAMS
BI	MHCBN – Title XXI Children’s Health Insurance Program (Behavioral Health Network)	Legacy only – Not to be used in FASAMS
BJ	MHCMD – Miami Wrap Around Grant	Legacy only – Not to be used in FASAMS
BK	MHCFA – FACES Miami	Legacy only – Not to be used in FASAMS
BL	MSA03 - Adult 24hr Residential Services	Legacy only – Not to be used in FASAMS
BN	MSA21 - Adult Detoxification Services	Legacy only – Not to be used in FASAMS
BO	MSA23 – Adult HIV Services	Legacy only – Not to be used in FASAMS
BP	MSA25 - Adult Prevention Services	Legacy only – Not to be used in FASAMS
BQ	MSA27 – SAPTBG Set-Aside for Pregnant Women and Children	Legacy only – Not to be used in FASAMS
BS	MSA81 – Expansion of Services for Pregnant	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
	Women and their Families	
BT	MSATB - Adult TANF Eligible	Legacy only – Not to be used in FASAMS
BU	MSC03 - Children 24hr Residential Services	Legacy only – Not to be used in FASAMS
BV	MSC11 - Children Non-Residential Services	Legacy only – Not to be used in FASAMS
BW	MSC21 - Children Detoxification Services	Legacy only – Not to be used in FASAMS
BX	MSC23 – Children’s HIV Services	Legacy only – Not to be used in FASAMS
BY	MSC25 - Children Prevention Services	Legacy only – Not to be used in FASAMS
CA	MSCTB - Children TANF Eligible	Legacy only – Not to be used in FASAMS
CB	MSCPP – Partners for Prevention Grant	Legacy only – Not to be used in FASAMS
CC	MSC80 – Informed Families	Legacy only – Not to be used in FASAMS
CD	MHA88 - Guidance Care Center – Key West	Legacy only – Not to be used in FASAMS
CE	MHA93 – Camillus Health Network	Legacy only – Not to be used in FASAMS
CF	MHA94 – Citrus Health Network	Legacy only – Not to be used in FASAMS
CG	MS091 – Family Intensive Treatment (FIT)	Legacy only – Not to be used in FASAMS
CI	MHC87 – BayCare Behavioral Health Children	Legacy only – Not to be used in FASAMS
CJ	MHA90 – Northside Mental Health Center	Legacy only – Not to be used in FASAMS
CK	MHA89 – Clay Behavioral Health Center	Legacy only – Not to be used in FASAMS
CL	MSC95 – DACCO	Legacy only – Not to be used in FASAMS
CM	MHA86 – BayCare Behavioral Health Vets	Legacy only – Not to be used in FASAMS
CN	MHA97 – Crisis Center of Tampa Bay - Adult	Legacy only – Not to be used in FASAMS
CO	MHA26 – EI for SMI and Psych Disorder	Legacy only – Not to be used in FASAMS
CP	MHS51 – Circles of Care Cedar Village	Legacy only – Not to be used in FASAMS
CQ	MHS52 – Circles of Care Crisis Stabilization	Legacy only – Not to be used in FASAMS
CR	Telehealth	N/A
CS	MH010 – Miami-Dade Homeless Trust	Legacy only – Not to be used in FASAMS
CW	MHA92 – Palm Beach MH SA Treatment	Legacy only – Not to be used in FASAMS
CX	MHA93 – Camillus Health Network Homeless	Legacy only – Not to be used in FASAMS
CY	MHA94 – Citrus Health Network	Legacy only – Not to be used in FASAMS
CZ	MHA96 – Jerome Golden Center for Behavioral Health	Legacy only – Not to be used in FASAMS
DA	MHATA – FL Youth Transitions to Adulthood	Legacy only – Not to be used in FASAMS
DB	MHC77- Child at Risk Emotionally Disturbed	Legacy only – Not to be used in FASAMS
DC	MHC87 - BayCare Behavioral Health Child	Legacy only – Not to be used in FASAMS
DD	MSC95 - SA DACCO	Legacy only – Not to be used in FASAMS
DE	MHC98 – ME Salus Care Center - Children	Legacy only – Not to be used in FASAMS
DF	MH819 – Gracepoint Center - Adult	Legacy only – Not to be used in FASAMS
DG	MHRM5 – Renaissance Center - Adult	Legacy only – Not to be used in FASAMS
DH	MS903 – Adult SA Proviso Allocation for Here’s Help	Legacy only – Not to be used in FASAMS
DI	MHS50 – Lifestream - Adult	Legacy only – Not to be used in FASAMS
DJ	MHSMB – Meridian - Adult	Legacy only – Not to be used in FASAMS
DK	MS902 – First Step of Sarasota – Drug Free Babies	Legacy only – Not to be used in FASAMS
DL	MHESP - SOC Expansion and Sustainability Project	Legacy only – Not to be used in FASAMS
DM	MHTRV – ME Transition Vouchers-MH	Legacy only – Not to be used in FASAMS
DN	MH011 - Stewart Marchman Behavioral Healthcare	Legacy only – Not to be used in FASAMS
DO	MH0CN – ME MH Care Coordination-Direct Client Services	Used to identify persons in care coordination while using other funds, i.e. GR

Code	Description	Guidance
DP	MH031 - David Lawrence Center Behavioral Health Services	Legacy only – Not to be used in FASAMS
DQ	MH032 - BayCare Behavioral Health Veterans Intervention Program	Legacy only – Not to be used in FASAMS
DR	MH037 - Fort Myers Salvation Army Behavioral Health Services	Legacy only – Not to be used in FASAMS
DS	MSTRV – Transition Vouchers-SA	Legacy only – Not to be used in FASAMS
DT	MH047- Lakeview Center – MH & SA Adult	Legacy only – Not to be used in FASAMS
DU	MH050 - Specialized Treatment, Education and Prevention Services (STEPS)	Legacy only – Not to be used in FASAMS
DV	MSOCN – ME SA Care Coordination Direct Client Services	Used to identify persons in care coordination while using other funds, i.e. GR
DW	MH061 - Northside Mental Health Center	Legacy only – Not to be used in FASAMS
DX	MH0FH – Community Forensic Multidisciplinary Teams for Hospital Diversion	Legacy only – Not to be used in FASAMS
DY	MHDRF - ME Disability Rights Florida - Mental Health	Legacy only – Not to be used in FASAMS
EA	MH0PL - ME Project Launch Project	Legacy only – Not to be used in FASAMS
EB	MS0JG - Special Services for Jerome Golden Center - Substance Abuse	Legacy only – Not to be used in FASAMS
EC	MHSCR – ME Centralized Receiving Facilities- MH & SA, Adult and Children	Legacy only – Not to be used in FASAMS
ED	MHS55 – Circles of Care Geropsychiatric Care – Adult MH	Legacy only – Not to be used in FASAMS
EE	ME MH Community Action Teams (CAT)	Legacy only – Not to be used in FASAMS
EF	MHTMH – Civil Transitional Beds for MH	Legacy only – Not to be used in FASAMS
EG	MHFMH – Forensic Transitional Beds for MH	Legacy only – Not to be used in FASAMS
EH	MHSFP - MH For Profit Contracting	Legacy only – Not to be used in FASAMS
EI	MSSFP - SA For Profit Contracting	Legacy only – Not to be used in FASAMS
EJ	MHSOC - MH System of Care	Legacy only – Not to be used in FASAMS
EK	MS0PM – Opioid Crisis Grant - STR	Legacy only – Not to be used in FASAMS
EL	Apalachee Center Forensic Treatment Svcs	Legacy only – Not to be used in FASAMS
EM	Bridgeway Emergency Mobile Access Team	Legacy only – Not to be used in FASAMS
EN	MS906 - Opioid Addiction Recovery Peer Pilot – Manatee County	Legacy only – Not to be used in FASAMS
EO	Orlando Emergency Crisis Counseling Svcs	Legacy only – Not to be used in FASAMS
EP	SA Memorial Reg. Hosp. Maternal Addiction Treatment Program	Legacy only – Not to be used in FASAMS
EQ	New Hope Residential SAMH Treatment Project	Legacy only – Not to be used in FASAMS
ER	MH013 – MH UCF PTSD Clinic for Vets	Legacy only – Not to be used in FASAMS
ES	MH015 - ME MH Jewish Family Svc Suncoast	Legacy only – Not to be used in FASAMS
ET	MH016 - ME MH PEMHS CSU	Legacy only – Not to be used in FASAMS
EU	MHEMP - ME MH Supported Employment Svcs	Legacy only – Not to be used in FASAMS
EV	MS0PH - FL Targeted Opioid Crisis - Hospital	Legacy only – Not to be used in FASAMS
EY	MS905 – ME SA Opioid Abuse Pilot Project – Palm Beach	Legacy only – Not to be used in FASAMS
FA	MH014 - Starting Point Behavioral Healthcare - MH	Legacy only – Not to be used in FASAMS
	FACT Non-Face-to-face contact	To designate a service provided by a FACT team when working with

Code	Description	Guidance
FD		the client, but not face-to-face, i.e., telephone contact with the client.
FI	FACT Indirect contact	To designate a service provided by a FACT team on behalf of the client not directly involving the client, i.e., discussion with a family member or employer.
FJ	MS011-Ambulatory/Community Non-24 Hour Care	Legacy only – Not to be used in FASAMS
FO	FACT administrative	To designate a service done on behalf of a client and not involving the client. This includes travel, paperwork, and other administrative duties as required.
FP	MSSOP - ME State Opioid Response Disc Grant Svcs – Prevention	Legacy only – Not to be used in FASAMS
FQ	MH018-CSU/Baker Act Inpatient Services	Legacy only – Not to be used in FASAMS
GI	For the GAIN-I	
GM	For the GAIN-M	
GQ	For the GAIN-Q	
GT	Telemedicine	To designate that a service was provided through the use of telemedicine.
HA	Child/adolescent program	To designate services designed for children and/or adolescents. Specific age boundaries are not specified to allow for variation in states.
HB	Adult program, non-geriatric	To designate services designed for adults. Changed to non-geriatric.
HC	Older adult programs, geriatric	To designate services designed for older (geriatric) adults. Changed to geriatric.
HD	Pregnant/parenting women's program	To designate services designed for pregnant women or women with dependent children.
HE	Mental health program	To designate that a procedure is associated with a program specifically designed to provide mental health services.
HF	Substance abuse program	To designate that a procedure is associated with a program specifically designed to provide substance abuse services.
HH	Integrated mental health / substance abuse program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and substance abuse services.
HI	Integrated mental health and mental retardation / developmental disabilities program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and mental retardation/developmental disability services.
HJ	Employee Assistance Program	To designate that a procedure is associated with an employee assistance program.
HK	Specialized mental health Programs for high risk populations	To designate that a procedure is associated with a program specifically designed to address the mental health needs specific to high risk populations.
HL	Intern	The rendering provider is a social worker intern or psychologist intern. (Interns are reimbursed at different rates than the supervising provider under whose number a claim is submitted.
HM	Less than bachelor's degree level	The rendering provider has an educational attainment less than a bachelor's degree.
HN	Bachelor's degree level	The rendering provider has a highest educational attainment of a bachelor's degree.
HO	Master's degree level	The rendering provider has a highest educational attainment of a master's degree.

Code	Description	Guidance
HP	Doctoral level	The rendering provider has a highest educational attainment of a doctoral degree.
HQ	Group indicator	To designate services provided to more than one client during a single treatment event, such that clients have no particular relationship.
HR	Family/couple, with client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HS	Family/couple, without client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HT	Multi-disciplinary Team	To designate a service that is provided by multiple providers of different disciplines.
HU	Funded by Child Welfare Agency	To indicate that the service is funded by funds appropriated of a child welfare agency.
HV	Funded by State Addictions Agency	To indicate that the service is funded by funds appropriated of a state addictions agency.
HW	Funded by State Mental Health Agency	To indicate that the service is funded by funds appropriated of a state mental health agency.
HX	Funded by County/Local Agency	To indicate that the service is funded by funds appropriated of a county or local agency.
HY	Funded by Juvenile Justice Agency	To indicate that the service is funded by a juvenile justice agency.
HZ	Funded by Criminal Justice Agency	To indicate that the service is funded by a criminal justice agency.
H9	Court-ordered	To indicate that the service was ordered by a court.
I1	MS911- ME Phoenix Affiliates-Family Stabiliz for Opioid	Legacy only – Not to be used in FASAMS
MT	Multi-disciplinary treatment team	To designate services provided by a multi- disciplinary treatment team.
OS	Service Related to 2010 Gulf Oil Spill	Not valid after September 2012.
R1	First Bed Day (Residential Admission Day)	This indicates the beginning of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R2	Continuing Bed Day	This indicates continuing residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R3	Last Bed Day	This indicates the end of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
SP	For Special Projects	
S1	Buprenorphine Mono	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Mono medication, regardless of fund source for the medication.
S2	Methadone	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Methadone medication, regardless of fund source for the medication.
S3	Naltrexone Injectable	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Naltrexone Injectable medication, regardless of fund source for the medication.
S4	Buprenorphine Combo	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Combo medication,

Code	Description	Guidance
		regardless of fund source for the medication.
S5	Naltrexone Oral	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Naltrexone oral medication, regardless of fund source for the medication.
S6	Buprenorphine Extended-Release Injection (Sublocade)	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Extended-Release Injection (Sublocade) medication, regardless of fund source for the medication.
TD	Registered Nurse	To designate the person providing a service is a Registered Nurse.
TE	LPN/LVN	To designate the person providing a service is a licensed practical nurse or a licensed vocational nurse.
TN	Rural/out of service area	To indicate that the service was delivered in a rural area.
TS	Follow-up service	To indicate that the service is a follow-up to previously provided services.
UK	Collateral	To designate services provided to a collateral of a client. A collateral person is a spouse, child, parent, or other person adversely affected by someone else's substance abuse problem.
10	27CHV – Children IV	Legacy only – Not to be used in FASAMS
11	27HIV – IV Drug Usage	Legacy only – Not to be used in FASAMS
12	27WOM – Services to Women	Legacy only – Not to be used in FASAMS
13	89Q01-BNET	Legacy only – Not to be used in FASAMS
14	89Q13-BNET	Legacy only – Not to be used in FASAMS
15	CFBAS – Comm Forensic Beds	Legacy only – Not to be used in FASAMS
16	DPG08 – Indigent Drug Program	Legacy only – Not to be used in FASAMS
17	GJDT1 - Jail Diversion and Trauma Recovery	Legacy only – Not to be used in FASAMS
18	GX018 - PATH	Legacy only – Not to be used in FASAMS
19	SB004 - Screening Intervention	Legacy only – Not to be used in FASAMS
20	SP503 - Family Emergency Treatment Center - Manatee	Legacy only – Not to be used in FASAMS
21	SP505 - Charlotte County CMH Center	Legacy only – Not to be used in FASAMS
22	SP511 - SRT - Hillsborough	Legacy only – Not to be used in FASAMS
23	SP516 - Cooper CSU	Legacy only – Not to be used in FASAMS
24	SP525 - Family Emergency Treatment Ctr - Pinellas	Legacy only – Not to be used in FASAMS
25	SP542 - CSU District 08	Legacy only – Not to be used in FASAMS
26	SP553 - Family Emergency Treatment Ctr - Sarasota	Legacy only – Not to be used in FASAMS
27	SP560 - Ruth Cooper CSU - Lee	Legacy only – Not to be used in FASAMS
	SP611 - Adol Res SA Tx Facility	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
28		
29	SP645 - Phoenix House	Legacy only – Not to be used in FASAMS
30	SP646 - First Step Mother/Infants	Legacy only – Not to be used in FASAMS
31	SP647 - DACCO	Legacy only – Not to be used in FASAMS
32	SP651 - First Step Mother/Infants	Legacy only – Not to be used in FASAMS
33	SPRM5 - Orange County Receiving Center	Legacy only – Not to be used in FASAMS
34	WO027 - Title IV B	Legacy only – Not to be used in FASAMS
35	HCR – Haitian Community Response Mental	Legacy only – Not to be used in FASAMS
36	HCR – Haitian Community Response Substance Abuse	Legacy only – Not to be used in FASAMS
37	FACES – Wraparound Project	Legacy only – Not to be used in FASAMS
38	MHC - CSU	
39	CARED	
40	Expanded Pregnant Women	
41	MHC Forensic	
42	FACES Miami	Legacy only – Not to be used in FASAMS
43	PRTS	
44	FIS	
49	Family Intensive Treatment (FIT)	Local use. Legacy only – Not to be used in FASAMS
50	FACT	Indicates FACT Services (for use in Modifier 3) Legacy only – Not to be used in FASAMS
52	Opioid - Non-Grant Funded - SFBHN	Legacy only – Not to be used in FASAMS
53	Pinellas CJMHSA Reinvestment Grant	Legacy only – Not to be used in FASAMS
54	Polk Helping Hands	Legacy only – Not to be used in FASAMS
55	Northside County Residential Beds	Legacy only – Not to be used in FASAMS
56	Hillsborough Substance Abuse Evaluations	Legacy only – Not to be used in FASAMS
57	Foundation for Healthy St. Pete	Legacy only – Not to be used in FASAMS
58	Hillsborough Post Release Treatment	Legacy only – Not to be used in FASAMS
90	Suncoast C-10 Providers	Legacy only – Not to be used in FASAMS
91	Carry Forward Funding FY 13-14	Local Use
92	Carry Forward Funding FY 14-15	Local Use
93	Carry Forward Funding FY 15-16	Local Use
94	Carry Forward Funding FY 16-17	Local Use
95	Carry Forward Funding FY 17-18	Local Use
96	Carry Forward Funding FY 18-19	Local Use

16 Outcome Measure

Program Area	Code	Description
Adult Mental Health	MH003	Average annual days worked for pay for adults with severe and persistent mental illness.
Adult Mental Health	MH703	Percent of adults with serious mental illness who are competitively employed.
Adult Mental Health	MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.
Adult Mental Health	MH743	Percent of adults in forensic involvement who live in stable housing environment.
Adult Mental Health	MH744	Percent of adults in mental health crisis who live in stable housing environment.
Adult Substance Abuse	SA753	Percentage change in clients who are employed from admission to discharge.
Adult Substance Abuse	SA754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.
Adult Substance Abuse	SA755	Percent of adults who successfully complete substance abuse treatment services.
Adult Substance Abuse	SA756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.
Child Mental Health	MH012	Percent of school days seriously emotionally disturbed (SED) children attended.
Child Mental Health	MH377	Percent of children with emotional disturbances (ED) who improve their level of functioning.
Child Mental Health	MH378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning.
Child Mental Health	MH778	Percent of children with emotional disturbance (ED) who live in a stable housing environment.
Child Mental Health	MH779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment.
Child Mental Health	MH780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment.
Child Substance Abuse	SA725	Percent of children who successfully complete substance abuse treatment services.
Child Substance Abuse	SA751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.
Child Substance Abuse	SA752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.

17 Referral Source

Code	Description	Code	Description
01	Individual	22	Methadone Clinic
02	Family or friends	23	Addiction Receiving Facility
03	Juvenile Justice (all components excluding TASC or similar entity)	24	Detoxification
04	County Public Health Unit	25	Intensive Inpatient Treatment

Code	Description	Code	Description
05	School (Education)	26	Residential Treatment (Adult)
06	Employer/Employee Assistance Program (EAP)	27	Day or Night Treatment
07	TASC (Assessment Centers)	28	Intensive Outpatient Treatment
08	Probation/Parole/Controlled	29	Outpatient Treatment
09	DUI/DWI	30	Aftercare
10	Pretrial	31	Intervention
11	Prison/Jail	32	Prevention
12	CINS/FINS	33	Assisted Living Facility
13	Outreach Program	34	Crisis Stabilization Unit
14	DCF/SAMH Regional Office	35	Short Term Residential Treatment Facility
15	Medical Hospital	36	Residential Treatment for Children/Adolescent
16	State Mental Health Treatment Facility	37	Transitional Living Facility
17	Physician/Doctor	38	Licensed Professional
18	Law Enforcement	39	Receiving Facility
19	Child Welfare	40	Other Social Service/Health/ Community entities
20	Religious Organization	41	Other Court Order/Recognized Legal Entity
21	Shelter	99	None of the Above

18 Service Category

Code	Description	Program Area
1	Crisis Care	Adult Mental Health, Child Mental Health
2	Detoxification	Adult Substance Abuse, Child Substance Abuse
3	Injecting Drug Users	Adult Substance Abuse
4	Outpatient Care	Adult Mental Health, Child Mental Health, Adult Substance Abuse, Child Substance Abuse
5	Peer Support Services	Adult Mental Health, Adult Substance Abuse
6	Prevention	Child Substance Abuse
7	Residential Care	Adult Mental Health, Child Mental Health, Adult Substance Abuse, Child Substance Abuse
8	State Hospital Discharges	Adult Mental Health
9	Women's Specific Services	Adult Substance Abuse

19 Staff Identifier Education/Credential Level

Code	Name	Description
01	Non-Degree Trained Technician	
02	AA Degree Trained Technician	
03	BA/BS	Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
04	MA/MS	Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
05	Licensed Practitioner of the Healing Arts	MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, and marriage and family therapists.
06	PhD/PsyD/Ed.D	Licensed psychologist
07	MD/DO	Board Certified
08	Certified Master's Level Addiction Professional (MCAP)	The MCAP is a master's level professional substance abuse credential for people who assess, develop, and provide substance abuse treatment services and plans. Individuals holding the MCAP are recognized/hold practice rights of "qualified professionals" per Chapter 397, F.S. and may make a substance use disorder diagnosis in programs billed under Florida's Medicaid State Plan only. If the person has a co-occurring mental health condition, the MCAP can only give a diagnostic impression. For non-Medicaid funded substance abuse services, the MCAP can only provide a diagnostic impression (unless licensed).
09	Certified Addiction Professional (CAP)	The CAP is a professional substance abuse credential for people who assess, develop, and provide substance abuse treatment services and plans. Individuals holding the CAP are recognized/hold the practice rights of "qualified professionals" per Chapter 397, F.S. The CAP can only render a diagnostic impression.
10	Certified Addiction Counselor (CAC)	The CAC is an intermediate substance abuse credential for people who work side-by-side with clinical staff to develop and implement client treatment plans, as well provide specified substance abuse treatment services.
11	Certified Recovery Support Specialist (CRSS)	The CRSS is an entry-level credential for people who use their lived experience and skills learned in training to help others achieve and maintain recovery from substance use disorders
12	Certified Mental Health Professional (CMHP)	The CMHP is a professional credential for an unlicensed mental health practitioner with advanced related education and on-the-job experience providing direct services to clients in both inpatient and outpatient mental health treatment settings. The CMHP credential is a designation of professional competency and does not grant practice rights under state statute.

Code	Name	Description
13	Certified Recovery Peer Specialist: Adult (CRPS-A), Family (CRPS-F), Veteran (CRPS-V), or Youth (CRPS-Y)	<p>The CRPS is an entry-level credential for people who use their lived experience and skills learned in training to help others build mind-body recovery and resiliency skills related to mental health and/or substance use conditions.</p> <ul style="list-style-type: none"> • Adults (CRPS-A) - An individual with lived experience as an adult in recovery for a minimum of 2-years from a mental health and/or substance use condition. • Family (CRPS-F) - An individual with lived experience as a family member or caregiver to another person who is living with a mental health and/or substance use condition. • Veteran (CRPS-V) - An individual with lived experience as a veteran of any branch of the armed forces who is in recovery for a minimum of 2-years from a mental health and/or substance use condition. • Youth (CRPS-Y) - An individual, between the ages of 18-29, with lived experience as a person who between the ages of 14 and 25 experienced a significant life challenge and is now living a wellness and/or recovery-oriented lifestyle for a least 2 years.
14	Certified Behavioral Health Technician (CBHT)	The CBHT designation is an entry-level credential for person's who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, inpatient settings, or community-based programs.
97	Unknown	

20 State/Province

Code	Name	Code	Name	Code	Name
AK	Alaska	MD	Maryland	SC	South Carolina
AL	Alabama	ME	Maine	SD	South Dakota
AR	Arkansas	MI	Michigan	TN	Tennessee
AZ	Arizona	MN	Minnesota	TX	Texas
CA	California	MO	Missouri	UT	Utah
CO	Colorado	MS	Mississippi	VA	Virginia
CT	Connecticut	MT	Montana	VT	Vermont
DC	District of Columbia	NC	North Carolina	WA	Washington
DE	Delaware	ND	North Dakota	WI	Wisconsin
FL	Florida	NE	Nebraska	WV	West Virginia
GA	Georgia	NH	New Hampshire	WY	Wyoming
HI	Hawaii	NJ	New Jersey	AS	American Samoa
IA	Iowa	NM	New Mexico	FM	Federated States of Micronesia
ID	Idaho	NV	Nevada	GU	Guam

Code	Name	Code	Name	Code	Name
IL	Illinois	NY	New York	MH	Marshall Islands
IN	Indiana	OH	Ohio	MP	Northern Mariana Islands
KS	Kansas	OK	Oklahoma	PR	Puerto Rico
KY	Kentucky	OR	Oregon	PW	Palau
LA	Louisiana	PA	Pennsylvania	VI	Virgin Islands
MA	Massachusetts	RI	Rhode Island		

21 Substance Use Disorder

Code	Category	Name
01		None
02	ALCOHOL	Alcohol
03	STIMULANTS	Crack Cocaine (use smoking for route)
04	HALLUCINOGENS – PSYCHEDELICS	Marijuana/Hashish
05	OPIATES and OPIOIDS	Heroin
06	OPIATES and OPIOIDS	Non-Prescription Methadone
07	OPIATES and OPIOIDS	Other Opiates or Opioids
08	HALLUCINOGENS – PSYCHEDELICS	PCP-Phencyclidine
09	HALLUCINOGENS – PSYCHEDELICS	Other Hallucinogens/Psychedelics
10	STIMULANTS	Methamphetamines
11	STIMULANTS	Other Amphetamines
12	STIMULANTS	Other Stimulants
13	BENZODIAZEPINES	Other Benzodiazepines
14	BENZODIAZEPINES	Other Tranquilizers
15	BARBITURATES	Other Barbiturates
16	OTHER SEDATIVES	Other Sedatives/Hypnotics
17	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Inhalants
18	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Over-the-Counter
19	STIMULANTS	Ice
20	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Other
22	STIMULANTS	Other Cocaine
23	OPIATES and OPIOIDS	Morphine (Avinza, Kadian, MS Contin, Oramorph)
24	OPIATES and OPIOIDS	Methadone (Dolophine, Methadose)

Code	Category	Name
25	OPIATES and OPIOIDS	Codeine
26	OPIATES and OPIOIDS	D-Propoxyphene
27	OPIATES and OPIOIDS	Oxycodone
28	OPIATES and OPIOIDS	Meperidine HCL
29	OPIATES and OPIOIDS	Hydromorphone (Dilaudid, Exalgo, Hydrostat)
30	OPIATES and OPIOIDS	Other Narcotic Analgesics
31	OPIATES and OPIOIDS	Pentazocine (Talwin, Talacen)
32	OPIATES and OPIOIDS	Hydrocodone
33	OTHER SEDATIVES	Carisoprodol (Soma, Soproval, Vanadom)
34	OPIATES and OPIOIDS	Butorphanol (Stadol)
35	HALLUCINOGENS – PSYCHEDELICS	LSD
36	STIMULANTS	Methylphenidate (Ritalin, Concerta, Metadate)
37	HALLUCINOGENS – PSYCHEDELICS	Methylenedioxymethamphetamine (MDMA)
38	STIMULANTS	Ephedrine
39	BENZODIAZEPINES	Alprazolam (Xanax, Niravam)
40	BENZODIAZEPINES	Chlordiazepoxide (Librium, H-Tran, Libritabs)
41	BENZODIAZEPINES	Clorazepate (Tranxene, Genxene)
42	BENZODIAZEPINES	Diazepam (Valium, Valrelease)
43	BENZODIAZEPINES	Flurazepam (Dalmane)
44	BENZODIAZEPINES	Lorazepam (Ativan)
45	BENZODIAZEPINES	Triazolam
46	BARBITURATES	Phenobarbital (Phenobarbitone, Solfoton)
47	BARBITURATES	Amobarbital (Amylobarbitone, Amytal)
48	BARBITURATES	Secobarbital (Seconal)
50	OTHER SEDATIVES	Glutethimide (Doriden)
51	OTHER SEDATIVES	Methaqualone (Quaalude, Sopor)
52	OTHER SEDATIVES	Other Non-Barbiturate Sedatives
53	BENZODIAZEPINES	Flunitrazepam (Rohypnol)
54	OTHER SEDATIVES	GHB/GBL (Gamma-Hydroxybutyric Acid, Gamma-Butyrolactone)
55	HALLUCINOGENS – PSYCHEDELICS	Ketamine (Ketalar, Ketanest, Ketaset)
56	BENZODIAZEPINES	Clonazepam (Klonopin, Ceberclon, Valpax)
57	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Aerosols
58	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Alkyl Nitrates

Code	Category	Name
59	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Solvents
60	OTHER SEDATIVES	Diphenhydramine
61	HALLUCINOGENS – PSYCHEDELICS	Dextromethorphan
62	OPIATES and OPIOIDS	Diphenoxylate (Lomotil)
63	BARBITURATES	Methylphenobarbital (Mephobarbital, Mebaral)
64	BENZODIAZEPINES	Estazolam (ProSom, Eurodin)
65	BENZODIAZEPINES	Bromazepam (Bromazanyl)
66	BENZODIAZEPINES	Halazepam (Paxipam)
67	BENZODIAZEPINES	Medazepam (Rudotel)
68	BENZODIAZEPINES	Nitrazepam (Mogadan)
69	BENZODIAZEPINES	Oxazepam (Serax)
70	BENZODIAZEPINES	Prazepam (Centrax)
71	BENZODIAZEPINES	Quazepam (Doral)
72	BENZODIAZEPINES	Temazepam (Restoril)
73	OTHER SEDATIVES	Chloral Hydrate (Somnote, Aquachloral Suppnettes)
74	OTHER SEDATIVES	Eszopiclone (Lunesta)
75	OPIATES and OPIOIDS	Opium
76	BARBITURATES	Barbital
77	BARBITURATES	Butabarbital
78	BARBITURATES	Butalbital
79	BARBITURATES	Pentobarbital (Pentobarbitone)
80	OTHER SEDATIVES	Meprobamate
81	OTHER SEDATIVES	Zaleplon
82	OTHER SEDATIVES	Zolpidem
83	OPIATES and OPIOIDS	Buprenorphine
84	OPIATES and OPIOIDS	Fentanyl
85	OPIATES and OPIOIDS	Levo-Alphacetylmethadol (LAAM)
86	OPIATES and OPIOIDS	Oxymorphone
87	OPIATES and OPIOIDS	Propoxyphene
88	OPIATES and OPIOIDS	Tramadol
89	STIMULANTS	Benzphetamine
90	STIMULANTS	Dexmethylphenidate
91	STIMULANTS	Diethylpropion
92	STIMULANTS	Khat (Cathinone)

Code	Category	Name
93	STIMULANTS	Lisdexamfetamine
94	STIMULANTS	Mazindol
95	STIMULANTS	Phenmetrazine
96	STIMULANTS	Methcathinone
97	STIMULANTS	Pemoline
98	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Presenting At-Risk
99	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Presenting Substance Abuse Problem, Not Confirmed
1A	STIMULANTS	Phendimetrazine
1B	STIMULANTS	Phentermine
1C	STIMULANTS	Propylhexedrine
1D	STIMULANTS	Nicotine
1E	STIMULANTS	Methamphetamine - Pharmaceutical
1F	STIMULANTS	Caffeine
1G	HALLUCINOGENS – PSYCHEDELICS	1,4-Butanediol
1H	HALLUCINOGENS – PSYCHEDELICS	4-Methoxyamphetamine (PMA)
1I	HALLUCINOGENS – PSYCHEDELICS	4-Methyl-2,5-Dimethoxyamphetamine (DOM)
1J	HALLUCINOGENS – PSYCHEDELICS	5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
1K	HALLUCINOGENS – PSYCHEDELICS	Alpha-Ethyltryptamine
1L	HALLUCINOGENS – PSYCHEDELICS	Dimethyltryptamine (DMT)
1M	HALLUCINOGENS – PSYCHEDELICS	Ibogaine
1N	HALLUCINOGENS – PSYCHEDELICS	Mescaline or Peyote
1O	HALLUCINOGENS – PSYCHEDELICS	Methylenedioxyamphetamine (MDA)
1P	HALLUCINOGENS – PSYCHEDELICS	Psilocybin or Psilocin
1Q	HALLUCINOGENS – PSYCHEDELICS	Salvia Divinorum or Salvinorin A
1R	HALLUCINOGENS – PSYCHEDELICS	Synthetic Cannabinoids
1S	STIMULANTS	Synthetic Cathinones
1T	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Acetone
1U	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Computer Duster
1V	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Cyclohexanone
1W	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Diethyl Ether (Ether)
1X	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Ethyl Acetate
1Y	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	EthyleneGlycol Monomethyl Ether Acetate

Code	Category	Name
1Z	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Freon, Helium or Xenon
2A	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Gasoline, Lighter Fluid, Butane, Kerosene, Propane
2B	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Glue or Other Adhesives
2C	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Hexane
2D	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Isopropanol
2E	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Methyl Ethyl Ketone
2F	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Methyl Isobutyl Ketone
2G	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Nitrous Oxide
2H	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Toluene
2I	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Toluol
2J	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Trichloroethane or Trichloromethane
2K	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Trichloroethylene
2L	STIMULANTS	Amphetamine and Dextroamphetamine (Damphetamine)
2M	STIMULANTS	Dextroamphetamine (d-amphetamine)
2N	STIMULANTS	Alpha-PVP (Flakka or Gravel)
2O	OPIATES and OPIOIDS	Kratom ((Ketum or Mitragyna Speciosa)
2P	BENZODIAZEPINES	Etizolam (Etilaam, Etizest, Etidev, Etizola, Sedekopan, Pasaden or Depas)
2Q	OTHER SEDATIVES	Ethchlorvynol (Placidyl)
2R	OTHER SEDATIVES	Diphenylhydantoin (Dilantin)