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## Florida Department of Children and Families

### Substance Abuse and Mental Health

### Financial and Services Accountability Management System (FASAMS)

### Pamphlet 155-2 Chapter 5 Treatment Episode Data

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# 1 General Information and Policies

## 1.1 Terms and Acronyms

The following table provides a list of business and technical acronyms/terms used in this document.

Acronym/Term	Definition
ADA	<b>Americans with Disabilities Act (ADA)</b>
AMH	Adult Mental Health
DCF	Department of Children and Families
FASAMS	Financial and Services Accountability Management System
FEIN	Federal Tax Identification Number
GAA	General Appropriations Act
GUID	Globally unique identifier is a 32 hexadecimal digit unique reference number used as an identifier in computer software.
IDEA	Individuals with Disabilities Education Act
ME	Managing Entity
MH	Mental Health
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
TANF	Temporary Assistance for Needy Families (TANF)
TEDS	Treatment Episode Data Set
TEDS MDS	Treatment Episode Data Set Minimum Data Set
TEDS MHA	Treatment Episode Data Set Mental Health Admission Data Set
TEDS NOM	Treatment Episode Data Set National Outcome Measure
TEDS SuDS	Treatment Episode Data Set Supplemental Data Set
XML	In computing, Extensible Markup Language (XML) is a markup language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable.

## 1.2 Submitting Treatment Episode Data

Treatment episode data must be submitted for all individuals who meet the criteria for priority population and are eligible to receive substance use and/or mental health treatment services whose cost of care is funded, in whole or in

part, by DCF funds (e.g. Substance Abuse and Mental Health (SAMH), Temporary Assistance for Needy Families (TANF), Local Match and Title 21).

Treatment episode data must be submitted prior to submitting service events. Also, the individual demographic information and the Provider information must already exist in FASAMS.

Managing Entities (ME) must require each Provider that has a contract with the ME to submit treatment episode data directly to the Managing Entity. Managing Entities will validate and submit the data from each subcontracted Provider to DCF.

Providers that have a direct contract with DCF and state mental health treatment facilities are required to submit treatment episode data directly to DCF.

FASAMS must be updated whenever any record in the Provider treatment episode (e.g., admission, diagnosis, discharge, evaluation) needs to be added, changed, or removed.

### 1.2.1 Admission Definition

- For individuals receiving substance use treatment, an admission is defined as the formal acceptance of an individual who meets the criteria for substance abuse priority population and is eligible to receive treatment and services in substance abuse programs funded in whole or in part by DCF. A substance use admission has occurred if, and only if, the individual is formally admitted into treatment. An individual who receives only substance use evaluation, screening, or assessment and is not formally admitted into treatment, must be reported as an immediate discharge.
- For individuals receiving mental health treatment, an admission is defined as a formal acceptance of an individual who meets the criteria for mental health priority population and is eligible to receive treatment and services in mental health programs funded in whole or in part by DCF. A mental health admission has occurred if, and only if, the individual is formally admitted into treatment. An individual who receives only a mental health evaluation, screening, or assessment and is not formally admitted into treatment, must be reported as an immediate discharge.

### 1.2.2 Admission

The ProviderClient admission into a program is to be reported to FASAMS as the Admission for the individual. A performance outcome measure record is required to accompany the admission. These values will serve as the baseline for pre-post outcome comparisons.

If the individual transfers to another Provider and will no longer be receiving services at the original Provider, or if the individual is no longer receiving services from the original Provider, then a discharge must be recorded, thus ending the treatment episode at the Provider.

### 1.2.3 Placement Record

When an individual is initially admitted to FASAMS, a Placement Record must be created under the Admission record. All client-specific services that are not an ImmediateDischarge must be associated with a Placement Record.

When an individual has a Placement change within the Provider, a new *Placement Record* with the new PlacementCode must be recorded.

A Placement Record end date is not required at the time a Placement Record is submitted. This allows an individual to be in multiple Placement Records with the Provider at the same time. When the discharge from the Provider is submitted, all Placement Records under the Admission must have an end date.

### 1.2.4 Performance Outcome Measures

A new performance outcome measurement (POM) must be completed for an admission and discharge from the Provider. A new POM is to be submitted at Admission and every 90 days thereafter until Discharge with the submission of the final POM (unless the DischargeReasonCode is 3 or 6). The Performance Outcome Measure section further defines performance outcome measures, including the rules for recording and submitting data pertaining to various performance outcome measure subsections.

### 1.2.5 Discharge

A discharge is defined as the termination of services from a particular service Provider, whether or not the individual's treatment episode will continue with a different service Provider. Services within a Provider may be terminated for many reasons including, but not limited to, treatment program completion or the individual's inability to continue treatment because of death, incarceration, or other life circumstances. The discharge section below further defines the discharge record fields, including the rules for recording and submitting the discharge data.

### 1.2.6 Diagnosis

At least one new diagnosis record is required for the admission record. Additionally, if new diagnoses are identified during treatment, they may be sent as additional diagnosis records, associated with the admission record. A diagnosis record may also be required if the individual is re-diagnosed at discharge with a new substance use and/or new mental health disorder. The diagnosis section below further defines the diagnosis record fields, including the rules for recording and submitting the diagnosis data.

### 1.2.7 Evaluation

An evaluation record is required either before or after the admission occurs. When new evaluations are conducted during treatment, they must be submitted as additional evaluation records, associated with the admission record. The frequency of reporting requirements is dependent upon the tool. POM and Evaluation are not equivalent data points. Evaluations and assessments will occur as they will. POM is a requirement for specific data required for Federal reporting. The evaluation section below further defines the various types of evaluations that may be submitted, and the rules for recording and submitting data for each evaluation record type.

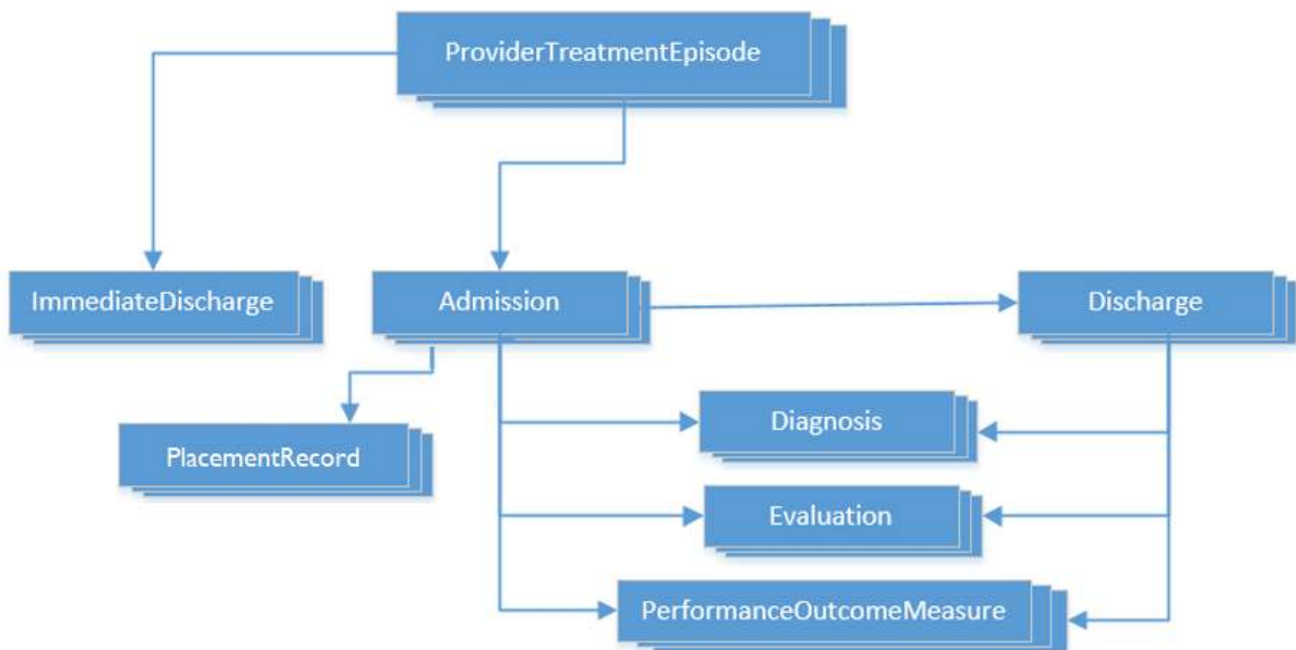
### 1.2.8 Immediate Discharge

Immediate discharge occurs when an individual is evaluated as part of the intake or admission process and is immediately discharged for various reasons, rather than formally admitted. Under this circumstance, the discharge record is to be recorded and submitted as an immediate discharge. The immediate discharge section below further defines the immediate discharge record fields, including the rules for recording and submitting the immediate discharge data.

Service Events will still be submitted directly to an ImmediateDischarge in the event of an immediate discharge. A placement record is to not be created under an Immediate Discharge.

### 1.3 Treatment Episode Domain Diagram

The following diagram and table depict the relationships between all objects in the Treatment Episode domain in the FASAMS data warehouse. Each of the objects below is an entity within the Treatment Episode domain.



### 1.4 Crosswalk to SAMHIS Data Elements

The table below identifies each data element in the new Treatment Episode domain, and how it maps to the previous version of Pamphlet 155-2. Data elements without a corresponding Pamphlet 155-2 mapping are new, and details can be found within Section 3 of this document. 57% of elements in this data set map to the previous Pamphlet 155-2, and 43% are new.

Treatment Episode Domain	SAMHIS Data Element
<b>ProviderTreatmentEpisode</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	



Treatment Episode Domain	SAMHIS Data Element
ProviderInformationalNote	
FederalTaxIdentifier	SA ADMSN ProviderId SA DCHRG ProviderId DETOX ProviderId PERF ProviderId
ClientSourceRecordIdentifier	
ClientProviderSourceRecordIdentifier	
<b>Admission</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
SitIdentifier	SA ADMSN SiteId SA DCHRG SiteId DETOX SiteId PERF SiteId
StaffEducationLevelCode	SA ADMSN StaffId DETOX StaffId PERF StaffId
StaffIdentifier	SA ADMSN StaffId DETOX StaffId PERF StaffId
SubcontractNumber	
ContractNumber	SA ADMSN ContNum1 DETOX ContNum1 PERF ContNum1
ProgramAreaCode	
AdmissionDate	SA ADMSN EvalDate DETOX BeginDate PERF EvalDate PERF InitEvaDa
TypeCode	
IsCodependent	SA ADMSN Collateral
ReferralSourceCode	SA ADMSN Referral DETOX Referral PERF Referral
DaysWaitingToEnterTreatmentNumber	SA ADMSN WaitDays
<b>PlacementRecord</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
PlacementCode	
StartDate	
EndDate	

Treatment Episode Domain	SAMHIS Data Element
PlacementOutcomeCode	
<b>PerformanceOutcomeMeasure</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
StaffEducationLevelCode	SA ADMSN StaffId SA DCHRG StaffId DETOX StaffId PERF StaffId
StaffIdentifier	SA ADMSN StaffId SA DCHRG StaffId DETOX StaffId PERF StaffId
PerformanceOutcomeMeasureDate	SA ADMSN EvalDate SA DCHRG EvalDate DETOX BeginDate PERF EvalDate
<b>PerformanceOutcomeMeasure – ClientDemographic Subsection</b>	
VeteranStatusCode	SA ADMSN VetStatus DETOX VetStatus PERF VetStatus
MaritalStatusCode	SA ADMSN Marital SA DCHRG Marital DETOX Marital PERF Marital
ResidenceCountyAreaCode	SA ADMSN CntyResid SA DCHRG CntyResid DETOX CntyResid PERF CntyResid
ResidencePostalCode	SA ADMSN Zip DETOX Zip PERF Zip
<b>PerformanceOutcomeMeasure – FinancialAndHousehold Subsection</b>	
PrimaryIncomeSourceCode	SA ADMSN PlncoSrc PERF PlncoSrc
AnnualPersonalIncomeAmount	SA ADMSN IncoPers
AnnualFamilyIncomeAmount	SA ADMSN FamInc PERF FamInc
PrimaryPaymentSourceCode	
DisabilityIncomeStatusCode	PERF DisIncom
HealthInsuranceCode	
TemporaryAssistanceForNeedyFamiliesStatusCode	SA ADMSN TStat PERF TStat

Treatment Episode Domain	SAMHIS Data Element
FamilySizeNumber	SA ADMSN FamSize PERF FamSize
DependentsCount	SA ADMSN Depend
<b>PerformanceOutcomeMeasure – Health Subsection</b>	
AmericansWithDisabilitiesActDisabledStatusCode	
PregnantCode	
PregnancyTrimesterCode	SA ADMSN PregTrim SA DCHRG PregTrim DETOX PregTrim
RecentlyBecomePostpartumCode	SA ADMSN PostPart
UnableToPerformDailyLivingActivitiesCode	PERF ADLfc
IntravenousSubstanceHistoryCode	SA ADMSN IvHist
<b>PerformanceOutcomeMeasure – EducationAndEmployment Subsection</b>	
EducationGradeLevelCode	SA ADMSN Grade SA DCHRG Grade DETOX Grade PERF Grade
SchoolAttendanceStatusCode	
SchoolDaysAvailableInLast90DaysNumber	PERF DaysAvai
SchoolDaysAttendedInLast90DaysNumber	PERF DaysAtte
SchoolSuspensionOrExpulsionStatusCode	SA ADMSN School SA DCHRG School DETOX School PERF School
EmploymentStatusCode	SA ADMSN Empl SA DCHRG Empl DETOX Empl PERF Empl
DaysWorkedInLast30DaysNumber	PERF DaysWork
<b>PerformanceOutcomeMeasure – StabilityOfHousing Subsection</b>	
DaysSpentInCommunityInLast30DaysNumber	PERF DaysCom
LivingArrangementCode	
<b>PerformanceOutcomeMeasure – Recovery Subsection</b>	
SelfHelpGroupAttendanceFrequencyCode	SA ADMSN Social SA DCHRG Social DETOX Social PERF Social
<b>PerformanceOutcomeMeasure – SubstanceUseDisorders Subsection</b>	
DisorderRankCode	

Treatment Episode Domain	SAMHIS Data Element
DisorderCode	SA ADMSN ProbPrim SA DCHRG ProbPrim DETOX ProbPrim  SA ADMSN ProbSec SA DCHRG ProbSec DETOX ProbSec  SA ADMSN ProbTer SA DCHRG ProbTer DETOX ProbTer
RouteofAdministrationCode	SA ADMSN RoutPrim SA DCHRG RoutPrim DETOX RoutPrim  SA ADMSN RoutSec SA DCHRG RoutSec DETOX RoutSec  SA ADMSN RoutTer SA DCHRG RoutTer DETOX RoutTer
FrequencyofUseCode	SA ADMSN FreqPrim SA DCHRG FreqPrim DETOX FreqPrim  SA ADMSN FreqSec SA DCHRG FreqSec DETOX FreqSec  SA ADMSN FreqTer SA DCHRG FreqTer DETOX FreqTer
FirstUseAge	SA ADMSN AgePrim SA DCHRG AgePrim DETOX AgePrim  SA ADMSN AgeSec SA DCHRG AgeSec DETOX AgeSec  SA ADMSN AgeTer SA DCHRG AgeTer DETOX AgeTer
<b>PerformanceOutcomeMeasure – Mental Health Subsection</b>	
MentalHealthProblemRiskCode	PERF MhProb

Treatment Episode Domain	SAMHIS Data Element
HasRiskFactorsForEmotionalDisturbance	PERF RiskFact
PrognosisStatusCode	PERF Prognosis
<b>PerformanceOutcomeMeasure – Medication Subsection</b>	
MedicationAssistedOpioidTherapyCode	SA ADMSN OpioidReplac
ReceivedPrescriptionsThroughIndigentDrugProgramCode	PERF RxIDP
ReceivedPrescriptionsThroughPatientAssistanceProgramCode	PERF RxPAP
TakingAntipsychoticMedicationCode	PERF Rx
<b>PerformanceOutcomeMeasure – Legal Subsection</b>	
ArrestsInLast30DaysNumber	SA ADMSN Arrest SA DCHRG Arrest DETOX Arrest PERF Arrest
IsVoluntarilyInTreatment	SA ADMSN AdmiType SA DCHRG AdmiType DETOX AdmiType PERF AdmiType
IsLegallyIncompetent	SA ADMSN AdmiType SA DCHRG AdmiType DETOX AdmiType PERF AdmiType
LegalStatusCode	
LegalGuardianRelationshipCode	SA ADMSN LegGuard
ChildrenDependencyOrDelinquencyStatusCode	SA ADMSN DepCrimS SA DCHRG DepCrimS DETOX DepCrimS PERF DepCrimS
CompetencyStatusCode	
HasBeenCommittedToJuvenileJustice	PERF DJJCommit
MeetsCriteriaForMarchmanAct	SA ADMSN Marchman DETOX Marchman
MarchmanActTypeCode	SA ADMSN Marchman DETOX Marchman
MeetsCriteriaForBakerAct	PERF BakerAct
BakerActRouteCode	PERF BakerAct
DrugCourtOrderedCode	SA ADMSN DrugCrt SA DCHRG DrugCrt DETOX DrugCrt
OrderingCountyAreaCode	
<b>Discharge</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
StaffEducationLevelCode	SA DCHRG StaffId DETOX StaffId

Treatment Episode Domain	SAMHIS Data Element
	PERF StaffId
StaffIdentifier	SA DCHRG StaffId DETOX StaffId PERF StaffId
TypeCode	
DischargeDate	SA DCHRG EvalDate DETOX EndDate PERF EvalDate
LastContactDate	
DischargeReasonCode	SA DCHRG DReason DETOX DReason
DischargeDestinationCode	
BirthOutcomeCode	SA DCHRG DOutcome
DrugFreeAtDeliveryCode	SA DCHRG DrugFree
<b>Evaluation</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
StaffEducationLevelCode	
StaffIdentifier	
TypeCode	
ToolCode	
EvaluationDate	
DeterminationDate	
ScoreNumber	
ScoreCode	
ActualLevelCode	
RecommendedLevelCode	
<b>Diagnosis</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
StaffEducationLevelCode	
StaffIdentifier	
CodeSetIdentifierCode	
DiagnosisCode	SA ADMSN SaDiag SA ADMSN SaDiag10 SA DCHRG SaDiag SA DCHRG SaDiag10 DETOX SaDiag DETOX SaDiag10 PERF SaDiag PERF SaDiag10

Treatment Episode Domain	SAMHIS Data Element
	SA ADMSN MhDiag SA ADMSN MhDiag10 SA DCHRG MhDiag SA DCHRG MhDiag10 DETOX MhDiag DETOX MhDiag10 PERF MhDiag PERF MhDiag10
StartDate	
EndDate	
<b>Immediate Discharge</b>	
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
StaffEducationLevelCode	SA ADMSN StaffId PERF StaffId
StaffIdentifier	SA ADMSN StaffId PERF StaffId
EvaluationDate	SA ADMSN EvalDate PERF EvalDate
Note	
SiteIdentifier	
ProgramAreaCode	
ContractNumber	

## 2 Treatment Episode File Information

### 2.1 Naming Convention

The data set name to be used for naming the Treatment Episode file is **TreatmentEpisodeVersion14DataSet**.

When submitting files to FASAMS, files must adhere to the below 3 requirements:

1. The name of the data set must be the first word in the file, followed by 'Version14DataSet' and an underscore.
2. The filename must be unique in the submitters set of currently uploaded and unprocessed files.
3. The file must end with ".xml".

In order to satisfy requirement #2 above, it is suggested to append the date and time to each file after the underscore, using the YYYYMMDDHHMMSS format.

Some example acceptable filenames would be:

- TreatmentEpisodeVersion14DataSet\_20180215083045.xml
- TreatmentEpisodeVersion14DataSet\_20180222091530.xml

Any file that does not meet this requirement will not be processed into FASAMS.

## 2.2 Adding Treatment Episode Data

When data for a new Treatment Episode record is submitted to FASAMS, the Provider, Provider Site, Contract, and Client must all be set up in FASAMS before the Treatment Episode record can be sent.

A Treatment Episode must be set up in FASAMS before any other related data (i.e. evaluation, discharge, and outcome measure) can be sent. A new Treatment Episode would be one where the key fields (Source Record Identifier of that Episode and the Federal Tax Identification Number (FEIN) of the Provider) do not currently exist in FASAMS.

The Treatment Episode Data Set must include all required data for each new Treatment Episode.

FASAMS will detect that the key fields don't exist in the system, and the Treatment Episode data will be added.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

### 2.2.1 XML Example of Adding Treatment Episode Data

```
<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode>
      <SourceRecordIdentifier>New Treatment Episode Version 14</SourceRecordIdentifier>
      <FederalTaxIdentifier>59-1009537</FederalTaxIdentifier>
      <ClientSourceRecordIdentifier>Valid Client Example</ClientSourceRecordIdentifier>
      <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
      <ProviderInformationalNote>Treatment Episode</ProviderInformationalNote>
      <ClientProviderSourceRecordIdentifier>Valid Client Example</ClientProviderSourceRecordIdentifier>
    </TreatmentEpisode>
  </TreatmentEpisodes>
  <Admissions>
    <Admission>
      <SourceRecordIdentifier>Valid Admission Example</SourceRecordIdentifier>
      <SiteIdentifier>01</SiteIdentifier>
      <StaffEducationLevelCode>04</StaffEducationLevelCode>
      <StaffIdentifier>02-FIS123456</StaffIdentifier>
      <SubcontractNumber></SubcontractNumber>
      <ContractNumber>IH611</ContractNumber>
      <ProgramAreaCode>1</ProgramAreaCode>
      <AdmissionDate>1-15-2020</AdmissionDate>
      <IsCodependentCode>0</IsCodependentCode>
      <ReferralSourceCode>03</ReferralSourceCode>
      <DaysWaitingToEnterTreatmentNumber>0</DaysWaitingToEnterTreatmentNumber>
      <ProviderSourceRecordIdentifier>11-5638957</ProviderSourceRecordIdentifier>
      <ProviderInformationalNote>Admission</ProviderInformationalNote>
    </Admission>
  </Admissions>
  <PlacementRecords>
    <PlacementRecord>
      <SourceRecordIdentifier>123</SourceRecordIdentifier>
      <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
      <ProviderInformationalNote>Note</ProviderInformationalNote>
      <PlacementCode>3</PlacementCode>
      <StartDate>1-16-2020</StartDate>
      <EndDate>3-1-2020</EndDate>
      <PlacementOutcomeCode>1</PlacementOutcomeCode>
    </PlacementRecord>
  </PlacementRecords>
  <PerformanceOutcomeMeasures>
    <PerformanceOutcomeMeasure>
      <SourceRecordIdentifier>27671ed1-ab65-4763-ad61-c50ad4a8832e</SourceRecordIdentifier>
      <StaffEducationLevelCode>04</StaffEducationLevelCode>
      <StaffIdentifier>02-FIS123456</StaffIdentifier>
      <PerformanceOutcomeMeasureDate>1-15-2020</PerformanceOutcomeMeasureDate>
      <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
      <ProviderInformationalNote>Admission Performance Outcome Measure</ProviderInformationalNote>
      <ClientDemographic>
        <VeteranStatusCode>2</VeteranStatusCode>
        <MaritalStatusCode>1</MaritalStatusCode>
        <ResidenceCountyAreaCode>37</ResidenceCountyAreaCode>
      </ClientDemographic>
    </PerformanceOutcomeMeasure>
  </PerformanceOutcomeMeasures>
</TreatmentEpisodeDataSet>
```



```

    <ResidencePostalCode>32301</ResidencePostalCode>
  </ClientDemographic>
  <FinancialAndHousehold>
    <PrimaryIncomeSourceCode>1</PrimaryIncomeSourceCode>
    <AnnualPersonalIncomeAmount>30000.00</AnnualPersonalIncomeAmount>
    <AnnualFamilyIncomeAmount>60000.00</AnnualFamilyIncomeAmount>
    <PrimaryPaymentSourceCode>1</PrimaryPaymentSourceCode>
    <DisabilityIncomeStatusCode>0</DisabilityIncomeStatusCode>
    <HealthInsuranceCode>21</HealthInsuranceCode>
    <TemporaryAssistanceForNeedyFamiliesStatusCode>1</TemporaryAssistanceForNeedyFamiliesStatusCode>
    <FamilySizeNumber>2</FamilySizeNumber>
    <DependentsCount>0</DependentsCount>
    <DependentChildrenCode>0</DependentChildrenCode>
    <ChildWelfareInvolvedCode>0</ChildWelfareInvolvedCode>
  </FinancialAndHousehold>
  <Health>
    <AmericansWithDisabilitiesActDisabledStatusCode>0</AmericansWithDisabilitiesActDisabledStatusCode>
    <PregnantCode>6</PregnantCode>
    <PregnancyTrimesterCode>4</PregnancyTrimesterCode>
    <RecentlyBecomePostpartumCode>6</RecentlyBecomePostpartumCode>
    <UnableToPerformDailyLivingActivitiesCode>0</UnableToPerformDailyLivingActivitiesCode>
    <IntravenousSubstanceHistoryCode>0</IntravenousSubstanceHistoryCode>
    <BirthOutcomeCode>8</BirthOutcomeCode>
    <DrugFreeAtDeliveryCode>6</DrugFreeAtDeliveryCode>
  </Health>
  <EducationAndEmployment>
    <EducationGradeLevelCode>27</EducationGradeLevelCode>
    <SchoolAttendanceStatusCode>1</SchoolAttendanceStatusCode>
    <SchoolSuspensionOrExpulsionStatusCode>1</SchoolSuspensionOrExpulsionStatusCode>
    <EmploymentStatusCode>30</EmploymentStatusCode>
    <DaysWorkedInLast30DaysNumber>1</DaysWorkedInLast30DaysNumber>
  </EducationAndEmployment>
  <StabilityOfHousing>
    <DaysSpentInCommunityInLast30DaysNumber>20</DaysSpentInCommunityInLast30DaysNumber>
    <LivingArrangementCode>01</LivingArrangementCode>
  </StabilityOfHousing>
  <Recovery>
    <SelfHelpGroupAttendanceFrequencyCode>1</SelfHelpGroupAttendanceFrequencyCode>
  </Recovery>
  <SubstanceUseDisorders>
    <SubstanceUseDisorder>
      <DisorderRankCode>1</DisorderRankCode>
      <DisorderCode>02</DisorderCode>
      <RouteOfAdministrationCode>1</RouteOfAdministrationCode>
      <FrequencyOfUseCode>5</FrequencyOfUseCode>
      <FirstUseAge>15</FirstUseAge>
    </SubstanceUseDisorder>
    <SubstanceUseDisorder>
      <DisorderRankCode>2</DisorderRankCode>
      <DisorderCode>04</DisorderCode>
      <RouteOfAdministrationCode>2</RouteOfAdministrationCode>
      <FrequencyOfUseCode>2</FrequencyOfUseCode>
      <FirstUseAge>17</FirstUseAge>
    </SubstanceUseDisorder>
  </SubstanceUseDisorders>
  <MentalHealth>
    <MentalHealthProblemRiskCode>1</MentalHealthProblemRiskCode>
    <HasRiskFactorsForEmotionalDisturbanceCode>0</HasRiskFactorsForEmotionalDisturbanceCode>
    <PrognosisStatusCode>0</PrognosisStatusCode>
  </MentalHealth>
  <Medication>
    <MedicationAssistedOpioidTherapyCode>0</MedicationAssistedOpioidTherapyCode>
    <ReceivedPrescriptionsThroughIndigentDrugProgramCode>0</ReceivedPrescriptionsThroughIndigentDrugProgramCode>
    <ReceivedPrescriptionsThroughPatientAssistanceProgramCode>0</ReceivedPrescriptionsThroughPatientAssistanceProgramCode>
    <TakingAntipsychoticMedicationCode>0</TakingAntipsychoticMedicationCode>
  </Medication>
  <Legal>
    <ArrestsInLast30DaysNumber>0</ArrestsInLast30DaysNumber>
    <IsVoluntarilyInTreatmentCode>1</IsVoluntarilyInTreatmentCode>
    <IsLegallyIncompetentCode>1</IsLegallyIncompetentCode>
    <LegalStatusCode>1</LegalStatusCode>
    <LegalGuardianRelationshipCode>1</LegalGuardianRelationshipCode>
    <ChildrenDependencyOrDelinquencyStatusCode>01</ChildrenDependencyOrDelinquencyStatusCode>
    <CompetencyStatusCode>1</CompetencyStatusCode>
    <HasBeenCommittedToJuvenileJusticeCode>0</HasBeenCommittedToJuvenileJusticeCode>
    <MeetsCriteriaForMarchmanActCode>0</MeetsCriteriaForMarchmanActCode>
    <MeetsCriteriaForBakerActCode>1</MeetsCriteriaForBakerActCode>
    <BakerActRouteCode>1</BakerActRouteCode>
  </Legal>

```

```

    <BakerActRoleCode>01</BakerActRoleCode>
    <DrugCourtOrderedCode>0</DrugCourtOrderedCode>
    <OrderingCountyAreaCode>52</OrderingCountyAreaCode>
  </Legal>
</PerformanceOutcomeMeasure>
</PerformanceOutcomeMeasures>
<Evaluations>
  <Evaluation>
    <SourceRecordIdentifier>86e14318-48ce-4ce6-bb4d-2358e4cbf786</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <TypeCode>1</TypeCode>
    <ToolCode>3</ToolCode>
    <EvaluationDate>1-15-2020</EvaluationDate>
    <ActualLevelCode>1</ActualLevelCode>
    <RecommendedLevelCode>2</RecommendedLevelCode>
  </Evaluation>
  <Evaluation>
    <SourceRecordIdentifier>1e2b5454-07c2-496b-818c-2225bf431ebb</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <TypeCode>3</TypeCode>
    <ToolCode>7</ToolCode>
    <ScoreCode>1</ScoreCode>
    <EvaluationDate>1-15-2020</EvaluationDate>
    <DeterminationDate>1-15-2020</DeterminationDate>
    <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
    <ProviderInformationalNote>Evaluation</ProviderInformationalNote>
  </Evaluation>
</Evaluations>
<Diagnoses>
  <Diagnosis>
    <SourceRecordIdentifier>588bd4e2-4455-4f88-8993-b6da421ef26a</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <CodeSetIdentifierCode>3</CodeSetIdentifierCode>
    <DiagnosisCode>A30.2</DiagnosisCode>
    <StartDate>1-15-2020</StartDate>
    <EndDate>1-20-2020</EndDate>
    <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
    <ProviderInformationalNote>Diagnosis</ProviderInformationalNote>
  </Diagnosis>
</Diagnoses>
<Discharge>
  <SourceRecordIdentifier>e4d5d99c-4bb6-40a5-9a1e-e71e0784cd72</SourceRecordIdentifier>
  <StaffEducationLevelCode>04</StaffEducationLevelCode>
  <StaffIdentifier>02-FIS123456</StaffIdentifier>
  <DischargeDate>3-15-2020</DischargeDate>
  <LastContactDate>3-1-2020</LastContactDate>
  <DischargeReasonCode>1</DischargeReasonCode>
  <DischargeDestinationCode>03</DischargeDestinationCode>
  <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
  <ProviderInformationalNote>Discharge</ProviderInformationalNote>
</PerformanceOutcomeMeasures>
  <PerformanceOutcomeMeasure>
    <SourceRecordIdentifier>434689e7-58fc-4fa5-bf5b-29ac2bb45a44</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <PerformanceOutcomeMeasureDate>3-1-2020</PerformanceOutcomeMeasureDate>
    <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
    <ProviderInformationalNote>Discharge Performance Outcome Measure</ProviderInformationalNote>
    <ClientDemographic>
      <VeteranStatusCode>2</VeteranStatusCode>
      <MaritalStatusCode>1</MaritalStatusCode>
      <ResidenceCountyAreaCode>37</ResidenceCountyAreaCode>
      <ResidencePostalCode>32301</ResidencePostalCode>
    </ClientDemographic>
    <FinancialAndHousehold>
      <PrimaryIncomeSourceCode>1</PrimaryIncomeSourceCode>
      <AnnualPersonalIncomeAmount>3000.00</AnnualPersonalIncomeAmount>
      <AnnualFamilyIncomeAmount>6000.00</AnnualFamilyIncomeAmount>
      <PrimaryPaymentSourceCode>1</PrimaryPaymentSourceCode>
      <DisabilityIncomeStatusCode>0</DisabilityIncomeStatusCode>
      <HealthInsuranceCode>21</HealthInsuranceCode>
      <TemporaryAssistanceForNeedyFamiliesStatusCode>1</TemporaryAssistanceForNeedyFamiliesStatusCode>
      <FamilySizeNumber>2</FamilySizeNumber>
      <DependentsCount>0</DependentsCount>
      <DependentChildrenCode>0</DependentChildrenCode>
    </FinancialAndHousehold>
  </PerformanceOutcomeMeasure>

```

```

    <ChildWelfareInvolvedCode>0</ChildWelfareInvolvedCode>
  </FinancialAndHousehold>
  <Health>
    <AmericansWithDisabilitiesActDisabledStatusCode>0</AmericansWithDisabilitiesActDisabledStatusCode>
    <PregnantCode>6</PregnantCode>
    <PregnancyTrimesterCode>4</PregnancyTrimesterCode>
    <RecentlyBecomePostpartumCode>6</RecentlyBecomePostpartumCode>
    <UnableToPerformDailyLivingActivitiesCode>0</UnableToPerformDailyLivingActivitiesCode>
    <IntravenousSubstanceHistoryCode>0</IntravenousSubstanceHistoryCode>
    <BirthOutcomeCode>8</BirthOutcomeCode>
    <DrugFreeAtDeliveryCode>6</DrugFreeAtDeliveryCode>
  </Health>
  <EducationAndEmployment>
    <EducationGradeLevelCode>27</EducationGradeLevelCode>
    <SchoolAttendanceStatusCode>1</SchoolAttendanceStatusCode>
    <SchoolSuspensionOrExpulsionStatusCode>1</SchoolSuspensionOrExpulsionStatusCode>
    <EmploymentStatusCode>30</EmploymentStatusCode>
    <DaysWorkedInLast30DaysNumber>1</DaysWorkedInLast30DaysNumber>
  </EducationAndEmployment>
  <StabilityOfHousing>
    <DaysSpentInCommunityInLast30DaysNumber>20</DaysSpentInCommunityInLast30DaysNumber>
    <LivingArrangementCode>01</LivingArrangementCode>
  </StabilityOfHousing>
  <Recovery>
    <SelfHelpGroupAttendanceFrequencyCode>1</SelfHelpGroupAttendanceFrequencyCode>
  </Recovery>
  <SubstanceUseDisorders>
    <SubstanceUseDisorder>
      <DisorderRankCode>1</DisorderRankCode>
      <DisorderCode>02</DisorderCode>
      <RouteOfAdministrationCode>1</RouteOfAdministrationCode>
      <FrequencyOfUseCode>5</FrequencyOfUseCode>
      <FirstUseAge>15</FirstUseAge>
    </SubstanceUseDisorder>
    <SubstanceUseDisorder>
      <DisorderRankCode>2</DisorderRankCode>
      <DisorderCode>04</DisorderCode>
      <RouteOfAdministrationCode>2</RouteOfAdministrationCode>
      <FrequencyOfUseCode>2</FrequencyOfUseCode>
      <FirstUseAge>17</FirstUseAge>
    </SubstanceUseDisorder>
  </SubstanceUseDisorders>
  <MentalHealth>
    <MentalHealthProblemRiskCode>1</MentalHealthProblemRiskCode>
    <HasRiskFactorsForEmotionalDisturbanceCode>0</HasRiskFactorsForEmotionalDisturbanceCode>
    <PrognosisStatusCode>0</PrognosisStatusCode>
  </MentalHealth>
  <Medication>
    <MedicationAssistedOpioidTherapyCode>0</MedicationAssistedOpioidTherapyCode>
    <ReceivedPrescriptionsThroughIndigentDrugProgramCode>0</ReceivedPrescriptionsThroughIndigentDrugProgramCode>
    <ReceivedPrescriptionsThroughPatientAssistanceProgramCode>0</ReceivedPrescriptionsThroughPatientAssistanceProgramCode>
    <TakingAntipsychoticMedicationCode>0</TakingAntipsychoticMedicationCode>
  </Medication>
  <Legal>
    <ArrestsInLast30DaysNumber>0</ArrestsInLast30DaysNumber>
    <IsVoluntarilyInTreatmentCode>1</IsVoluntarilyInTreatmentCode>
    <IsLegallyIncompetentCode>1</IsLegallyIncompetentCode>
    <LegalStatusCode>1</LegalStatusCode>
    <LegalGuardianRelationshipCode>1</LegalGuardianRelationshipCode>
    <ChildrenDependencyOrDelinquencyStatusCode>01</ChildrenDependencyOrDelinquencyStatusCode>
    <CompetencyStatusCode>1</CompetencyStatusCode>
    <HasBeenCommittedToJuvenileJusticeCode>0</HasBeenCommittedToJuvenileJusticeCode>
    <MeetsCriteriaForMarchmanActCode>0</MeetsCriteriaForMarchmanActCode>
    <MeetsCriteriaForBakerActCode>1</MeetsCriteriaForBakerActCode>
    <BakerActRouteCode>1</BakerActRouteCode>
    <BakerActRoleCode>01</BakerActRoleCode>
    <DrugCourtOrderedCode>0</DrugCourtOrderedCode>
    <OrderingCountyAreaCode>52</OrderingCountyAreaCode>
  </Legal>
  </PerformanceOutcomeMeasure>
</PerformanceOutcomeMeasures>
<Evaluations>
  <Evaluation>
    <SourceRecordIdentifier>5403e133-d1d0-4119-b978-62c57f13e332</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <TypeCode>2</TypeCode>
    <ToolCode>5</ToolCode>
  </Evaluation>

```

```

    <ScoreNumber>50</ScoreNumber>
    <EvaluationDate>1-20-2020</EvaluationDate>
    <ActualLevelCode>2</ActualLevelCode>
    <RecommendedLevelCode>3</RecommendedLevelCode>
    <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
    <ProviderInformationalNote>Evaluation</ProviderInformationalNote>
  </Evaluation>
</Evaluations>
<Diagnoses>
  <Diagnosis>
    <SourceRecordIdentifier>588bd4e2-4455-4f88-8993-b6da421ef25b</SourceRecordIdentifier>
    <StaffEducationLevelCode>04</StaffEducationLevelCode>
    <StaffIdentifier>02-FIS123456</StaffIdentifier>
    <CodeSetIdentifierCode>3</CodeSetIdentifierCode>
    <DiagnosisCode>A49.01</DiagnosisCode>
    <StartDate>1-20-2020</StartDate>
    <ProviderSourceRecordIdentifier>59-1009537</ProviderSourceRecordIdentifier>
    <ProviderInformationalNote>Diagnosis</ProviderInformationalNote>
  </Diagnosis>
</Diagnoses>
</Discharge>
</Admission>
</Admissions>
</TreatmentEpisode>
</TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

## 2.3 Updating Treatment Episode Data

When data for an existing Treatment Episode has changed, the Treatment Episode information in FASAMS must be updated. An existing Treatment Episode would be one where the key fields (Source Record Identifier of that Episode and the Federal Tax Identification Number (FEIN) of the Provider) exist in FASAMS.

For updates, the entire Treatment Episode record set can be sent, or only those data elements that need to be updated. If only the changed data elements are sent, the data set must include the key fields for the Treatment Episode, and the key fields for the specific Treatment Episode entity that is being updated.

FASAMS will automatically determine which data elements were changed, and only update those elements.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

### 2.3.1 XML Example of Updating Treatment Episode Data

The XML example for updating a Treatment Episode is the same as for adding a Treatment Episode, if the entire Treatment Episode record set is being sent. The example below indicates how to send only a portion of the Treatment Episode record set for updating.

#### 2.3.1.1 Update a Treatment Episode

```

<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode>
      <SourceRecordIdentifier>de454020-629e-4575-b480-d877038b7ca1</SourceRecordIdentifier>
      <FederalTaxIdentifier>52-XXXXXXXXXX</FederalTaxIdentifier>
      <Admissions>
        <Admission>
          <SourceRecordIdentifier>7bc97120-3a8a-4330-87c6-3ea881dfe58e</SourceRecordIdentifier>
          <SiteIdentifier>01</SiteIdentifier>
          <PerformanceOutcomeMeasures>
            <PerformanceOutcomeMeasure>

```

```

<SourceRecordIdentifier>27671ed1-ab65-4763-ad61-c50ad4a8832e</SourceRecordIdentifier>
<StaffEducationLevelCode>04</StaffEducationLevelCode>
<StaffIdentifier>02-FIS123456</StaffIdentifier>
<PerformanceOutcomeMeasureDate>1-15-2018</PerformanceOutcomeMeasureDate>
... Measures at time of admission ...
</PerformanceOutcomeMeasure>
<PerformanceOutcomeMeasure>
  <SourceRecordIdentifier>11c98c94-af29-4687-98d6-217c6e89a7a9</SourceRecordIdentifier>
  <StaffEducationLevelCode>04</StaffEducationLevelCode>
  <StaffIdentifier>02-FIS123456</StaffIdentifier>
  <PerformanceOutcomeMeasureDate>2-15-2018</PerformanceOutcomeMeasureDate>
  ... Any changed measures ...
</PerformanceOutcomeMeasure>
</PerformanceOutcomeMeasures>
<Diagnoses>
  <Diagnosis>
    <SourceRecordIdentifier>588bd4e2-4455-4f88-8993-b6da421ef26a</SourceRecordIdentifier>
    <EndDate>1-20-2018</EndDate>
  </Diagnosis>
</Diagnoses>
</Admission>
</Admissions>
</TreatmentEpisode>
</TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

## 2.4 Deleting Treatment Episode Data

If Treatment Episode data has been submitted in error, it can be deleted in whole or in part by using the Action attribute of the XML file. The data will not physically be deleted from FASAMS but will be marked as deleted and will become unusable.

The Treatment Episode Data Set must include the key fields for the Treatment Episode, and the key fields for the specific Treatment Episode entity that is being deleted. The Action attribute is to be set to “delete” for the specific Treatment Episode entity that is being deleted. Key fields are identified in the entity section below.

If a Treatment Episode is specified to be deleted, all child records for that Treatment Episode will be deleted as well, within the data set.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

### 2.4.1 XML Example of Removing Data Element from FASAMS Database

This approach can be used to remove a previously submitted data element from the FASAMS database, within an entity, without resubmitting the entire entity or submitting a deletion action. Users can submit the key fields for the entity and submit the data element that should be removed with a ‘blank’ value in the element.

#### 2.4.1.1 Removing Data Element from FASAMS Database

```

<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode>
      <SourceRecordIdentifier>de454020-629e-4575-b480-d877038b7ca1</SourceRecordIdentifier>

```

```

<FederalTaxIdentifier>52-XXXXXXXX</FederalTaxIdentifier>
<Admissions>
  <Admission>
    <SourceRecordIdentifier>7bc97120-3a8a-4330-87c6-3ea881dfe58e</SourceRecordIdentifier>
    <PerformanceOutcomeMeasures>
      <PerformanceOutcomeMeasure>
        <SourceRecordIdentifier>27671ed1-ab65-4763-ad61-c50ad4a8832e</SourceRecordIdentifier>
        <SubstanceUseDisorders>
          <SubstanceUseDisorder>
            <DisorderRankCode>1</DisorderRankCode>
            <RouteOfAdministrationCode></RouteOfAdministrationCode>
            <FrequencyofUseCode></FrequencyofUseCode>
            <FirstUseAge></FirstUseAge>
          </SubstanceUseDisorder>
        </PerformanceOutcomeMeasure>
      </PerformanceOutcomeMeasures>
    </Admission>
  </Admissions>
</TreatmentEpisode>
</TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

## 2.4.2 XML Example of Deleting Treatment Episode Data

### 2.4.2.1 Delete an entire Treatment Episode

```

<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode action="delete">
      <SourceRecordIdentifier>de454020-629e-4575-b480-d877038b7ca1</SourceRecordIdentifier>
      <FederalTaxIdentifier>52-XXXXXXXX</FederalTaxIdentifier>
    </TreatmentEpisode>
  </TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

### 2.4.2.2 Delete an Admission

```

<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode>
      <SourceRecordIdentifier>de454020-629e-4575-b480-d877038b7ca1</SourceRecordIdentifier>
      <FederalTaxIdentifier>52-XXXXXXXX</FederalTaxIdentifier>
      <Admissions>
        <Admission action="delete">
          <SourceRecordIdentifier>7bc97120-3a8a-4330-87c6-3ea881dfe58e</SourceRecordIdentifier>
        </Admission>
      </Admissions>
    </TreatmentEpisode>
  </TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

### 2.4.2.3 Delete a Performance Outcome Measure

```

<TreatmentEpisodeDataSet>
  <TreatmentEpisodes>
    <TreatmentEpisode>
      <SourceRecordIdentifier>de454020-629e-4575-b480-d877038b7ca1</SourceRecordIdentifier>
      <FederalTaxIdentifier>52-XXXXXXXX</FederalTaxIdentifier>
    </TreatmentEpisode>
  </TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

```

<Admissions>
  <Admission>
    <SourceRecordIdentifier>7bc97120-3a8a-4330-87c6-3ea881dfe58e</SourceRecordIdentifier>
    <PerformanceOutcomeMeasures>
      <PerformanceOutcomeMeasure action="delete">
        <SourceRecordIdentifier>11c98c94-af29-4687-98d6-217c6e89a7a9</SourceRecordIdentifier>
      </PerformanceOutcomeMeasure>
    </PerformanceOutcomeMeasures>
  </Admission>
</Admissions>
</TreatmentEpisode>
</TreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

### 3 Treatment Episode Entities

This section defines the entities involved in the Treatment Episode data set.

The treatment episode captures data from the time the individual is admitted for services to the time the individual is discharged from services. Treatment episode data must be collected to meet state and federal data reporting needs. At the federal level, treatment episode data are collected mainly as part of the Block Grant requirements for Treatment Episode Data Sets (TEDS) that include: (a) the National Outcome Measures (NOMS), (b) the Uniform Reporting System (URS) data tables, and (c) the Basic Client Information (BCI). At the state level, treatment episode data provides the information for performance outcome measures, as required by: (a) the Legislature as part of the General Appropriations Act (GAA), and (b) DCF as part of the program planning and budgeting, contract monitoring, and various other Priority of Effort (POE) initiatives for quality assurance and quality improvement.

Mandatory fields for Admission include the following: (a) Key fields; (b) Fields designated by TEDS as part of the Minimum Data Set (MDS) or MH Admission (MHA) or National Outcome Measures in Supplemental Data Set (SuDS), and (c) All fields designated by SAMH as part of the GAA performance outcome measures and other Priority of Effort (POE) initiatives.

#### 3.1 ProviderTreatmentEpisode

##### 3.1.1 Description

A treatment episode represents an individual's episode of care at a particular Provider from the time the individual is admitted to services at that Provider, to the time the individual is discharged from that Provider. During this episode of care, the individual can have a Placement Record change within the admission. A treatment episode will be uniquely identified in FASAMS by the Provider's internal identifier (SourceRecordIdentifier) for the treatment episode and the FEIN for the Provider. Therefore, no two treatment episode records is to be submitted with the same internal source record identifier and FEIN.

##### 3.1.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
SourceRecordIdentifier
FederalTaxIdentifier

### 3.1.3 Unique Constraint Rule

1. A Treatment Episode record will be rejected if the following CompositeKey/ProgramAreaCode/InitialAdmissionDateORImmediateDischarge.EvaluationDate are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Treatment Episode CompositeKey fields: Submitting Entity + Provider + Client SSN/PSSN (via Client SRI)
    - i. Rule will use the CompositeKey + ProgramAreaCode + InitialAdmissionDate/ImmediateDischarge.EvaluationDate
    - ii. ProgramAreaCode rules:
      1. If ProgramAreaCode 1 exists, PAC 5 will be rejected
      2. If ProgramAreaCode 2 exists, PAC 5 will be rejected
      3. If ProgramAreaCode 5 exists, PAC 1 or 2 will be rejected
      4. If ProgramAreaCode 3 exists, PAC 6 will be rejected
      5. If ProgramAreaCode 4 exists, PAC 6 will be rejected
      6. If ProgramAreaCode 6, PAC 3 or 4 will be rejected

### 3.1.4 Fields

The fields in the treatment episode entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
SourceRecordIdentifier	string	<p><b>The Provider’s internal system identifier for the treatment episode record.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the Treatment Episode within the Provider.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original</li> </ul>



Field	Value Type	Description/Validation Rules
		<p>record.</p> <ul style="list-style-type: none"> <li>A unique identifier for this record might contain: the UniqueClientIdentifier or the individual's SSN, and the date or SourceRecordIdentifier of the admission.</li> </ul>
<b>ProviderSourceRecordIdentifier</b>	string	<p><b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b></p> <ul style="list-style-type: none"> <li>Optional</li> <li>Must be 100 characters or less</li> </ul>
<b>ProviderInformationalNote</b>	string	<p><b>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</b></p> <ul style="list-style-type: none"> <li>Optional</li> <li>Must be 100 characters or less</li> </ul>
<b>FederalTaxIdentifier</b>	string	<p><b>The unique FEIN of the facility that provides services under contract with the Managing Entity, direct contract with DCF or of the state mental health treatment facility.</b></p> <ul style="list-style-type: none"> <li>Required</li> <li>Must match the FederalTaxIdentifier for a single Provider already set up in FASAMS.</li> <li>This field is part of TEDS minimum data set for reporting MDS 1 and DIS 4 – State Provider Identifier.</li> </ul>
<b>ClientSourceRecordIdentifier</b>	string	<p><b>The Provider's internal system identifier for the individual.</b></p> <ul style="list-style-type: none"> <li>Required</li> <li>Must match the SourceRecordIdentifier for a single individual already set up in FASAMS for the Provider identified by the FederalTaxIdentifier.</li> <li>This field is part of TEDS minimum data set for reporting MDS 2 and DIS 5 – Client Identifier.</li> </ul>
<b>ClientProviderSourceRecordIdentifier</b>		<p><b>This field is to match the ProviderSourceRecordIdentifier field under the ProviderClient entity in the Client data set if it is being used as the provider originated SRI field.</b></p> <ul style="list-style-type: none"> <li>Optional</li> <li>Must be 100 characters or less</li> </ul>

## 3.2 Admission

Subentity of ProviderTreatmentEpisode

### 3.2.1 Description

An admission record is submitted when an individual is admitted to a Provider to start the treatment episode.

An admission will be uniquely identified in FASAMS by the Provider’s internal identifier for the admission to the treatment episode. Therefore, no two admission records is to be submitted with the same internal identifier for the same treatment episode.

### 3.2.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
SourceRecordIdentifier

### 3.2.3 Unique Constraint Rule

1. An Admission record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Admission CompositeKey fields: Submitting Entity + Provider + ParentTreatmentEpisode + AdmissionDate
    - i. Rule will use the CompositeKey + ProgramAreaCode
    - ii. ProgramAreaCode rules:
      1. If ProgramAreaCode 1 exists, PAC 5 will be rejected
      2. If ProgramAreaCode 2 exists, PAC 5 will be rejected
      3. If ProgramAreaCode 5 exists, PAC 1 or 2 will be rejected
      4. If ProgramAreaCode 3 exists, PAC 6 will be rejected
      5. If ProgramAreaCode 4 exists, PAC 6 will be rejected
      6. If ProgramAreaCode 6, PAC 3 or 4 will be rejected

### 3.2.4 Additional Business Rules & Guidance

1. A treatment episode must contain only one admission record.
2. POM is required at Admission, every 90 days thereafter and at Discharge.

### 3.2.5 Fields

Field	Value Type	Description/Validation Rules
SourceRecordIdentifier	string	<p><b>The Provider’s internal system identifier for the admission.</b></p> <ul style="list-style-type: none"> <li>• Required for Admission.</li> <li>• Must be unique for the admission within the Provider treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you would be unable to update the original record.</p> <ul style="list-style-type: none"> <li>• A unique identifier for this record might contain: ProgramAreaCode, AdmissionDate, the UniqueClientIdentifier or the individual's SSN, and maybe TypeCode (in the event the individual had both types of admissions on the same date).</li> </ul>
<b>ProviderSourceRecordIdentifier</b>	<b>string</b>	<p><b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
<b>ProviderInformationalNote</b>	<b>string</b>	<p><b>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
<b>Sitentifier</b>	<b>string</b>	<p><b>The unique identifier for a Provider site used by the Provider.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must match the Sitentifier for a single Provider site already set up in FASAMS for the Provider identified by the FederalTaxIdentifier.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>StaffEducationLevelCode</b>	<b>string</b>	<p><b>The code indicating the education level of the staff member who performed the admission.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>StaffIdentifier</b>	<b>string</b>	<p><b>A string identifying the particular staff member who performed the admission.</b></p>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>• Required</li> <li>• Must be 100 characters or less.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>SubcontractNumber</b>	<b>string</b>	<p><b>The number indicating the subcontract between the service Provider and a Managing Entity.</b></p> <ul style="list-style-type: none"> <li>• Only Service providers under contract with Managing Entities are required to send this field.</li> <li>• This field is required for reporting GAA data.</li> </ul>
<b>ContractNumber</b>	<b>string</b>	<p><b>The number indicating the contract between DCF and the contracting entity.</b></p> <ul style="list-style-type: none"> <li>• Required when the Provider.ContractualRelationshipCode is not 3 (State Mental Health Treatment Facility - DCF Operated).</li> <li>• Must match a single contract number already set up in FASAMS.</li> <li>• This field is required for reporting GAA data.</li> </ul>
<b>ProgramAreaCode</b>	<b>string</b>	<p><b>The code indicating the program area in which the individual is being admitted.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Adult Mental Health</li> <li>○ 2 for Adult Substance Abuse</li> <li>○ 3 for Child Mental Health</li> <li>○ 4 for Child Substance Abuse</li> <li>○ 5 for Adult Substance Abuse and Mental Health</li> <li>○ 6 for Child Substance Abuse and Mental Health</li> </ul> </li> <li>• Codes 5 and 6 is to be used only if the individual is known to have co-occurring substance abuse and mental health needs. Otherwise, use code 1, 2, 3, or 4 as needed.</li> <li>• All state mental health treatment facilities, regardless of their contractual relationships, is to use code 1 or 5.</li> <li>• This field is required for reporting GAA data and is part of TEDS minimum data set for reporting SuDS 5 - Co-occurring Substance Abuse and Mental Health.</li> </ul>
<b>AdmissionDate</b>	<b>Date</b>	<p><b>The date when the individual was admitted into a Provider site to receive the first treatment or service.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>• This field is part of TEDS minimum data set for reporting MDS 5 and DIS 15 - Date of Admission.</li> </ul>
<b>IsCodependentCode</b>	<b>string</b>	<p><b>The code indicating whether treatment is for an individual's primary substance abuse problem (i.e. No) or arises from the</b></p>

Field	Value Type	Description/Validation Rules
		<p><b>individual's relationship with someone with a substance abuse problem (i.e. Yes).</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> </ul> </li> <li>• For mental health admissions, use 0 (No).</li> <li>• This field is part of TEDS minimum data set for reporting MDS 3 and DIS 6 – Codependent/Collateral.</li> </ul>
<b>ReferralSourceCode</b>	<b>string</b>	<p><b>The code indicating the entity (person or agency) that referred the individual to treatment.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Referral Source value. Valid values are listed in the Referral Source section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is part of TEDS minimum data set for reporting MDS 7 – Referral Source.</li> </ul>
<b>DaysWaitingToEnterTreatmentNumber</b>	<b>integer</b>	<p><b>A number indicating the number of days from the first contact or request for a treatment service until the individual was admitted and the first clinical service was provided.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid integer greater than or equal to zero if the total days waiting to enter treatment is known.</li> <li>• Must be '-1' if the days waiting to enter treatment is not known.</li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 15 – Days Waiting to Enter SA Treatment.</li> </ul>

### 3.3 PlacementRecord

#### Subentity of Admission

#### 3.3.1 Description

A Placement Record is used to identify the placement of the individual once the individual has been admitted to a treatment episode.

A placement record will be uniquely identified in FASAMS by the Provider's internal identifier for the placement record to the admission. Therefore, no two placement records is to be submitted with the same internal identifier for the same admission.

#### 3.3.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Pamphlet 155-2 Chapter 5, Version 14.0

Field
<b>SourceRecordIdentifier</b>

### 3.3.3 Unique Constraint Rule

1. A PlacementRecord record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + ParentAdmission + PlacementCode + StartDate + 'Admission.ProgramAreaCode'

### 3.3.4 Additional Business Rules & Guidance

1. An admission must contain at least one placement record but may contain more than one.
2. When an individual is initially admitted to FASAMS, a Placement Record must be created under the Admission record. All client-specific services that are not an ImmediateDischarge must be associated with a Placement Record.
3. When an individual has a Placement change within the Provider, a new *Placement Record* must be recorded.
4. No two Placement Records with the same PlacementCode can have intersecting start and end dates.
5. A Placement Record end date is not required at the time a Placement Record is submitted. This allows an individual to be in multiple Placement Records within the Provider at the same time. All Placement Records under the Admission must have an end date when the individual is discharge from treatment.

### 3.3.5 Fields

Field	Value Type	Description/Validation Rules
<b>SourceRecordIdentifier</b>	<b>string</b>	<p><b>The Provider's internal system identifier for the Placement Record.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the Placement Record within the Admission.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS</li> </ul>

Field	Value Type	Description/Validation Rules
		would see this as a new record, and you be unable to update the original record. <ul style="list-style-type: none"> <li>A unique identifier for this record might contain: the AdmissionSourceRecordIdentifier, PlacementCode, and StartDate.</li> </ul>
ProviderSourceRecordIdentifier	string	<b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b> <ul style="list-style-type: none"> <li>Optional</li> <li>Must be 100 characters or less</li> </ul>
ProviderInformationalNote	string	<b>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</b> <ul style="list-style-type: none"> <li>Optional</li> <li>Must be 100 characters or less</li> </ul>
PlacementCode	string	<b>The code indicating placement of the individual over the course of the treatment episode.</b> <ul style="list-style-type: none"> <li>Required</li> <li>Must be one of the following values: <ul style="list-style-type: none"> <li>1 for CSU/Inpatient</li> <li>2 for Inpatient Detoxification</li> <li>3 for Residential</li> <li>4 for Outpatient</li> <li>5 for State Mental Health Treatment Facility</li> </ul> </li> </ul>
StartDate	date	<b>The date the individual first entered the placement of treatment.</b> <ul style="list-style-type: none"> <li>Required</li> <li>Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>Is to be greater than or equal to the AdmissionDate.</li> <li>Is to be less than or equal to the DischargeDate.</li> </ul>
EndDate	date	<b>The date the individual exited the placement of treatment.</b> <ul style="list-style-type: none"> <li>Required when the client is being discharged</li> <li>Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>Is to be greater than or equal to the AdmissionDate.</li> <li>Is to be less than or equal to the DischargeDate.</li> <li>Placement end date may be less than or equal to agency discharge date. Submission of this placement end date does not relate to service billing or conflict with 65E-14.021 (3)(a)(II).</li> </ul>
PlacementOutcomeCode	string	<b>The code indicating the outcome of the placement for the individual of the treatment episode.</b> <ul style="list-style-type: none"> <li>Required to be submitted at the time the EndDate is submitted.</li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>• Must be one of the following values:               <ul style="list-style-type: none"> <li>○ <b>1</b> for Moving to a Lower Level of Care at Same Provider</li> <li>○ <b>2</b> for Moving to a Higher Level of Care at Same Provider</li> <li>○ <b>3</b> for Discharge [referral to another provider or no referral at completion of placement]</li> </ul> </li> </ul>

### 3.4 PerformanceOutcomeMeasure

#### Subentity of Admission/Discharge

##### 3.4.1 Description

The Submitting Treatment Episode Data section above describes the general circumstances under which treatment episode data, including performance outcome measures, must be submitted. A performance outcome measure record includes the following information about an individual: socio-demographic and clinical characteristics, including level of care; level of functioning; and diagnosis. This information must be recorded and submitted during each treatment episode. It is required for analyzing and reporting to various entities responsible for the oversight and improvement of a statewide system of care for the prevention, treatment, and recovery of individuals with serious mental health or substance use disorders.

Over the course of a treatment episode, performance outcome measure data will be submitted many times. The POMs are necessary for our federal TEDS reporting. As such, a new Performance Outcome Measure record is required at the following time points: Admission, every 90 days thereafter, and Discharge (unless the DischargeReasonCode is 3 or 6). Each individual performance outcome measure record will be tracked separately in FASAMS and will be used for analysis at various points in time. A performance outcome measure record will be uniquely identified in FASAMS by the Provider’s internal identifier for the performance outcome measure record for the treatment episode. Therefore, no two different performance outcome measure records are to be sent with the same internal identifier for the same treatment episode.

##### 3.4.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record and to be used to delete an existing record are:

Field
<b>SourceRecordIdentifier</b>

##### 3.4.3 Unique Constraint Rule

1. A Performance Outcome Measure record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + ParentAdmission/ParentDischarge + PerformanceOutcomeMeasureDate + ‘Admission.ProgramAreaCode’



### 3.4.4 Additional Business Rules & Guidance

1. The rules for required fields for performance outcome measures are dependent upon the type of the related admission or discharge, as specified explicitly for each field in each section below.

#### Merging Note

In the case of a later-dated performance outcome measure containing fewer fields than the most recent performance outcome measure record in the Provider treatment episode prior to that date, FASAMS will handle merging the original values onto the newly created performance outcome measure record, so that full comparisons can be made in FASAMS. Therefore, submitters are only required to send what changed, and what is minimally required for outcome records after the admission into a Provider treatment episode. Sending a complete outcome measurement record is also acceptable, but not needed.

2. A new POM is required when a client is being discharged (unless the DischargeReasonCode is 3 or 6), and the date of the POM must match the date of the Discharge.
3. Only new (not previously submitted) POM records will be processed by the business validation rules. All resubmitted POM records will not be revalidated against business rules.

### 3.4.5 Fields & Subsections

Field	Value Type	Description/Validation Rules
SourceRecordIdentifier	string	<p><b>The Provider's internal system identifier for the performance outcome measure.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you would be unable to update the original record.</li> <li>• A unique identifier for this record might contain: the Admission or Discharge SourceRecordIdentifier, and the distinct PerformanceOutcomeMeasureDate. Add a timestamp if more than one measure occurred on the same date.</li> </ul>

Field	Value Type	Description/Validation Rules
<b>ProviderSourceRecordIdentifier</b>	string	<p><b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
<b>ProviderInformationalNote</b>	string	<p><b>This field is for the Provider’s general use only and is to be populated based on the direction from the Provider.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
<b>StaffEducationLevelCode</b>	string	<p><b>The code indicating the education level of the staff member who performed the performance outcome measure.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>StaffIdentifier</b>	string	<p><b>A string identifying the particular staff member who performed the performance outcome measure.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be 100 characters or less.</li> <li>• This field is required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>PerformanceOutcomeMeasureDate</b>	date	<p><b>The date the performance outcome measurement was taken.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Is to be greater than or equal to the Admission.AdmissionDate if the performance outcome measure is associated with an admission.</li> <li>• Is to be less than or equal to the Discharge.DischargeDate if the performance outcome measure is associated with a discharge.</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>• This field is required for reporting GAA data.</li> </ul>

For organizational purposes, the performance outcome measure record is broken into ten sections as specified below

### 3.4.5.1 ClientDemographic

#### Subentity of PerformanceOutcomeMeasure

This section includes additional client demographic information per performance outcome measure record. This is required because client demographic information is more likely to change over time than that collected at the client level. The following fields, section 3.4.4.1.1, are not optional, unless you are updating the existing POM.

### 3.4.5.1.1 Fields

Field	Value Type	Description/Validation Rules
<b>VeteranStatusCode</b>	string	<p><b>The code indicating whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Veteran</li> <li>○ 2 for Not a Veteran</li> <li>○ 7 for Unknown</li> </ul> </li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 7 – Veteran Status.</li> </ul>
<b>MaritalStatusCode</b>	string	<p><b>The code indicating the individual’s marital status in terms of codes that are compatible with categories used in the U.S. Census.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Single (includes individuals whose only marriage was annulled)</li> <li>○ 2 for Married (includes individuals living as married under official common law)</li> <li>○ 3 for Widowed</li> <li>○ 4 for Divorced</li> <li>○ 5 for Separated</li> <li>○ 6 for Unreported</li> <li>○ 7 for Registered Domestic Partner</li> <li>○ 8 for Legally Separated</li> </ul> </li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 14 – Marital Status.</li> </ul>
<b>ResidenceCountyAreaCode</b>	string	<p><b>The code indicating the county of the physical address in which the individual resides.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid CountyArea value for the state of Florida. Refer to Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>ResidencePostalCode</b>	string	<p><b>The postal code of the individual’s home residence.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in the format ##### or #####-#### or ##### where # is a number.</li> <li>• 99999-9999 can be used if the postal code is not known.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>

### 3.4.5.2 FinancialAndHousehold

#### Subentity of PerformanceOutcomeMeasure

This section includes financial and household related information about the individual. The following fields are required. No record should be submitted without this critical demographic information. The only current exemption for this requirement is an Immediate Discharge, or if you are updating an existing POM.

#### 3.4.5.2.1 Fields

Field	Value Type	Description/Validation Rules
<b>PrimaryIncomeSourceCode</b>	<b>string</b>	<p><b>The code indicating the individual’s primary source of financial support.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for Salary - Compensation for services, paid to the individual on a regular basis.</li> <li>○ <b>2</b> for TANF - Income received by the individual through the Temporary Assistance to Needy Families Program.</li> <li>○ <b>3</b> for Retirement/Pension/SSI - Income received by the individual for fulfilling certain conditions of prior employment.</li> <li>○ <b>4</b> for Disability - Income received by the individual, usually from government or insurance sources, for prior handicapping conditions. This includes SSDI.</li> <li>○ <b>5</b> for Other - Non-specified income including illegal income child support, and alimony.</li> <li>○ <b>6</b> for None - Individual has no source of income. Do not use this for unknown income sources.</li> <li>○ <b>7</b> for Unknown - Use this code if you can’t determine the source of the individual’s income.</li> </ul> </li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 9 – Source of Income/Support.</li> </ul>
<b>AnnualPersonalIncomeAmount</b>	<b>decimal</b>	<p><b>A dollar amount indicating the individual’s annual personal income. For example, if the individual makes \$30,000 per year, then enter 30000.00.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid decimal number greater than or equal to zero if the annual personal income is known</li> <li>• Must be ‘-1’ if the annual personal income is not known.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>AnnualFamilyIncomeAmount</b>	<b>decimal</b>	<p><b>A dollar amount indicating the individual’s family’s annual income. For example, if the individual makes \$30,000 per year, and the spouse makes \$30,000 per year, then enter 60000.00.</b></p>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid decimal number greater than or equal to zero if the annual family income is known.</li> <li>• Must be '-1' if the annual family income is not known.</li> <li>• Annual Family Income is the total compensation received by all family members living in the same household. Compensation may include wages, social security and child support. A family includes an individual and their dependents (if any) or a couple (married, common law or life partners) that live together and their dependents (if any). This does not include a couple legally married but living separately.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
PrimaryPaymentSourceCode	string	<p><b>The code indicating the primary source of payment for this treatment episode.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Self-Pay</li> <li>○ 2 for Blue Cross/Blue Shield</li> <li>○ 3 for Medicare</li> <li>○ 4 for Medicaid</li> <li>○ 5 for Other Government Payments</li> <li>○ 6 for Worker's Compensation</li> <li>○ 7 for Other Health Insurance Companies</li> <li>○ 8 for No Charge</li> <li>○ 9 for Other</li> <li>○ 10 for Tricare/Veterans</li> <li>○ 11 for Kidcare/Childrens' Health Insurance Program (CHIP)</li> <li>○ 12 for DCF</li> <li>○ 97 for Unknown</li> </ul> </li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 11 – Primary Payment Source.</li> </ul>
DisabilityIncomeStatusCode	string	<p><b>The code indicating whether the individual is receiving disability income for a psychiatric condition.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> <li>• This field is part of the GAA data for defining Priority</li> </ul>

Field	Value Type	Description/Validation Rules
		Population for AMH.
<b>HealthInsuranceCode</b>	<b>string</b>	<p><b>The code indicating the individual’s health insurance. The insurance may or may not cover behavioral health.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for Private Insurance (other than Blue Cross/Blue Shield or an HMO)</li> <li>○ <b>2</b> for Blue Cross/Blue Shield</li> <li>○ <b>3</b> for Medicare</li> <li>○ <b>4</b> for Medicaid</li> <li>○ <b>5</b> for Tricare/Veterans</li> <li>○ <b>6</b> for Health Maintenance Organization (HMO)</li> <li>○ <b>7</b> for Kidcare/Children’s Health Insurance Program (CHIP)</li> <li>○ <b>20</b> for Other</li> <li>○ <b>21</b> for None</li> <li>○ <b>97</b> for Unknown</li> </ul> </li> <li>• This field is part of TEDS supplemental data set for reporting SuDS 10 – Health Insurance.</li> </ul>
<b>TemporaryAssistanceForNeedyFamiliesStatusCode</b>	<b>string</b>	<p><b>The code indicating the individual’s status for receiving Temporary Assistance for Needy Families (TANF) funds.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for Temporary Cash Assistance</li> <li>○ <b>2</b> for Diversion Family Program</li> <li>○ <b>3</b> for Not an individual receiving TANF</li> <li>○ <b>4</b> for Unknown</li> </ul> </li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>FamilySizeNumber</b>	<b>integer</b>	<p><b>A number indicating the number of family members living in the individual’s household.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid integer between 1 and 99 if the family size is known.</li> <li>• Must be ‘-1’ if the family size is not known.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> <li>• A family includes an individual and their dependents (if any) or a couple (married, common law or life partners) that live together and their dependents (if any). This does not include a couple legally married but living separately.</li> </ul>

Field	Value Type	Description/Validation Rules
<b>DependentsCount</b>	<b>integer</b>	<p><b>A number indicating the number of people dependent on the individual.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid integer number greater than or equal to zero if the dependents count is known.</li> <li>• Must be '-1' if the dependents count is not known.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>DependentChildrenCode</b>	<b>string</b>	<p><b>A code indicating if there are children dependent on the individual.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> </ul>
<b>ChildWelfareInvolvedCode</b>	<b>string</b>	<p><b>The code indicating if ChildWelfare is involved with the individual.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> </ul>

### 3.4.5.3 Health

#### Subentity of PerformanceOutcomeMeasure

The section includes health related information about the individual. The following fields, 3.4.4.3.1, are not optional. The only current exemption is Immediate Discharge, or if you are updating an existing POM.

#### 3.4.5.3.1 Fields

Field	Value Type	Description/Validation Rules
<b>AmericansWithDisabilitiesActDisabledStatusCode</b>	<b>string</b>	<p><b>The code indicating whether the individual meets the definition of “disabled” under the Americans with Disabilities Act (ADA), e.g., developmentally disabled, physically disabled, visually impaired, hearing impaired, non-ambulatory, or English Language impaired.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> <li>○ <b>3</b> for Unknown</li> </ul> </li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>PregnantCode</b>	<b>string</b>	<p><b>The code indicating whether a female individual is pregnant.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Substance Abuse program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>0 for No</li> <li>1 for Yes</li> <li>6 for Not Applicable (Male)</li> </ul> </li> <li>Is to be 6 if the individual's gender is male.</li> <li>This field is part of TEDS supplemental data set for reporting SuDS 6 – Pregnant at Admission.</li> </ul>
<b>PregnancyTrimesterCode</b>	<b>string</b>	<p><b>The code indicating the trimester of a female individual's pregnancy.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Substance Abuse program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>1 for 1st trimester</li> <li>2 for 2nd trimester</li> <li>3 for 3rd trimester</li> <li>4 for Not pregnant or male</li> <li>5 for Unknown</li> </ul> </li> <li>Is to be 4 if the individual's gender is male.</li> <li>This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>ExpectedDeliveryDate</b>	<b>date</b>	<p><b>The code indicating the expected date of delivery.</b></p> <ul style="list-style-type: none"> <li>Required if PregnantCode is 1</li> <li>Must not be provided if PregnantCode is 0 or 6</li> <li>Must be a valid date</li> </ul>
<b>RecentlyBecomePostpartumCode</b>	<b>string</b>	<p><b>The code indicating if a female individual has recently become post-partum by giving birth to a child within the last 91 days.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Substance Abuse program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>0 for No</li> <li>1 for Yes</li> <li>3 for Unknown</li> <li>6 for Not Applicable</li> </ul> </li> <li>Is to be 6 if the individual's gender is male.</li> <li>This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>



Field	Value Type	Description/Validation Rules
<b>UnableToPerformDailyLivingActivitiesCode</b>	string	<p><b>The code indicating if the individual is unable to perform activities of daily living functioning independently.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• The following values may be used: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> </ul>
<b>IntravenousSubstanceHistoryCode</b>	string	<p><b>The code indicating if the individual has a history of intravenous substance use.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>BirthOutcomeCode</b>	string	<p><b>The code indicating the pregnancy's birth outcome at discharge for a female individual that was pregnant within the admission and discharge dates.</b></p> <ul style="list-style-type: none"> <li>• Required if the related discharge has a Substance Abuse program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Live birth (drug presence in newborn)</li> <li>○ 2 for Live birth (no drug presence in newborn)</li> <li>○ 3 for Still birth</li> <li>○ 4 for Miscarriage</li> <li>○ 5 for Pregnancy terminated</li> <li>○ 6 for Not yet delivered</li> <li>○ 7 for Unknown Birth Outcome (an option only if whereabouts of individual is unknown)</li> <li>○ 8 for Not Applicable</li> </ul> </li> <li>• Is to be 8 if the individual's gender is male.</li> </ul> <p>This field is not required for reporting GAA, TEDS MDS, TEDS NOM, TEDS MHA, or TEDS SuDS.</p>
<b>ActualDeliveryDate</b>	date	<p><b>The date indicating actual delivery date.</b></p> <ul style="list-style-type: none"> <li>• Required if BirthOutcomeCode is 1 or 2</li> <li>• Must not be provided if BirthOutcomeCode is not 1 or 2</li> <li>• Must be a valid date</li> </ul> <p>Must be greater than or equal to the AdmissionDate in the related Admission (associated through Discharge)</p>

Field	Value Type	Description/Validation Rules
<b>BirthWeightPounds</b>	<b>integer</b>	<p><b>The number indicating the birth weight in pounds.</b></p> <ul style="list-style-type: none"> <li>Required if BirthOutcomeCode is 1 or 2</li> </ul> <p>If BirthOutcomeCode is 1 or 2 then BirthWeight Pounds and BirthWeight Ounces cannot both be zero.</p>
<b>BirthWeightOunces</b>	<b>integer</b>	<p><b>The number indicating the birth weight in ounces.</b></p> <ul style="list-style-type: none"> <li>Required if BirthOutcomeCode is 1 or 2</li> </ul> <p>If BirthOutcomeCode is 1 or 2 then BirthWeight Pounds and BirthWeight Ounces cannot both be zero.</p>
<b>DrugFreeAtDeliveryCode</b>	<b>string</b>	<p><b>The code indicating whether the individual was drug free at time of delivery if the individual was pregnant at any time during episode of care.</b></p> <ul style="list-style-type: none"> <li>Required if the related discharge has a Substance Abuse program area.</li> <li>Must be one of the following values: <ul style="list-style-type: none"> <li>0 for No</li> <li>1 for Yes</li> <li>3 for Unknown (use only if whereabouts of individual is unknown)</li> <li>6 for Not Applicable</li> </ul> </li> <li>Is to be 6 (Not Applicable) if the individual's gender is male.</li> </ul> <p>This field is not required for reporting GAA, TEDS MDS, TEDS NOM, TEDS MHA, or TEDS SuDS.</p>

### 3.4.5.4 EducationAndEmployment

Subentity of PerformanceOutcomeMeasure

The section includes education and employment related information about the individual. A single performance outcome measure record may contain zero or one Education and Employment records. If any fields in this section are required, then the section must be included.

#### 3.4.5.4.1 Fields

Field	Value Type	Description/Validation Rules
<b>EducationGradeLevelCode</b>	<b>string</b>	<p><b>The code indicating either the highest school grade completed for adults or children not attending school or the current school grade for school-age children (3-17 years old) attending school.</b></p> <ul style="list-style-type: none"> <li>Required</li> <li>Must be a valid Education Grade Level value. Refer to Education Grade Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>This field is part of TEDS minimum data set for reporting MDS 12 and MHD 5 - Education.</li> </ul>

Field	Value Type	Description/Validation Rules
<b>SchoolAttendanceStatusCode</b>	string	<p><b>The code indicating the school attendance status of school-age children and adolescents (3-17 years old), including young adults (18-21 years old) who are protected under the Individuals with Disabilities Education Act (IDEA), receiving mental health services.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No - individual has not attended school at any time in the past 3 months</li> <li>○ <b>1</b> for Yes - individual has attended school at any time in the past 3 months</li> <li>○ <b>3</b> for Unknown</li> <li>○ <b>6</b> for Not Applicable</li> </ul> </li> <li>• Mandatory for reporting TEDS NOM data for MHA 3 and MHD 4 – School Attendance Status.</li> </ul>
<b>SchoolDaysAvailableInLast90DaysNumber</b>	integer	<p><b>A number indicating the number of school days available within the last 90 days.</b></p> <ul style="list-style-type: none"> <li>• Required if Child Mental Health program area code</li> <li>• Must not be provided if not Child Mental Health program area code</li> <li>• Must be a valid integer between 0 and 90 if the school days available in the last 90 days is known.</li> <li>• Must be '-1' if the school days available in the last 90 days is not known.</li> </ul> <p>This field is required for reporting GAA Performance Outcome Measure for CMH.</p>
<b>SchoolDaysAttendedInLast90DaysNumber</b>	integer	<p><b>A number indicating the number of school days attended within the last 90 days.</b></p> <ul style="list-style-type: none"> <li>• Required if Child Mental Health program area code</li> <li>• Must not be provided if not Child Mental Health program area code</li> <li>• Must be a valid integer between 0 and 90 if the school days attended in the last 90 days is known.</li> <li>• Must be '-1' if the school days attended in the last 90 days is not known.</li> <li>• This field is required for reporting GAA Performance Outcome Measure for CMH.</li> </ul>
<b>SchoolSuspensionOrExpulsionStatusCode</b>	string	<p><b>The code indicating if the child was suspended or expelled from school within the last 30 days.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Child Substance Abuse or Child Mental Health program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for Neither Suspended nor Expelled</li> </ul> </li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>○ 1 for Suspended</li> <li>○ 2 for Expelled</li> <li>○ 3 for Suspended and Expelled</li> <li>○ 4 for Not Applicable</li> <li>● This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>EmploymentStatusCode</b>	<b>string</b>	<p><b>The code indicating the individual's employment status.</b></p> <ul style="list-style-type: none"> <li>● Required</li> <li>● Must be a valid Employment Status value. Refer to Employment Status in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>● This field is part of TEDS minimum data set and NOM for reporting MDS 13 and DIS 24 – Employment Status.</li> </ul>
<b>DaysWorkedInLast30DaysNumber</b>	<b>integer</b>	<p><b>A number indicating the number of days the individual worked for pay, including paid leave, within the last 30 days.</b></p> <ul style="list-style-type: none"> <li>● Required if Adult Mental Health program area code</li> <li>● Must not be provided if not Adult Mental Health program area code</li> <li>● Must be a valid integer between 0 and 30 if the days worked in the last 30 is not known.</li> <li>● Must be '-1' if the days worked in the last 30 days is not known.</li> <li>● This field is part of the GAA Performance Outcome measure data for AMH.</li> </ul>

### 3.4.5.5 StabilityOfHousing

#### Subentity of PerformanceOutcomeMeasure

The section includes stability of housing related information about the individual. A single performance outcome measure record may contain zero or one Stability of Housing records. If any fields in this section are required, then the section must be included.

#### 3.4.5.5.1 Fields

Field	Value Type	Description/Validation Rules
<b>DaysSpentInCommunityInLast30DaysNumber</b>	<b>integer</b>	<p><b>A number indicating the number of days the individual spent in the community, within the last 30 days.</b></p> <ul style="list-style-type: none"> <li>● Required if Mental Health program area code</li> <li>● Must not be provided if not Mental Health program area code</li> <li>● Must be a valid integer between 0 and 30 if the days spent in the community in the last 30 days is known.</li> <li>● Must be '-1' if the days spent in the community in the last 30 days is not known.</li> <li>● This field is part of the GAA Performance Outcome measure</li> </ul>

Field	Value Type	Description/Validation Rules
		data for AMH and CMH.
<b>LivingArrangementCode</b>	<b>string</b>	<p><b>The code indicating whether the individual is homeless, a dependent (living with parents or in a supervised setting) or living independently on his or her own.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Living Arrangement Code value. Refer to Living Arrangement in Appendix 1 Data Code Values of Pamphlet 155.2.</li> <li>• This field is part of TEDS supplemental data set NOM for reporting SuDS 8 and DIS 23 – Living Arrangement.</li> </ul>

### 3.4.5.6 Recovery

#### Subentity of PerformanceOutcomeMeasure

The section includes recovery related information about the individual. A single performance outcome measure record may contain zero or one Recovery records. If any fields in this section are required, then the section must be included.

#### 3.4.5.6.1 Fields

Field	Value Type	Description/Validation Rules
<b>SelfHelpGroupAttendanceFrequencyCode</b>	<b>string</b>	<p><b>The code indicating the frequency of attendance in a self-help or mutual support group in the last 30 days.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for No attendance</li> <li>○ <b>2</b> for Less than once a week - 1 to 3 times in the past 30 days</li> <li>○ <b>3</b> for About once a week - 4 to 7 times in the past 30 days</li> <li>○ <b>4</b> for 2 to 3 times per week - 8-15 times in the past 30 days</li> <li>○ <b>5</b> for At least 4 times a week – 16 to 30 times in past 30 days</li> <li>○ <b>6</b> for Some attendance – Number of times and frequency is unknown</li> <li>○ <b>97</b> for Unknown</li> </ul> </li> <li>• This field is part of TEDS supplemental data set NOM for reporting SuDS 17 and DIS 27 – Attendance at Self-Help Group in past 30 Days.</li> </ul>

### 3.4.5.7 SubstanceUseDisorders

#### Subentity of PerformanceOutcomeMeasure

The section includes substance use disorder related information about the individual, including their primary, secondary, and tertiary substance use disorders. A single performance outcome measure record may contain zero or one Substance Use Disorder records, but there may be multiple substance use disorders defined within the section. If any fields in this section are required, then the section must be included.

### 3.4.5.7.1 Additional Business Rules & Guidance

1. At least one Substance Use Disorder is required if the related admission has a Substance Abuse program area.
2. It is acceptable for a Substance Use Disorder to indicate 'None' as the disorder if the related individual has the IsCodependent field marked as Yes. This would be appropriate, for example, for co-dependent individuals that do not use substances themselves.
3. A maximum of three Substance Use Disorder records may be submitted for a given performance outcome measure.
4. There may be only one Substance Use Disorder record of a given rank for a given performance outcome measure. That is, there may only be one primary, one secondary, and one tertiary. There may not be multiple primary disorders, secondary disorders, or tertiary disorders.
5. There may not be a Substance Use Disorder with a lower rank without sending the directly higher rank as well, for a given performance outcome measure. That is, a secondary substance may not be submitted without first submitting a primary substance, and a tertiary substance may not be submitted without a secondary substance.
6. There may be only one Substance record for a given performance outcome measure. For example, there may only be one record with 'Alcohol' as the substance. That is, do not repeat the same substance across multiple records.

### 3.4.5.7.2 Fields

Field	Value Type	Description/Validation Rules
<b>DisorderRankCode</b>	<b>string</b>	<p><b>The code indicating the rank or priority of the individual's substance use disorder.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Primary</li> <li>○ 2 for Secondary</li> <li>○ 3 for Tertiary</li> </ul> </li> <li>• As an example, if Alcohol is the individual's primary disorder in terms of use, then it should be listed as a record with this field set to 1. If the individual has a secondary problem of using Marijuana, then an additional record should be listed with this field set to 2. If the individual has a tertiary problem of using Heroin, then an additional record should be listed with this field set to 3.</li> <li>• If an individual with substance use problems does not have any substance use disorders to report, then Providers are required to send at least a primary substance use disorder record with the substance indicating 'None' as the primary substance, unless the admission is for a co-dependent individual (Admission record has the IsCodependent field marked as Yes).</li> <li>• Individuals with mental health problems do not have to report any substance use disorders but may if the individual is being treated for</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>co-occurring mental health and substance use needs.</p> <ul style="list-style-type: none"> <li>• This field is part of TEDS minimum data set NOM data for reporting MDS 14a, 14b and 14c, as well as DIS 21a, 21b, and 21c – Substance Abuse Problem at Admission and Discharge.</li> </ul>
<b>DisorderCode</b>	<b>string</b>	<p><b>The code indicating the individual’s substance use disorder for the given rank order.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must be a valid Substance Use Disorder value. Refer to Substances Used in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is part of TEDS minimum data set NOM for reporting MDS 14a, 14b and 14c, as well as DIS 21a, 21b, and 21c – Substance Abuse Problem at Admission and Discharge.</li> </ul>
<b>RouteOfAdministrationCode</b>	<b>string</b>	<p><b>The code indicating the usual route of administration of the corresponding substance with which the individual has a disorder.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must not be provided if DisorderCode is 98 or 99</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Oral</li> <li>○ 2 for Smoking</li> <li>○ 3 for Inhalation</li> <li>○ 4 for Injection (IV or Intra-muscular)</li> <li>○ 5 for Other Route</li> <li>○ 7 for Unknown</li> </ul> </li> <li>• This field is part of TEDS minimum data set for reporting MDS 15a, 15b and 15c – Route of Administration.</li> </ul>
<b>FrequencyofUseCode</b>	<b>string</b>	<p><b>The code indicating the frequency of use of the corresponding substance with which the individual has a disorder.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must not be provided if DisorderCode is 98 or 99</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for No Use in Past 30 days</li> <li>○ 2 for 1-3 Times in Past 30 days</li> <li>○ 3 for 1-2 Times per Week</li> <li>○ 4 for 3-6 Times per Week</li> <li>○ 5 for Daily</li> <li>○ 7 for Unknown</li> </ul> </li> <li>• This field is part of TEDS minimum data set NOM for reporting MDS 16a, 16b and 16c, as well as DIS 22a, 22b, and 22c – Frequency of Use at Admission and Discharge.</li> </ul>
<b>FirstUseAge</b>	<b>integer</b>	<p><b>For substances other than alcohol, this number indicates the age at which the individual first used the corresponding substance with which the individual has a disorder. For alcohol, this number indicates the</b></p>

Field	Value Type	Description/Validation Rules
		<p><b>individual's age of their first intoxication.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> <li>• Must not be provided if DisorderCode is 98 or 99</li> <li>• Must be a valid integer less than or equal to the individual's current age.</li> <li>• This field is part of TEDS minimum data set for reporting MDS 17a, 17b and 17c – Age at First Use.</li> </ul>

### 3.4.5.8 MentalHealth

#### Subentity of PerformanceOutcomeMeasure

The section includes mental health related information about the individual. A single performance outcome measure record may contain zero or one Mental Health records. If any fields in this section are required, then the section must be included.

#### 3.4.5.8.1 Fields

Field	Value Type	Description/Validation Rules
<b>MentalHealthProblemRiskCode</b>	<b>string</b>	<p><b>The code indicating if the individual shows evidence of stress and/or mental health problems.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for None</li> <li>○ <b>1</b> for Shows evidence of recent severe stressful event and problems with coping.</li> <li>○ <b>2</b> for Displays symptomatology placing person at risk of more restrictive intervention if untreated.</li> <li>○ <b>3</b> for Both 1 and 2</li> <li>○ <b>7</b> for Unknown</li> </ul> </li> <li>• This field is part of the GAA data for defining Priority Population for AMH.</li> </ul>
<b>HasRiskFactorsForEmotionalDisturbanceCode</b>	<b>string</b>	<p><b>The code indicating if the child has risk factors for Emotional Disturbance (referred to behavioral health program in conjunction with Individuals with Disabilities Education Act (IDEA), homelessness, family history of mental illness, abuse or neglect, exposure to domestic violence, substance use, chronic or serious physical illness, or multiple out-of-home placements).</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Child Mental Health program area.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> </ul> </li> </ul>



Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>Is to be 0 (No) or not provided if the individual is an adult.</li> <li>This field is part of the GAA data for defining Priority Population for CMH.</li> </ul>
<b>PrognosisStatusCode</b>	string	<ul style="list-style-type: none"> <li><b>The code indicating if the individual received services for the current mental health problem within the past 12 months or if the mental health problem is expected to persist for at least another 12 months.</b></li> <li>Required if the related admission has a Mental Health program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>0 for No (if both conditions are not met)</li> <li>1 for Yes (if either or both conditions are met)</li> <li>3 for Unknown</li> </ul> </li> <li>This field is part of the GAA data for defining Priority Population for AMH.</li> </ul>

### 3.4.5.9 Medication

#### Subentity of PerformanceOutcomeMeasure

The section includes medication related information for the individual. A single performance outcome measure record may contain zero or one Medication records. If any fields in this section are required, then the section must be included.

#### 3.4.5.9.1 Fields

Field	Value Type	Description/Validation Rules
<b>MedicationAssistedOpioidTherapyCode</b>	string	<p><b>The code indicating whether the use of opioid medications such as methadone or buprenorphine are part of the individual's treatment plan.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Substance Abuse program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>0 for No</li> <li>1 for Yes</li> <li>3 for Unknown</li> </ul> </li> <li>This field is part of TEDS minimum data set for reporting MDS 19 – Medication -Assisted Opioid Therapy.</li> </ul>
<b>ReceivedPrescriptionsThroughIndigentDrugProgramCode</b>	string	<p><b>The code indicating whether the individual received medication through the Indigent Drug Program (IDP) within the last 90 days.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Mental Health program area.</li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>• Must be one of the following values:               <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> <li>○ <b>3</b> for Unknown</li> </ul> </li> <li>• This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>ReceivedPrescriptionsThroughPatientAssistanceProgramCode</b>	string	<p><b>The code indicating whether the individual received atypical antipsychotic medication through the Patient Assistance Program (PAP).</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area.</li> <li>• Must be one of the following values:               <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> <li>○ <b>3</b> for Unknown</li> </ul> </li> <li>• This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>TakingAntipsychoticMedicationCode</b>	string	<p><b>The code indicating whether the individual has been taking any atypical antipsychotic medication.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area.</li> <li>• Must be one of the following values:               <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> <li>○ <b>3</b> for Unknown</li> </ul> </li> <li>• This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>

### 3.4.5.10 Legal

#### Subentity of PerformanceOutcomeMeasure

The section includes legal information about the individual. A single performance outcome measure record may contain zero or one Legal records. If any fields in this section are required, then the section must be included.

#### 3.4.5.10.1 Fields

Field	Value Type	Description/Validation Rules
<b>ArrestsInLast30DaysNumber</b>	integer	<p><b>A number indicating the number of arrests for any cause, within the last 30 days.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid integer greater than or equal to 0 if the arrests</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>in the last 30 days is known.</p> <ul style="list-style-type: none"> <li>• Must be '-1' if the arrests in the last 30 days is not known.</li> <li>• This field is part of TEDS supplemental data set NOM for reporting SuDS 16 and DIS 16.</li> </ul>
<b>IsVoluntarilyInTreatmentCode</b>	<b>string</b>	<p><b>The code indicating if the individual is voluntarily in treatment.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0 for No</b></li> <li>○ <b>1 for Yes</b></li> </ul> </li> <li>• Yes would indicate that the individual is voluntarily in treatment.</li> <li>• No would indicate that the individual is involuntarily in treatment, for example, if the individual was court ordered into treatment.</li> <li>• This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>IsLegallyIncompetentCode</b>	<b>string</b>	<p><b>The code indicating if the individual has been deemed legally incompetent.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0 for No</b></li> <li>○ <b>1 for Yes</b></li> </ul> </li> <li>• Yes would indicate that the individual has been deemed legally incompetent.</li> <li>• No would indicate that the individual has not been deemed legally incompetent.</li> <li>• This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>LegalStatusCode</b>	<b>string</b>	<p><b>The code indicating the individual's legal status. This field is applicable at any treatment service setting in community Provider agencies, as well as in state psychiatric hospitals.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1 for Voluntary-self</b></li> <li>○ <b>2 for Voluntary-others (parents, guardians, etc.)</b></li> <li>○ <b>3 for Involuntary-civil</b></li> <li>○ <b>4 for Involuntary-criminal</b></li> <li>○ <b>5 for Involuntary-juvenile justice</b></li> <li>○ <b>6 for Involuntary-civil, sexual</b></li> <li>○ <b>97 for Unknown</b></li> </ul> </li> <li>• Codes 1 and 2 may be used only if IsVoluntarilyInTreatmentCode is 1 (Yes)</li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>Codes 3, 4, 5 and 6 may be used only if IsVoluntarilyInTreatmentCode is 0 (No).</li> <li>This field is part of TEDS minimum data set for reporting MHA 4 – Legal Status at Admission.</li> </ul>
<b>LegalGuardianRelationshipCode</b>	<b>string</b>	<p><b>The code indicating the type of legal guardianship for the child.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Child Mental Health or Child Substance Abuse program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>1 for Parent</li> <li>2 for Other Relative</li> <li>3 for Non-relative</li> <li>4 for Emancipated minor</li> <li>5 for State or public agency</li> <li>6 for Not Applicable</li> </ul> </li> <li>This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>ChildrenDependencyOrDelinquencyStatusCode</b>	<b>string</b>	<p><b>The code indicating the status of children who are adjudicated or non-adjudicated as dependent and/or delinquent.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has a Child Mental Health or Child Substance Abuse program area.</li> <li>Must be a valid Children Dependency or Delinquency Status value. Refer to Children Dependency or Delinquency Status in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>CompetencyStatusCode</b>	<b>string</b>	<p><b>The code indicating an individual's competency or incompetency. Competent indicates the status of an individual who has not been deemed incompetent by court order. Incompetent indicates the status of an individual who has been deemed incompetent to proceed in a criminal proceeding, adjudicated incapacitated, or deemed incompetent by court order.</b></p> <ul style="list-style-type: none"> <li>Required if the related admission has an Adult Mental Health program area.</li> <li>Must be one of the following values:               <ul style="list-style-type: none"> <li>1 for The individual is not under the jurisdiction of the court and is not involved in criminal justice system</li> <li>2 for The individual is deemed by the court to be competent to proceed in criminal offenses and is not adjudicated "Not Guilty by Reason of Insanity"</li> <li>3 for The individual is adjudicated by the court as incompetent to proceed (ITP) at a material stage of a criminal proceeding</li> <li>4 for The individual is adjudicated by the court as "Not Guilty"</li> </ul> </li> </ul>

Field	Value Type	Description/Validation Rules
		<p>by Reason of Insanity" on criminal charges</p> <ul style="list-style-type: none"> <li>○ <b>5</b> for Other (None of the above)</li> <li>○ <b>6</b> for Rubio</li> <li>○ <b>7</b> for Mosher</li> <li>○ <b>97</b> for Unknown</li> </ul> <ul style="list-style-type: none"> <li>● Code 3 may be used only if IsLegallyIncompetentCode is 1 (Yes).</li> <li>● This field is part of the GAA data for defining priority population for AMH.</li> </ul>
<b>HasBeenCommittedToJuvenileJusticeCode</b>	<b>string</b>	<p><b>The code indicating if the child was committed or recommitted to DCF of Juvenile Justice (DJJ).</b></p> <ul style="list-style-type: none"> <li>● Required if the related admission has a Child Mental Health or Child Substance Abuse program area.</li> <li>● Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> </ul> </li> <li>● Is to be 0 (No) or not provided if the individual is an adult.</li> <li>● This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>MeetsCriteriaForMarchmanActCode</b>	<b>string</b>	<p><b>The code indicating if the individual meets the criteria for admission to a Marchman Act receiving facility.</b></p> <ul style="list-style-type: none"> <li>● Required if the related admission has a Substance Abuse program area.</li> <li>● Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> </ul> </li> <li>● This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>MarchmanActTypeCode</b>	<b>string</b>	<p><b>The code indicating the type of Marchman Act that resulted in the individual being in treatment.</b></p> <ul style="list-style-type: none"> <li>● Required if MeetsCriteriaForMarchmanActCode is 1 (Yes) and must not be provided otherwise.</li> <li>● Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for Involuntary Assessment</li> <li>○ <b>2</b> for Involuntary Treatment</li> <li>○ <b>3</b> for Involuntary Assessment and Treatment</li> <li>○ <b>7</b> for Unknown</li> </ul> </li> <li>● This field is not required for GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>MeetsCriteriaForBakerActCode</b>	<b>string</b>	<p><b>The code indicating if the individual meets the criteria for admission to a Baker Act receiving facility.</b></p> <ul style="list-style-type: none"> <li>● Required if the related admission has a Mental Health program</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>area.</p> <ul style="list-style-type: none"> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>0</b> for No</li> <li>○ <b>1</b> for Yes</li> </ul> </li> <li>• Civil State Hospitals is to use Code 1 for Yes.</li> <li>• Forensic State Hospitals is to use Code 0 for No.</li> <li>• This field is part of GAA data for defining GAA Priority Population for AMH.</li> </ul>
<b>BakerActRouteCode</b>	<b>string</b>	<p><b>The code indicating the route that was used to determine whether the individual met the criteria for admission to a Baker Act receiving facility.</b></p> <ul style="list-style-type: none"> <li>• Required if MeetsCriteriaForBakerActionCode is 1 (Yes) and must not be provided otherwise.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>1</b> for Involuntary Examinations thru Court</li> <li>○ <b>2</b> for Involuntary Examinations thru Law Enforcement</li> <li>○ <b>3</b> for Involuntary Examinations thru MH Professionals</li> <li>○ <b>4</b> for Voluntary Examination</li> <li>○ <b>7</b> for Unknown</li> </ul> </li> <li>• Civil State Hospitals is to use code 3 or 7.</li> <li>• This field is part of GAA data for defining GAA Priority Population for AMH.</li> </ul>
<b>BakerActRoleCode</b>	<b>string</b>	<p><b>The code indicating the role of the person who determined the individual met the criteria for admission to a Baker Act receiving facility.</b></p> <ul style="list-style-type: none"> <li>• Required if BakerActRouteCode is provided</li> <li>• Required if MeetsCriteriaForBakerActionCode = 1 (Yes)</li> <li>• Must NOT be provided if MeetsCriteriaForBakerActionCode is NOT 1</li> <li>• Must NOT be provided if BakerActRouteCode is not submitted</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ <b>01</b> for Judge <ul style="list-style-type: none"> <li>▪ Must be 01 if BakerActRouteCode is 1 (Involuntary Examinations thru Court)</li> </ul> </li> <li>○ <b>02</b> for Police Officer <ul style="list-style-type: none"> <li>▪ Must be 02 or 03 if BakerActRouteCode is 2 (Involuntary Examinations thru Law Enforcement)</li> </ul> </li> <li>○ <b>03</b> for School Resource Officer <ul style="list-style-type: none"> <li>▪ Must be 02 or 03 if BakerActRouteCode is 2 (Involuntary Examinations thru Law Enforcement)</li> </ul> </li> <li>○ <b>05</b> for Licensed Practitioner of the Healing Arts <ul style="list-style-type: none"> <li>▪ Must be 05, 06 or 07 if BakerActRouteCode is 3 (Involuntary Examinations thru MH Professionals)</li> </ul> </li> <li>○ <b>06</b> for PhD/PsyD/Ed.D</li> </ul> </li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>▪ Must be 05, 06 or 07 if BakerActRouteCode is 3 (Involuntary Examinations thru MH Professionals)</li> <li>○ 07 for MD/DO</li> <li>▪ Must be 05, 06 or 07 if BakerActRouteCode is 3 (Involuntary Examinations thru MH Professionals)</li> <li>○ 08 for Self</li> <li>▪ Must be 08 if BakerActRouteCode is 4 (Voluntary Examination)</li> <li>○ 09 for Unknown</li> <li>▪ Must be 09 if BakerActRouteCode is 7 (Unknown)</li> </ul>
<b>BakerActCrisisInterventionTrainedCode</b>	string	<p><b>The code indicating if the person who determined the individual met the criteria for admission to a Baker Act receiving facility was Crisis Intervention Trained.</b></p> <ul style="list-style-type: none"> <li>• Required if BakerActRoleCode is one of the following <ul style="list-style-type: none"> <li>○ 02 for Police Officer</li> <li>○ 03 for School Resource Officer</li> </ul> </li> <li>• Must NOT be provided if BakerActRoleCode is NOT 02 or 03</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> </ul>
<b>BakerActSchoolSettingCode</b>	string	<p><b>The code indicating if the event took place in a school setting.</b></p> <ul style="list-style-type: none"> <li>• Required if BakerActRoleCode is one of the following <ul style="list-style-type: none"> <li>○ 02 for Police Officer</li> <li>○ 05 for Licensed Practitioner of the Healing Arts</li> <li>○ 06 for PhD/PsyD/Ed.D</li> </ul> </li> <li>• Must NOT be provided if BakerActRoleCode is NOT 02, 05 or 06.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> </ul> </li> </ul>
<b>BakerActMobileUnitCode</b>	string	<p><b>The code indicating the person who determined the individual met the criteria for admission to a Baker Act receiving facility was part of a Mobile Unit.</b></p> <ul style="list-style-type: none"> <li>• Required if BakerActRoleCode is one of the following <ul style="list-style-type: none"> <li>○ 05 for Licensed Practitioner of the Healing Arts</li> <li>○ 06 for PhD/PsyD/Ed.D</li> <li>○ 07 for MD/DO</li> </ul> </li> <li>• Must NOT be provided if BakerActRoleCode is NOT 05, 06 or 07.</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> </ul> </li> </ul>
<b>DrugCourtOrderedCode</b>	string	<p><b>The code indicating whether the individual was drug-court ordered to attend substance use treatment.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Substance Abuse program area.</li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>• Must be one of the following values:               <ul style="list-style-type: none"> <li>○ 0 for No</li> <li>○ 1 for Yes</li> <li>○ 3 for Unknown</li> </ul> </li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
<b>OrderingCountyAreaCode</b>	<b>string</b>	<p><b>The code indicating the county where the decision was made to order the individual to treatment.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area and the Provider.ContractualRelationshipCode is 3 (State Mental Health Treatment Facility - DCF Operated) or Provider.ContractualRelationshipCode is 4 (State Mental Health Treatment Facility - DCF Contracted).</li> <li>• When the StateCode is the code for 'Florida', then the CountyAreaCode must be a valid CountyArea value for the state of Florida. Refer to Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• When the StateCode is anything other than the code for 'Florida', then the CountyAreaCode must be '99' to indicate Out of State.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>

### 3.5 Discharge

Subentity of Admission

#### 3.5.1 Description

A Discharge is submitted when an individual is discharged from a particular Provider to start treatment or service with another Provider or when the individual no longer needs treatment or service in any site within the Provider agency.

See the Submitting Treatment Episode Data section for a description of Discharge. A discharge will be uniquely identified in FASAMS by the Provider's internal identifier for the discharge within the treatment episode. Therefore, no two discharge records is to be sent with the same internal identifier for the same Provider treatment episode.

#### 3.5.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
<b>SourceRecordIdentifier</b>



### 3.5.3 Unique Constraint Rule

1. A Discharge record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + ParentAdmission + 'D' + 'Admission.ProgramAreaCode'

### 3.5.4 Additional Business Rules & Guidance

1. A treatment episode must contain zero or one discharge records.
2. A discharge must have a single performance outcome measure associated to it (unless the DischargeReasonCode is 3 or 6).
3. A discharge must have an Evaluation with TypeCode 1 {LOC} associated to it.
4. The DischargeDate can only be submitted after all PlacementRecord End Dates have been submitted.

### 3.5.5 Fields

Field	Value Type	Description/Validation Rules
SourceRecordIdentifier	string	<p><b>The Provider's internal system identifier for the discharge.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the discharge within the treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original record.</li> <li>• A unique identifier for this record might contain: the same SourceRecordIdentifier that was used for the Admission, or the same SourceRecordIdentifier that was used for the Admission but with DischargeDate and TypeCode added.</li> </ul>

Field	Value Type	Description/Validation Rules
ProviderSourceRecordIdentifier	string	<p>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
ProviderInformationalNote	string	<p>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
StaffEducationLevelCode	string	<p>The code indicating the education level of the staff member who performed the discharge.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
StaffIdentifier	string	<p>A string identifying the particular staff member who performed the discharge.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be 100 characters or less.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS NOM, or TEDS SuDS.</li> </ul>
DischargeDate	date	<p>The date when the individual was discharged from the Provider or from a treatment service setting.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>• Is to be greater than or equal to the AdmissionDate.</li> <li>• All PlacementRecords must have End Dates before DischargeDate can be submitted.</li> <li>• This field is part of TEDS minimum data set for reporting DIS 9 – Data of Discharge.</li> </ul>
LastContactDate	date	<p>The date when the individual last received a treatment service or had any contact with the Provider. This value is used to calculate the retention (i.e. length of stay) outcome measure because the discharge date often reflects an administrative discharge date, whereas last contact date more accurately reflects the length of time the individual is engaged in treatment.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>Types in Pamphlet 155-2.</p> <ul style="list-style-type: none"> <li>• Is to be greater than or equal to the AdmissionDate.</li> <li>• This field is part of TEDS minimum data set for reporting DIS 8 – Date of Last Contact or Data Update.</li> </ul>
DischargeReasonCode	string	<p><b>The code indicating the outcome of the treatment episode or discontinuance of treatment.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Successfully Completed Treatment/Services</li> <li>○ 2 for Did not Complete Treatment-Voluntary (Examples: (lost contact, left against medical advice, eloped, failed to return from leave, and individual choice)</li> <li>○ 3 for Did Not Complete Treatment-Involuntary (Examples: Administrative discharge (no longer eligible for services, funding source change, assessment only, agency closure)</li> <li>○ 4 for Successfully Completed--Transferred to Another Provider</li> <li>○ 5 for Incarcerated</li> <li>○ 6 for Death</li> <li>○ 8 for Transferred to State Mental Health Treatment Facility</li> <li>○ 9 for Client Moved Out of Service Area</li> <li>○ 10 for Client Only Received Non-Treatment Services (e.g. assessment, detox, intervention, prevention, etc.)</li> <li>○ 14 for Did Not Complete Treatment-Transferred to Another Provider (i.e. Long Term Medical Care)</li> </ul> </li> <li>• This field is part of TEDS minimum data set for reporting DIS 10 – Reason for Discharge, Transfer or Discontinuance of Treatment Discharge.</li> </ul>
DischargeDestinationCode	string	<p><b>The code indicating the entity (person or agency) to whom/which the individual is being discharged or transferred at the time of discharge from the Provider.</b></p> <ul style="list-style-type: none"> <li>• Required if the related admission has a Mental Health program area and the Provider.ContractualRelationshipCode is 3 (State Mental Health Treatment Facility - DCF Operated) or Provider.ContractualRelationshipCode is 4 (State Mental Health Treatment Facility - DCF Contracted).</li> <li>• Must be a valid Discharge Destination value. Refer to Discharge Destination in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• This field is not required for reporting GAA, TEDS MDS, TEDS NOM, TEDS MHA, or TEDS SuDS.</li> </ul>

### 3.6 Evaluation

Subentity of Admission/Discharge

Pamphlet 155-2 Chapter 5, Version 14.0

Last Revision Date: 11/01/2022

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### 3.6.1 Description

See the Submitting Treatment Episode Data section for when to record and submit an evaluation. An evaluation record contains data pertaining to level of care, level of functioning or other aspects of the individual's life (e.g., competency to proceed to trial) during the individual's episode of care from the time the individual is admitted to a Provider to the time the individual is discharged from that Provider. An individual's evaluation is based on standard clinical tools approved by DCF for evaluating levels of care (e.g., ASAM, LOCUS, etc.) or levels of functioning (e.g., FARS, CFARS) or other aspects of the individual's life. An evaluation will be uniquely identified in FASAMS by the Provider's internal identifier for the evaluation within the treatment episode. Therefore, no two evaluation records are to be submitted with the same internal identifier for the same treatment episode.

### 3.6.2 Level of Care

A level of care assessment aids in the decision-making process that determines the level of care an individual needs for effective treatment. A level of care assessment must be completed at admission, when an individual transitions to a new level of care, and at Discharge. For an individual receiving substance abuse services, ASAM criteria must be used to determine the individual's level of care. For individuals receiving mental health services, the assessment must be selected from the list below.

- No/Other LOC Assessment
- LOCUS
- CALOCUS
- Biopsychosocial

### 3.6.3 Level of Functioning

A level of functioning assessment measures an individual's ability to perform daily activities required to meet basic needs and fulfill social responsibilities, interact with others as well as maintain their physical health and their capacity for self-care. Providers are expected to conduct a level of functioning assessment and may choose the tool from the list below. Guidance documents for programs such as FACT, FIT, and CAT require the use of specific functioning assessments. If a specific assessment is required, follow the guidelines for that assessment. If none exists (either specified in the tool instructions for frequency or in the Guidance Document), then the Provider must complete the level of functioning assessment at admission/baseline, annually thereafter and at discharge. Once a level of functioning assessment has been conducted with an individual, continue to use the same tool for the remainder of their treatment episode to the extent possible. Providers do not need to record the composite score in FASAMS, however, based on the results of the level of functioning assessment, the Provider will record the result through the General Functional Improvement field by indicating whether the individual's level of functioning has improved, maintained or not improved. If a given LOF is not able to be performed as the post-discharge measure, the GFI will suffice.

### 3.6.4 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
<b>SourceRecordIdentifier</b>

### 3.6.5 Unique Constraint Rule

1. An evaluation record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + ParentAdmission/ParentDischarge + EvaluationDate + TypeCode + ToolCode + 'Admission.ProgramAreaCode'

### 3.6.6 Additional Business Rules & Guidance

1. A TypeCode 1 (Level of Care) evaluation (LOC) must be completed at Admission and Discharge for a Treatment Episode. Additionally two TypeCode 2 (Level of Functioning) evaluations (LOF) should be part of the complete Treatment Episode unless the Provider's ContractualRelationshipCode is 3 (State Mental Health Treatment Facility - DCF Operated) or 4 (State Mental Health Treatment Facility - DCF Contracted). These are the minimal requirements, but if additional evaluations are conducted these are to be submitted as well.

### 3.6.7 Fields

Field	Value Type	Description/Validation Rules
<b>SourceRecordIdentifier</b>	<b>string</b>	<p><b>The Provider's internal system identifier for the evaluation.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the evaluation within the treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original record.</li> <li>• A unique identifier for this record might contain: the Admission or Discharge SourceRecordIdentifier, EvaluationDate, TypeCode and ToolCode (in the event there were multiple evaluations for the individual on the same date).</li> </ul>

Field	Value Type	Description/Validation Rules
ProviderSourceRecordIdentifier	string	<p><b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
ProviderInformationalNote	string	<p><b>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
StaffEducationLevelCode	string	<p><b>The code indicating the education level of the staff member who performed the evaluation.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Optional if Toolcode = 0</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
StaffIdentifier	string	<p><b>A string identifying the particular staff member who performed the evaluation.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Optional if Toolcode = 0</li> <li>• Must be 100 characters or less.</li> </ul>
TypeCode	string	<p><b>The code indicating the type of evaluation.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Level of Care</li> <li>○ 2 for Level of Functioning</li> <li>○ 3 for Competency to Proceed to Trial</li> </ul> </li> </ul>
ToolCode	string	<p><b>The code indicating the type of clinical instrument for assessing the individual's level of care, level of functioning, or other aspect.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 0 for No/Other LOC Assessment</li> <li>○ 1 for LOCUS</li> <li>○ 2 for CALOCUS</li> <li>○ 3 for BIO Psychosocial</li> <li>○ 4 for ASAM</li> <li>○ 5 for FARS</li> <li>○ 6 for CFARS</li> <li>○ 7 for Competency to Proceed to Trial</li> </ul> </li> </ul>

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> <li>○ <b>8</b> for NCFAS/CAT</li> <li>○ <b>9</b> for CGAS</li> <li>○ <b>11</b> for CANS</li> <li>○ <b>12</b> for DLA-20</li> <li>○ <b>13</b> for GAIN</li> <li>○ <b>14</b> for SAMHSA NOMS</li> <li>○ <b>15</b> for Other LOF Assessment</li> <li>● CGAS ToolCode required when an Admission is first submitted, and the ProgramAreaCode = 3 or 6, and the Age of client is &gt;= 5</li> <li>● Code must be appropriate for the TypeCode used. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
<b>EvaluationDate</b>	<b>date</b>	<p><b>The date when the evaluation was made, to determine the level of care, level of functioning, or other aspect.</b></p> <ul style="list-style-type: none"> <li>● Required</li> <li>● Optional if Toolcode = 0</li> <li>● Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> </ul>
<b>DeterminationDate</b>	<b>date</b>	<p><b>The date when the determination was made, to determine the level of care, level of functioning, or other aspect.</b></p> <ul style="list-style-type: none"> <li>● Required if the given Evaluation Tool has “Requires Determination Date” set to “Yes” and must not be provided otherwise. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>● Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>● Is to be greater than or equal to the EvaluationDate.</li> </ul>
<b>ScoreNumber</b>	<b>decimal</b>	<p><b>A number indicating the total numeric score for the individual’s evaluation.</b></p> <ul style="list-style-type: none"> <li>● Required if the given Evaluation Tool has Score Number defined and must not be provided otherwise (see Exceptions below). Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2. <ul style="list-style-type: none"> <li>○ Exceptions: Score Number will not be accepted for Tool Code 5, 6, or 8 if Evaluation Date is on or after 7/1/2022. Score Number will be optional for Tool Codes 5, 6, and 8 if Evaluation Date is on or before 6/30/2022.</li> </ul> </li> <li>● Must be a valid Score Number within the defined range for the given Evaluation Tool. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>● Must be a valid decimal number.</li> </ul>
<b>ScoreCode</b>	<b>string</b>	<p><b>The code indicating the non-numeric score or result for the individual’s evaluation.</b></p> <ul style="list-style-type: none"> <li>● Required if the given Evaluation Tool has Score Code values defined and must not be provided otherwise. Refer to Evaluation Level in</li> </ul>

Field	Value Type	Description/Validation Rules
		Appendix 1 Data Code Values of Pamphlet 155-2. <ul style="list-style-type: none"> <li>• Must be a valid Score Code in the Score Codes for the given Evaluation Tool. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
<b>ActualLevelCode</b>	<b>string</b>	<b>The code indicating the individual's actual level of care as a result of the evaluation.</b> <ul style="list-style-type: none"> <li>• Required when the given Evaluation Type is 1 (Level of Care) and Evaluation Tool has Level Code values defined and must not be provided otherwise. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• Optional when the given Evaluation Type is 2 (Level of Functioning) and Evaluation Tool has Level Code values defined and must not be provided otherwise. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• Must be a valid Level Code for the given Evaluation Tool and Type combination. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
<b>RecommendedLevelCode</b>	<b>string</b>	<b>The code indicating the individual's recommended level of care as a result of the evaluation.</b> <ul style="list-style-type: none"> <li>• Required when the given Evaluation Type is 1 (Level of Care) and Evaluation Tool has Level Code values defined and must not be provided otherwise. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• Optional when the given Evaluation Type is 2 (Level of Functioning) and Evaluation Tool has Level Code values defined and must not be provided otherwise. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> <li>• Must be a valid Level Code for the given Evaluation Tool and Type combination. Refer to Evaluation Level in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>

## 3.7 Diagnosis

### Subentity of Admission/Discharge

#### 3.7.1 Description

See the Submitting Treatment Episode Data section for when to submit a diagnosis. A diagnosis is used to identify the substance use disorder or mental health disorder associated with the individual's needs for admission into treatment. A diagnosis will be uniquely identified in FASAMS by the Provider's internal identifier for the diagnosis within the treatment episode. Therefore, no two diagnosis records are to be sent with the same internal identifier for the same treatment episode.



### 3.7.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
SourceRecordIdentifier

### 3.7.3 Unique Constraint Rule

1. A Diagnosis record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + ParentAdmission/ParentDischarge + DiagnosisCode + StartDate + 'Admission.ProgramAreaCode'

### 3.7.4 Additional Business Rules & Guidance

1. The admission must have at least one associated diagnosis in the treatment episode.
2. Within a treatment episode, it is required to use a single CodeSetIdentifierCode for all diagnoses.
3. Within a discharge, a DiagnosisCode is to appear only once.

### 3.7.5 Key Fields

Field	Value Type	Description/Validation Rules
SourceRecordIdentifier	string	<p><b>The Provider's internal system identifier for the diagnosis.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the diagnosis within the treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original record.</li> <li>• A unique identifier for this record might contain: the Admission or Discharge SourceRecordIdentifier, DiagnosisCode, and StartDate.</li> </ul>

Field	Value Type	Description/Validation Rules
ProviderSourceRecordIdentifier	string	<p>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
ProviderInformationalNote	string	<p>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
StaffEducationLevelCode	string	<p>The code indicating the education level of the staff member who performed the diagnosis.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
StaffIdentifier	string	<p>A string identifying the particular staff member who performed the diagnosis.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be 100 characters or less.</li> </ul>
CodeSetIdentifierCode	string	<p>The code indicating the diagnostic code set used to report the substance use and/or mental health diagnoses for an individual, according to the International Classification of Diseases (ICD).</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 2 for ICD-9</li> <li>○ 3 for ICD-10</li> </ul> </li> <li>• Must be 3 (ICD-10) when the related AdmissionDate is greater than or equal to July 1<sup>st</sup>, 2016.</li> </ul>
DiagnosisCode	string	<p>The code indicating the individual's substance use or mental health diagnosis.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid value for the given CodeSetIdentifierCode. Refer to the <a href="http://www.icd9data.com">www.icd9data.com</a> and <a href="http://www.icd10data.com">www.icd10data.com</a> websites for a complete list of valid ICD-9 and ICD-10 values.</li> </ul>
StartDate	date	<p>The date when it was determined that the individual had the diagnosis.</p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>• Is to be less than or equal to the DischargeDate.</li> </ul>
EndDate	date	<p>The date when it was determined that the individual no longer had the</p>

Field	Value Type	Description/Validation Rules
		<b>diagnosis.</b> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> <li>• Is to be less than or equal to the DischargeDate.</li> </ul>

### 3.8 ImmediateDischarge

Subentity of ProviderSiteTreatmentEpisode

#### 3.8.1 Description

See the Submitting Treatment Episode Data section for a description of the circumstances under which an immediate discharge record may be submitted. An immediate discharge will be uniquely identified in FASAMS by the Provider’s internal identifier for the immediate discharge within the treatment episode. Therefore, no two immediate discharge records is to be sent with the same internal identifier for the same treatment episode.

#### 3.8.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
<b>SourceRecordIdentifier</b>

#### 3.8.3 Unique Constraint Rule

1. An Immediate Discharge record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
  - a. Composite fields: ParentTreatmentEpisode + EvaluationDate

#### 3.8.4 Additional Business Rules & Guidance

Service Events will still be submitted directly to an ImmediateDischarge in the event of an immediate discharge. A placement record is to not be created under an Immediate Discharge.

#### 3.8.5 Fields

Field	Value Type	Description/Validation Rules
<b>SourceRecordIdentifier</b>	<b>string</b>	<b>The Provider’s internal system identifier for the immediate discharge.</b> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be unique for the treatment episode.</li> <li>• Must be 100 characters or less.</li> <li>• The SourceRecordIdentifier is to be a unique identifier for this record in the source system. It must be a value that is unique and never</li> </ul>

Field	Value Type	Description/Validation Rules
		<p>changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an admission date, and you later change the value of the admission date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old admission date is to still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original record.</p> <ul style="list-style-type: none"> <li>• A unique identifier for this record might contain: the Treatment Episode SourceRecordIdentifier and the EvaluationDate.</li> </ul>
ProviderSourceRecordIdentifier	string	<p><b>This field is to be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
ProviderInformationalNote	string	<p><b>This field is for the Provider's general use only and is to be populated based on the direction from the Provider.</b></p> <ul style="list-style-type: none"> <li>• Optional</li> <li>• Must be 100 characters or less</li> </ul>
StaffEducationLevelCode	string	<p><b>The code indicating the education level of the staff member who performed the immediate discharge.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be a valid Staff Identifier Education/Credential Level value. Valid values are listed in the Staff Identifier Education/Credential Level section in Appendix 1 Data Code Values of Pamphlet 155-2.</li> </ul>
StaffIdentifier	string	<p><b>A string identifying the particular staff member who performed the immediate discharge.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be 100 characters or less.</li> </ul>
EvaluationDate	date	<p><b>The date when the individual was evaluated and determined not to need admittance to the Provider agency.</b></p> <ul style="list-style-type: none"> <li>• Required</li> <li>• Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.</li> </ul>
Note	string	<p><b>A note indicating the reason why the determination was made not to admit the individual for treatment at the Provider agency.</b></p> <p>Optional</p>

Field	Value Type	Description/Validation Rules
<b>Sitentifier</b>	<b>String</b>	<p><b>The unique identifier for a Provider site used by the Provider.</b></p> <ul style="list-style-type: none"> <li>• Required for ImmediateDischarge</li> <li>• Must match the Sitentifier for a single Provider site already set up in FASAMS for the Provider identified by the FederalTaxIdentifier.</li> </ul> <p>This field is not required for reporting GAA, TEDS MDS, TEDS MHA, TEDS NOM, or TEDS SuDS.</p>
<b>ProgramAreaCode</b>		<p><b>The code indicating the program area in which the individual is being discharged.</b></p> <ul style="list-style-type: none"> <li>• Required for ImmediateDischarge</li> <li>• Must be one of the following values: <ul style="list-style-type: none"> <li>○ 1 for Adult Mental Health</li> <li>○ 2 for Adult Substance Abuse</li> <li>○ 3 for Child Mental Health</li> <li>○ 4 for Child Substance Abuse</li> <li>○ 5 for Adult Substance Abuse and Mental Health</li> <li>○ 6 for Child Substance Abuse and Mental Health</li> </ul> </li> <li>• Codes 5 and 6 is to be used only if the individual is known to have co-occurring substance abuse and mental health needs. Otherwise, use code 1, 2, 3, or 4 as needed.</li> <li>• All state mental health treatment facilities, regardless of their contractual relationships, is to use code 1 or 5.</li> </ul> <p>This field is required for reporting GAA data and is part of TEDS minimum data set for reporting SuDS 5 - Co-occurring Substance Abuse and Mental Health.</p>
<b>ContractNumber</b>		<p><b>The number indicating the contract between DCF and the contracting entity.</b></p> <ul style="list-style-type: none"> <li>• Required for ImmediateDischarge.</li> <li>• Required when the Provider.ContractualRelationshipCode is not 3 (State Mental Health Treatment Facility - DCF Operated).</li> <li>• Must match a single contract number already set up in FASAMS.</li> </ul> <p>This field is required for reporting GAA data.</p>