

Chapter 10 – American Society of Addiction Medicine Data Set (ASAM)

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**I. Document Revision History**

**Table 1. Document Revision History**

<b>Document Revision History</b>				
<b>Version Number</b>	<b>Effective Date</b>	<b>Revision Date</b>	<b>Description</b>	<b>Author</b>
11.0	07/01/2015	04/13/2015	◆ Completed Version 11.0	SAMH Data Unit
11.1	07/01/2015	04/30/2015	◆ Completed Version 11.1 revisions	SAMH Data Unit
11.1.1	07/01/2015	05/29/2015	◆ Completed Version 11.1.1 revisions	SAMH Data Unit
11.1.2	07/01/2015	06/22/2015	◆ Completed Version 11.1.2 revisions	SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	◆ Completed Version 11.1.3	SAMH Data Unit

## II. General Policies and Considerations

### II.A. Providers Required to Submit ASAM Data

1. Contractors that provide substance abuse treatment, detoxification or intervention services are required to submit ASAM data. The service provider must be licensed by the Department of Children and Families (DCF) to provide the service for which the ASAM is submitted.

### II.B. Adding ASAM Records

1. The ASAM record is required to be submitted when a client is admitted to a level of care, or a client is discharged from a level of care, or a client's placement changes.
2. A demographic record and a SA Admission Purpose code 1 record must exist with the same SSN, CONTRACTORID and PROVIDERID.
3. ASAM records submitted with Purpose code 9 only need to report the key fields as shown in Table 2 below.

### II.C. Updating ASAM Records

An ASAM record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in

1. Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

### II.D. Deleting ASAM Records

1. To delete an ASAM record, an ASAM record deletion file must be submitted according to the file layout in Table 2.

**Table 2. ASAM Record Deletion File Layout**

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXXX
SSN	11	9	XXXXXXXXXX
EVALDATE	20	8	YYYYMMDD
PURPOSE	28	1	X
PROVIDERID	29	10	XX-XXXXXXXX
ASAMDATE	39	8	YYYYMMDD

### III. American Society of Addiction Medicine Data File Layout (ASAM)

**Table 3. ASAM Data File Layout**

Field Name	Pos	Type / Size	Edits and Validations
<b>CONTRACTORID (Mandatory Key)</b>	1	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Contractor must be registered in SAMHIS.</li> <li>Must match CONTRACTORID in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Contractor Identification Number</b> - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.		
<b>SSN (Mandatory Key)</b>	11	CHAR(9)	<ul style="list-style-type: none"> <li>Format: XXXXXXXXX</li> <li>Must match SSN in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Social Security Number</b> - See General Policies and Considerations on Adding ASAM Records.		
<b>EVALDATE (Mandatory Key)</b>	20	CHAR (8)	<ul style="list-style-type: none"> <li>Format: YYYYMMDD</li> <li>Must equal EVALDATE of SA ADMSN, if exists.</li> <li>Must equal BEGINDATE of SA Detox, if exists.</li> </ul>
	<b>Descriptions and Instructions: Evaluation Date</b> - Indicate the date of the initial admission (Purpose code 1) when the client was admitted into the provider agency for services.		
<b>PURPOSE (Mandatory Key)</b>	28	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 3 or 9.</li> <li>Must have an existing PURPOSE = 1 if PURPOSE = 2 or 3.</li> </ul>
	<b>Descriptions and Instructions: Purpose Code</b> - Indicate the purpose for completing the ASAM. <b>[1] Admission</b> – For a new client or existing client beginning a new level of care. <b>[2] Continued stay</b> – For an existing client who will be continuing in treatment. <b>[3] Discharge</b> – For a client who is being discharged from a level of care. <b>[9] No ASAM Required</b> – For a client who is receiving services which do not require a normal ASAM record.		
<b>PROVIDERID (Mandatory Key)</b>	29	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Provider must be registered in SAMHIS.</li> </ul>
	<b>Descriptions and Instructions: Provider Identification Number</b> - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.		
<b>ASAMDATE (Mandatory Key)</b>	39	CHAR(8)	<ul style="list-style-type: none"> <li>Format YYYYMMDD</li> <li>Must be &gt;= EVALDATE</li> <li>Must be within the begin and end date of the contract in CONTNUM1.</li> </ul>
	<b>Descriptions and Instructions: ASAM Date</b> - Indicate the completion date of the ASAM.		
<b>SAPROGRAM (Mandatory)</b>	47	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 2 or 4.</li> </ul>
	<b>Descriptions and Instructions: Substance Abuse Program</b> - Indicate the substance abuse program. <b>[2] Adult Substance Abuse</b> <span style="float: right;"><b>[4] Children's Substance Abuse</b></span>		
<b>RECOMMENDED ASAM LOC (Mandatory)</b>	48	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 01, 02, 03, 04, 07, 09, 11, 12, 14, or 17</li> <li>Right justified/zero filled.</li> </ul>
	<b>Descriptions and Instructions: Recommended ASAM Level of Care</b> - Indicate the recommended placement (level of care). <b>[01] Residential Level 1</b> <span style="float: right;"><b>[09] Outpatient Detox</b></span>		

Field Name	Pos	Type / Size	Edits and Validations
			<ul style="list-style-type: none"> <li>[02] Residential Level 2</li> <li>[03] Residential Level 3</li> <li>[04] Residential Level 4</li> <li>[07] Residential Detox</li> </ul>
			<ul style="list-style-type: none"> <li>[11] Outpatient</li> <li>[12] Day/Night</li> <li>[14] Intervention</li> <li>[17] Methadone Maintenance</li> </ul>
<b>PLACEMENT (Mandatory)</b>	50	CHAR(2)	<ul style="list-style-type: none"> <li>• Must be 01, 02, 03, 04, 07, 09, 11,12, 14, or 17</li> <li>• Right justified/zero filled.</li> </ul>
	<p><b>Descriptions and Instructions: Placement</b> - Indicate the placement (level of care) in which the client was actually placed.</p> <ul style="list-style-type: none"> <li>[01] Residential Level 1</li> <li>[02] Residential Level 2</li> <li>[03] Residential Level 3</li> <li>[04] Residential Level 4</li> <li>[07] Residential Detox</li> </ul>		
<b>BEGINDATE (Mandatory)</b>	52	CHAR(8)	<ul style="list-style-type: none"> <li>• Format YYYYMMDD</li> <li>• Must be &gt;= ASAMDATE if PURPOSE = 1.</li> <li>• Must be &lt;= ASAMDATE if PURPOSE = 2 or 3.</li> </ul>
	<p><b>Descriptions and Instructions: Begin Date</b> - Indicate the date the client begins in the placement.</p>		
<b>ENDDATE</b>	60	CHAR(8)	<ul style="list-style-type: none"> <li>• Format YYYYMMDD</li> <li>• Must be &gt;= BEGINDATE</li> <li>• <b>Mandatory</b> if PURPOSE = 3</li> </ul>
	<p><b>Descriptions and Instructions: End Date</b> - Indicate the date the client leaves the placement.</p>		
<b>CONTNUM1 (Mandatory)</b>	68	CHAR(5)	<ul style="list-style-type: none"> <li>• Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).</li> </ul>
	<p><b>Descriptions and Instructions: Contract Number 1</b> - Contract under which services were provided.</p>		
<b>CONTNUM2</b>	73	CHAR(5)	<ul style="list-style-type: none"> <li>• Format: XXXXX; space filled.</li> </ul>
	<p><b>Descriptions and Instructions: Contract Number 2</b> – No longer used.</p>		
<b>CONTNUM3</b>	78	CHAR(5)	<ul style="list-style-type: none"> <li>• Format: XXXXX; space filled.</li> </ul>
	<p><b>Descriptions and Instructions: Contract Number 3</b> – No longer used.</p>		
<b>STAFFID</b>	83	CHAR(12)	<ul style="list-style-type: none"> <li>• Format: 99-XXXXXXXXXX</li> </ul>
	<p><b>Descriptions and Instructions: Staff Id</b> - The ID of the staff rendering the services. <b>Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.</b></p> <ul style="list-style-type: none"> <li>• Positions 1 and 2 must be an educational level code of 01 through 07.</li> <li>• Position 3 must be a dash (-).</li> <li>• Positions 4 through 12 can be any alphanumeric character (left justified/space filled).</li> <li>• For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id.</li> <li>• For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-FIS000000 or 02-FIS123456).</li> </ul>		
<b>PROVINFO</b>	95	CHAR(20)	<ul style="list-style-type: none"> <li>• Left justified/space filled.</li> </ul>
	<p><b>Descriptions and Instructions: Provider Information</b> - Local use only.</p>		