

**Chapter 6A - Substance Abuse Admission Data Set (SA ADMSN)**

**Table of Contents**

**I. Document Revision History \_\_\_\_\_ 2**

**II. General Policies and Considerations \_\_\_\_\_ 3**

**II.A. Adding Substance Abuse Admission Records \_\_\_\_\_ 3**

**II.B. Updating Substance Abuse Admission Records \_\_\_\_\_ 3**

**II.C. Deleting Substance Abuse Admission Records \_\_\_\_\_ 3**

**III. Substance Abuse Admission Data File Layout (SA ADMSN) \_\_\_\_\_ 4**

**IV. Substance Abuse Target Group Determination for ICD10 and ICD9 Codes \_\_\_\_\_ 12**

**IV.A. General Comments \_\_\_\_\_ 12**

Table 1. Document Revision History..... 2

Table 2. SA ADMSN Record Deletion File Layout..... 3

Table 3. SA ADMSN Data File Layout..... 4

Table 4. Substance Abuse Target Group Determination for ICD10..... 12

Table 5. Substance Abuse Target Group Determination for ICD9..... 13

**I. Document Revision History**

**Table 1. Document Revision History**

Document Revision History				
Version Number	Effective Date	Revision Date	Description	Author
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	06/20/2015	◆ Completed Version 11.1.2 revisions	SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	◆ Completed Version 11.1.3 revisions	SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	◆ SADIAG10 is now Mandatory ◆ SADIAG and MHDIAG are to be space filled.	SAMH Data Unit
11.1.3	07/01/2016	08/24/2016	◆ Removed SA Target Determination Tables for ICD9 and ICD10	SAMH Data Unit
11.1.3	07/01/2016	10/19/2016	◆ Added SA Target tables for ICD9 and ICD10	SAMH Data Unit

## II. General Policies and Considerations

### II.A. Adding Substance Abuse Admission Records

1. Contractors report substance abuse admission data for all clients receiving reportable client-specific service events associated with the substance abuse program area.
2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.
3. To determine how Substance Abuse Target Groups are determined, refer to **Tables 4 and 5** under **IV. Substance Abuse Target Group Determination for ICD10 and ICD9 Codes** on pages 6A-11 and 6A-12.
4. Pamphlet 155-2 Chapters, Appendices and Forms can be found at: <http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v11>

### II.B. Updating Substance Abuse Admission Records

1. A substance abuse admission record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

### II.C. Deleting Substance Abuse Admission Records

1. To delete a substance abuse admission record, an SA ADMSN deletion record must be submitted according to the file layout in Table 2.

**Table 2. SA ADMSN Record Deletion File Layout**

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXXX
SSN	11	9	XXXXXXXXXX
PURPOSE	20	1	X
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXXX

**Warning:** When a client's substance abuse admission record (PURPOSE = 1) is deleted, all associated services, assessments, and discharges will be deleted.

### III. Substance Abuse Admission Data File Layout (SA ADMSN)

Table 3. SA ADMSN Data File Layout

Field Name	Pos	Type / Size	Edits and Validations							
<b>CONTRACTORID</b> (Mandatory Key)	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 Id</b> - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.									
<b>SITEID</b> (Mandatory)	11	CHAR(2)	<ul style="list-style-type: none"> <li>Format: XX right justified/zero filled.</li> <li>Must be registered in SAMHIS for the PROVIDERID.</li> </ul>							
	<b>Descriptions and Instructions: Site Id</b> - The physical location of the provider where services will be provided.									
<b>SSN</b> (Mandatory Key)	13	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 Substance Abuse Admission Records.									
<b>CLIENTID</b>	22	CHAR(10)	<ul style="list-style-type: none"> <li>Left justified/space filled.</li> </ul>							
	<b>Descriptions and Instructions: Client Id</b> - Contractor use only as of 07/01/2015.									
<b>CNTYRESID</b> (Mandatory)	32	CHAR(2)	<ul style="list-style-type: none"> <li>Must be between 01 and 67 or 99; right justified/zero filled.</li> </ul>							
	<b>Descriptions and Instructions: County of Residence</b> - Indicate the Florida county in which the client resides at the time of admission. If unknown or client is homeless, enter the county of the provider site where the evaluation occurred. <b>Refer to the Florida County Codes Table in Appendix 5 – Data Code Tables.</b>									
<b>GRADE</b> (Mandatory)	34	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 00-08, 24-28, 30-42; right justified/zero filled.</li> </ul>							
	<b>Descriptions and Instructions: Grade</b> - Indicate the highest educational level completed by the client prior to this evaluation. <b>Refer to the Educational Levels (GRADE) Codes Table in Appendix 5 – Data Code Tables.</b> <b>NOTE:</b> New code values effective July 1, 2015.									
<b>MARITAL</b> (Mandatory)	36	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 8.</li> </ul>							
	<b>Descriptions and Instructions: Marital Status</b> - Indicate the client's current marital status. <b>Refer to the Marital Status Codes Table in Appendix 5 – Data Code Tables.</b>									
<b>HLTHSTAT</b> (Mandatory)	37	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 8.</li> </ul>							
	<b>Descriptions and Instructions: Health Status</b> - Indicate the appropriate code for the client's health status at evaluation. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">[1] Agitated</td> <td style="width: 50%;">[5] Forgetful</td> </tr> <tr> <td>[2] Comatose</td> <td>[6] Lethargic</td> </tr> <tr> <td>[3] Disoriented</td> <td>[7] Other Mental Condition</td> </tr> <tr> <td>[4] Depressed</td> <td>[8] Oriented</td> </tr> </table>			[1] Agitated	[5] Forgetful	[2] Comatose	[6] Lethargic	[3] Disoriented	[7] Other Mental Condition	[4] Depressed
[1] Agitated	[5] Forgetful									
[2] Comatose	[6] Lethargic									
[3] Disoriented	[7] Other Mental Condition									
[4] Depressed	[8] Oriented									
<b>PREGTRIM</b> (Mandatory)	38	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 5.</li> </ul>							
	<b>Descriptions and Instructions: Pregnancy Trimester</b> - Indicate the client's pregnancy status at admission: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">[1] 1<sup>st</sup> trimester</td> <td style="width: 50%;">[4] Not pregnant or male</td> </tr> <tr> <td>[2] 2nd trimester</td> <td>[5] Unknown (Effective 7/1/15)</td> </tr> <tr> <td>[3] 3rd trimester</td> <td></td> </tr> </table>			[1] 1 <sup>st</sup> trimester	[4] Not pregnant or male	[2] 2nd trimester	[5] Unknown (Effective 7/1/15)	[3] 3rd trimester		
[1] 1 <sup>st</sup> trimester	[4] Not pregnant or male									
[2] 2nd trimester	[5] Unknown (Effective 7/1/15)									
[3] 3rd trimester										

Field Name	Pos	Type / Size	Edits and Validations
<b>ADMITYPE</b> <b>(Mandatory)</b>	39	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 4.</li> </ul>
	<p><b>Descriptions and Instructions: Admission Type</b> - Indicate the code that matches the client's type of admission.</p> <p>[1] Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent                  [2] Voluntary Incompetent – Not court ordered into treatment; legally incompetent                  [3] Involuntary Competent – Court ordered into treatment; not deemed legally incompetent                  [4] Involuntary Incompetent – Court ordered into treatment; legally incompetent</p>		
<b>DRUGCRT</b> <b>(Mandatory)</b>	40	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<p><b>Descriptions and Instructions: Drug Court</b> - Indicate if the client was Drug Court ordered to attend substance abuse treatment.</p> <p>[0] No [1] Yes</p>		
<b>CHILDWEL</b> <b>(Mandatory)</b>	41	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<p><b>Descriptions and Instructions: Child Welfare</b> - Indicate if the client was involved in the child welfare system at admission.</p> <p>[0] No [1] Yes</p>		
<b>RESIDSTAT</b> <b>(Mandatory)</b>	42	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 01 through 18 or 99; right justified/zero filled.</li> </ul>
	<p><b>Descriptions and Instructions: Residential Status</b> - Indicate the residential status. Enter the two-digit code that reflects the correct residential setting. <b>Refer to the Residential Status Codes Table in Appendix 5 – Data Code Tables.</b></p>		
<b>DEPCRIMS</b> <b>(Mandatory)</b>	44	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 00 through 09, 27 or 28 if age at time of admission &lt; 18.</li> <li>Must be 00, 10 through 13, 16 through 19, 21 through 26, 28, or 29 if age of at time of admission &gt;= 18.</li> </ul>
	<p><b>Descriptions and Instructions: Dependency or Criminal Status</b> - Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) .<b>Refer to Dependency / Criminal Status Codes Table in Appendix 5 – Data Code Tables.</b> If information is insufficient for either adults or children, use 00.</p>		
<b>PROBPRIM</b> <b>(Mandatory)</b>	46	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 02 - 20, 22 – 48, 50 – 99, 1A – 2P; right justified/zero filled.</li> </ul>
	<p><b>Descriptions and Instructions: Primary Problem</b> - Indicate the primary substance problem. <b>Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.</b></p> <ul style="list-style-type: none"> <li>Enter the substance which is <i>primarily</i> responsible for the client's admission. <b>Do not enter the same drug for Primary, Secondary and Tertiary fields even if different routes are used for the same drug.</b></li> <li>If the client is admitted to a methadone maintenance modality, the primary substance must be a narcotic (heroin, non-prescription methadone, or any other narcotic).</li> <li>If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary substance must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's primary substance under "non-medical methadone", "other" drug, etc.</li> <li>If a record is submitted which has the primary substance as '98' and either the secondary or tertiary substance as a declared drug, i.e., heroin; SAMHIS will automatically drop the '98' as the primary substance and make heroin as the primary substance.</li> </ul>		



Field Name	Pos	Type / Size	Edits and Validations
<b>FREQTER</b>	57	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 5 or space.</li> <li><b>Mandatory</b> only if PROBTER is not spaces.</li> </ul>
			<p><b>Descriptions and Instructions: Tertiary Frequency</b> - Indicate the client's frequency of use of the tertiary substance during the month prior to admission.</p> <p><b>[1]</b> No Past Month Use <span style="float: right;"><b>[4]</b> 3-6 Times per Week</span>  <b>[2]</b> 1-3 Times in Past Month <span style="float: right;"><b>[5]</b> Daily</span>  <b>[3]</b> 1-2 Times per Week</p>
<b>AGEPRIM</b>	58	CHAR (2)	<ul style="list-style-type: none"> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li><b>Mandatory</b> only if PROBPRIM is <i>not</i> equal to 98 or 99.</li> </ul>
			<p><b>Descriptions and Instructions: Age at Primary Substance Usage</b> - Indicate the client's age at first use of the primary substance. The age at first use should be less than or equal to the client's age at admission. The recorded age should reflect willful use. A value of zero indicates a newborn with a substance dependence problem.</p>
<b>AGESEC</b>	60	CHAR (2)	<ul style="list-style-type: none"> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li><b>Mandatory</b> only if PROBSEC is not spaces.</li> </ul>
			<p><b>Descriptions and Instructions: Age at Secondary Substance Usage</b> - Indicate the client's age at first use of the secondary substance.</p>
<b>AGETER</b>	62	CHAR (2)	<ul style="list-style-type: none"> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li><b>Mandatory</b> only if PROBTER is not spaces.</li> </ul>
			<p><b>Descriptions and Instructions: Age at Tertiary Substance Usage</b> - Indicate the client's age at first use of the tertiary substance.</p>
<b>STAFFID</b> (Mandatory)	64	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</p> <ul style="list-style-type: none"> <li>Positions 1 and 2 must be an educational level code of 01 through 07. <b>Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.</b></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>PURPOSE</b> (Mandatory Key)	76	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 or 2.</li> <li>PURPOSE = 1 will only be accepted for a new client or after an existing client has been discharged.</li> </ul>
			<p><b>Descriptions and Instructions: Purpose Code</b> - Indicate the purpose code for this admission record.</p> <p><b>[1] Initial</b> - For a new client or existing client beginning a new episode of care. If an existing client, the most recent outcome must be a type 3 or 4 or 5 and dated one or more days prior to the new admission.</p> <p><b>[2] Immediate Discharge</b> - For clients who are seen for an assessment only with no intention of returning to the facility. This is normally only one face-to-face contact with the client. <b>Allowable covered services: 01-Assessment, 11-Intervention, 15-TASC, 48-Indicated Prevention</b></p>
<b>EVALDATE</b> (Mandatory Key)	77	CHAR(8)	<ul style="list-style-type: none"> <li>Format: YYYYMMDD</li> <li>Must be &gt;= client's date of birth and &lt;= system date.</li> <li>Must be within the begin and end date of the contract in CONTNUM1.</li> </ul>
			<p><b>Descriptions and Instructions: Evaluation Date</b> - The date on which the evaluation is conducted</p>

Field Name	Pos	Type / Size	Edits and Validations
<b>CHILDPREV</b>	85	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1 if age at admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 0, 1 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Child Prevention Status</b> - Indicate if the child is involved in a prevention program.</p> <p>[0] No [1] Yes</p>
<b>DRUGHARM</b>	86	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3 if age at time of admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 0, 1, 3 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Drug Harmful</b> - Indicate if the client perceives drugs as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
<b>ALCOHARM</b>	87	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3 if age at time of admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 0, 1, 3 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Alcohol Harmful</b> - Indicate if the client perceives alcohol as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
<b>TOBAHARM</b>	88	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3 if age at time of admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 0, 1, 3 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Tobacco Harmful</b> - Indicate if the client perceives tobacco as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
<b>TOBACUSE</b>	89	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3 if age at time of admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 0, 1, 3 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Tobacco Usage</b> - Indicate if the client uses tobacco products.</p> <p>[0] No [1] Yes [3] Unknown</p>
<b>LEGGUARD</b>	90	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 6 if age at time of admission is &lt; 18. <b>(Mandatory)</b></li> <li>Must be 1 through 6 or space if age at time of admission is &gt;= 18.</li> </ul>
			<p><b>Descriptions and Instructions: Legal Guardian</b> - Indicate the child's legal guardian.</p> <p>[1] Parent [4] Emancipated minor                  [2] Other relative [5] State or public agency                  [3] Non-relative [6] Not applicable</p>
<b>EMPL</b> <b>(Mandatory)</b>	91	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86.</li> </ul>
			<p><b>Descriptions and Instructions: Employment Status</b> - Indicate the client's employment status at evaluation. <b>Refer to the Employment Status Codes Table in Appendix 5 – Data Code Tables.</b></p>
<b>PINCOSRC</b> <b>(Mandatory)</b>	93	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 7.</li> </ul>
			<p><b>Descriptions and Instructions: Primary Income Source</b> - Indicate the client's primary source of income at the time of evaluation. <b>Refer to the Primary Source of Income Table in Appendix 5 – Data Code Tables.</b></p>



Field Name	Pos	Type / Size	Edits and Validations
<b>INCOPERS</b> (Mandatory)	94	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 00 through 99; right justified/zero filled.</li> </ul>
			<p><b>Descriptions and Instructions: Personal Income</b> - Indicate the annual personal income (in thousands) rounded to nearest thousand or select one of the following.</p> <p><b>[00]</b> No income                      <b>[98]</b> Income over 98,000                      <b>[99]</b> Unknown income</p>
<b>FAMINC</b> (Mandatory)	96	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 00 through 99; right justified/zero filled.</li> <li>FAMINC must be &gt;= INCOPERS.</li> </ul>
			<p><b>Descriptions and Instructions: Family Income</b> - Indicate the annual family (gross) income (in thousands) rounded to nearest thousand of the client's household or select one of code choices below. If there is no known income from other family members, reflect what was reported for INCOPERS above. If there is other family income, add it to the INCOPERS amount to report in FAMINC. Codes 00 and 99 can only be used if that was reported in INCOPERS and there is no other family income to report.</p> <p><b>[00]</b> No income                      <b>[98]</b> Income over 98,000                      <b>[99]</b> Unknown income</p>
<b>WAITDAYS</b>	98	CHAR(3)	<ul style="list-style-type: none"> <li>Must be 000 through 999 if PURPOSE = 1; right justified/zero filled. <b>(Mandatory)</b></li> <li>Must be 000 through 999 or spaces if PURPOSE = 2; right justified/zero filled.</li> </ul>
			<p><b>Descriptions and Instructions: Wait Days</b> - Indicate the number of days the client waited to get into the agency's treatment service programs. For unknown, enter 999.</p>
<b>POSTPART</b>	101	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1 if client is female and PURPOSE = 1. <b>(Mandatory)</b></li> <li>Must be 0, 1, 3 or space if client is female and PURPOSE = 2.</li> <li>Must be space if client is male.</li> </ul>
			<p><b>Descriptions and Instructions: Post-Partum Status</b> - Indicate whether client has given birth within the last 91 days. (Changed from 30 days to 91 days as of July 1, 2015)</p> <p><b>[0]</b> No                                      <b>[1]</b> Yes                                      <b>[3]</b> Unknown</p>
<b>DEPEND</b> (Mandatory)	102	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 through 9.</li> </ul>
			<p><b>Descriptions and Instructions: Dependents</b> - Indicate the number of dependents. If more than 9, enter 9.</p>
<b>DEVELOP</b> (Mandatory)	103	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
			<p><b>Descriptions and Instructions: Development Status</b> - Indicate if the client is developmentally disabled.</p> <p><b>[0]</b> No                                      <b>[1]</b> Yes</p>
<b>PHYSICAL</b> (Mandatory)	104	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
			<p><b>Descriptions and Instructions: Physical Disability Status</b> - Indicate if the client is physically disabled.</p> <p><b>[0]</b> No                                      <b>[1]</b> Yes</p>
<b>AMBULAT</b> (Mandatory)	105	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
			<p><b>Descriptions and Instructions: Ambulatory Status</b> - Indicate if the client is ambulatory.</p> <p><b>[0]</b> No                                      <b>[1]</b> Yes</p>
<b>VISUAL</b> (Mandatory)	106	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
			<p><b>Descriptions and Instructions: Vision Status</b> - Indicate if the client is visually impaired.</p> <p><b>[0]</b> No                                      <b>[1]</b> Yes</p>

Field Name	Pos	Type / Size	Edits and Validations
<b>HEARING</b> (Mandatory)	107	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<b>Descriptions and Instructions: Hearing Status</b> - Indicate if the client's hearing is impaired. <p style="text-align: center;">[0] No <span style="float: right;">[1] Yes</span></p>		
<b>ENGLISH</b> (Mandatory)	108	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<b>Descriptions and Instructions: English Status</b> - Indicate if the client's English language is severely impaired. <p style="text-align: center;">[0] No <span style="float: right;">[1] Yes</span></p>		
<b>REFERRAL</b> (Mandatory)	109	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 01 through 14, 16 through 25 or 99; right justified/zero filled.</li> </ul>
	<b>Descriptions and Instructions: Referral</b> - Indicate the referring agency. <b>Refer to the Referral Codes and Descriptions Table in Appendix 5 – Data Code Tables.</b>		
<b>CRIMJUST</b> (Mandatory)	111	CHAR (1)	<ul style="list-style-type: none"> <li>Must be 0, 1, or 3.</li> </ul>
	<b>Descriptions and Instructions: Criminal Justice</b> - Indicate if the client is involved with the criminal justice system at the time of the admission. <p style="text-align: center;">[0] No <span style="margin-left: 100px;">[1] Yes</span> <span style="float: right;">[3] Unknown</span></p>		
<b>ARREST</b>	112	CHAR(1)	<ul style="list-style-type: none"> <li>Format: X (space filled)</li> </ul>
	<b>Descriptions and Instructions: Arrests – No longer used as of July 1, 2015. Use the ARREST field in position 188 as it has expanded from 1 character to 2 characters.</b>		
<b>IVHIST</b>	113	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1, 3 or space.</li> </ul>
	<b>Descriptions and Instructions: Intravenous History</b> - Code for current or history of intravenous substance use other than previously indicated. <p style="text-align: center;">[0] No <span style="margin-left: 100px;">[1] Yes</span> <span style="float: right;">[3] Unknown</span></p>		
<b>PRIORADM</b>	114	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 through 9 or space.</li> </ul>
	<b>Descriptions and Instructions: Prior Admissions</b> - Enter the number of previous admissions to any substance abuse treatment agency.		
<b>PROVINFO</b>	115	CHAR(20)	<ul style="list-style-type: none"> <li>Left justified/space filled.</li> </ul>
	<b>Descriptions and Instructions: Provider Information</b> - Contractor use only.		
<b>ZIP</b> (Mandatory)	135	CHAR(5)	<ul style="list-style-type: none"> <li>Format: 99999</li> </ul>
	<b>Descriptions and Instructions: Zip Code</b> - Client's home/residence US Postal Zip code. If the client is homeless and the zip code is not known, use the zip code of the service provider where the services are provided. If the client is from outside the state, use the out-of-state zip code. If the client is in prison, local jail, a detention or a residential treatment facility and the residence county cannot be obtained, enter the prison, local jail, or detention facility's zip code.		
<b>TSTAT</b> (Mandatory)	140	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 3.</li> </ul>
	<b>Descriptions and Instructions: TANF Status</b> - Indicate the client's TANF status. <p style="text-align: center;">[1] Temporary Cash Assistance <span style="margin-left: 100px;">[3] Not a TANF Client</span>                  [2] Diversion Family Program</p>		
<b>FAMSIZE</b> (Mandatory)	141	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 9.</li> </ul>
	<b>Descriptions and Instructions:</b> Indicate the number of persons living in the house. If more than 9, enter 9.		
<b>SAPROB</b> (Mandatory)	142	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
	<b>Descriptions and Instructions: Substance Abuse Problem</b> - Indicate if the client is at risk of abusing or becoming dependent on alcohol or other substances. <p style="text-align: center;">[0] No <span style="float: right;">[1] Yes</span></p>		

Field Name	Pos	Type / Size	Edits and Validations
<b>PROVIDERID</b> <b>(Mandatory Key)</b>	143	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Provider must be registered in SAMHIS.</li> <li>Must match PROVIDERID in DEMO record.</li> </ul>
			<b>Descriptions and Instructions: Provider Id</b> - The PROVIDERID is the Federal Employer Identification Number of the entity which provides the service to the client.
<b>SADIAG</b>	153	CHAR(6)	<ul style="list-style-type: none"> <li>Must be space filled.</li> </ul>
			<b>Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-9)</b> - Indicate the client's primary substance abuse diagnosis code.
<b>MHDIAG</b>	159	CHAR(6)	<ul style="list-style-type: none"> <li>Must be space filled.</li> </ul>
			<b>Descriptions and Instructions: Mental Health Diagnosis Code (ICD-9)</b> - Indicate the client's mental health diagnosis. Refer to Appendix 3 – ICD-9 Code Table.
<b>MARCHMAN</b> <b>(Mandatory)</b>	165	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 4.</li> </ul>
			<b>Descriptions and Instructions: Marchman Status</b> - Indicate the type of Marchman Act admission. <b>[1]</b> Involuntary Assessment <b>[3]</b> Involuntary Assessment and Treatment <b>[2]</b> Involuntary Treatment <b>[4]</b> Not applicable
<b>COLLATERAL</b> <b>(Mandatory)</b>	166	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3.</li> </ul>
			<b>Descriptions and Instructions: Collateral Status</b> - Indicate if the client is receiving services due to another person's involvement with substance abuse. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown
<b>OPIOIDREPLAC</b> <b>(Mandatory)</b>	167	CHAR (1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3.</li> </ul>
			<b>Descriptions and Instructions: Opioid Replacement Status</b> - Indicate if the client is on opioid replacement at the time of admission. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown
<b>VETSTATUS</b> <b>(Mandatory)</b>	168	CHAR (1)	<ul style="list-style-type: none"> <li>Must be 0, 1 or 3.</li> </ul>
			<b>Descriptions and Instructions: Veteran Status</b> - Indicate if the client is a veteran of the U.S. Armed Services. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown
<b>CONTNUM1</b> <b>(Mandatory)</b>	169	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>
			<b>Descriptions and Instructions: Contract Number 1</b> - Contract under which services may be provided.
<b>CONTNUM2</b>	174	CHAR(5)	<ul style="list-style-type: none"> <li>Format: XXXXX; space filled.</li> </ul>
			<b>Descriptions and Instructions: Contract Number 2</b> - No longer used.
<b>CONTNUM3</b>	179	Char (5)	<ul style="list-style-type: none"> <li>Format: XXXXX; space filled.</li> </ul>
			<b>Descriptions and Instructions: Contract Number 3</b> - No longer used.
<b>MHDIAGNOSIS</b> <b>(Mandatory)</b>	184	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 0 or 1.</li> </ul>
			<b>Descriptions and Instructions: Mental Health Diagnosis Status</b> - Indicate if the client has a psychiatric problem in addition to his or her alcohol or drug use problem. <b>[0]</b> No <b>[1]</b> Yes
<b>SOCIAL</b> <b>(Mandatory)</b>	185	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 01 through 07; right justified/zero filled.</li> </ul>
			<b>Descriptions and Instructions: Social Status</b> - Indicate the number of times the client has attended a self-help program in the 30 days preceding the date of admission. <b>[01]</b> None <b>[04]</b> 8-15 <b>[07]</b> Unknown <b>[02]</b> 1-3 <b>[05]</b> 16-30 <b>[03]</b> 4-7 <b>[06]</b> Some Attendance (Frequency unknown)

Field Name	Pos	Type / Size	Edits and Validations
<b>SCHOOL</b> <b>(Mandatory)</b>	187	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 4.</li> </ul>
	<b>Descriptions and Instructions: School Status</b> - Indicate if the client was suspended or expelled from school within the last 30 days. <b>[1]</b> Suspended <span style="float: right;"><b>[3]</b> Suspended and Expelled</span> <b>[2]</b> Expelled <span style="float: right;"><b>[4]</b> Not Applicable</span>		
<b>ARREST</b> <b>(Mandatory)</b>	188	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 00 through 96, right justified/zero filled.</li> </ul>
	<b>Descriptions and Instructions: Arrest Status</b> - Indicate the number of times the client was arrested within the last 30 days.		
<b>SADIAG10</b> <b>(Mandatory)</b>	190	CHAR(8)	<ul style="list-style-type: none"> <li>Must be a valid Substance Abuse ICD-10-CM code.</li> </ul>
	<b>Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-10)</b> - Enter the substance abuse diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). <b>Refer to Appendix 8.</b> <b>Mandatory as of July 1, 2016.</b>		
<b>MHDIAG10</b>	198	CHAR(8)	<ul style="list-style-type: none"> <li>Must be a valid Mental Health ICD-10-CM code or Spaces.</li> </ul>
	<b>Descriptions and Instructions: Mental Health Diagnosis Code (ICD-10)</b> - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). <b>Refer to Appendix 8.</b>		

#### IV. Substance Abuse Target Group Determination for ICD10 and ICD9 Codes

##### IV.A. General Comments

- The substance abuse target populations are determined from the client's admission and service data.
- In order for a target group to be determined for a client, the client must have a primary substance abuse diagnosis that allows a population group to be assigned.

**Table 4. Substance Abuse Target Group Determination (ICD-10 version)**

Substance Abuse Target Group Codes		
Target Group	Code	If Statement
ADULT SA		SAAGEADMIS >= 18 And ICD10PRIMARYCODE starts with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19 Or SUBSTANCEPRIMARYCODE is 99 or is between 02 and 61 Or SUBSTANCESECONDARYCODE is 99 or is between 02 and 61 Or SUBSTANCETERTIARYCODE is 99 or is between 02 and 61
ADULT SA AT RISK		SAAGEADMIS >= 18 And ICD10PRIMARYCODE does not start with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19 Or SUBSTANCEPRIMARYCODE is 98 Or SUBSTANCESECONDARYCODE is 98 Or SUBSTANCETERTIARYCODE is 98
CHILD SA		SAAGEADMIS < 18 And ICD10PRIMARYCODE starts with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19 Or SUBSTANCEPRIMARYCODE is 99 or is between 02 and 61 Or SUBSTANCESECONDARYCODE is 99 or is between 02 and 61 Or SUBSTANCETERTIARYCODE is 99 or is between 02 and 61

Substance Abuse Target Group Codes		
Target Group	Code	If Statement
CHILD SA AT RISK		SAAGEADMIS < 18 And ICD10PRIMARYCODE does not start with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19 Or SUBSTANCEPRIMARYCODE is 98 Or SUBSTANCESECONDARYCODE is 98 Or SUBSTANCETERTIARYCODE is 98

**Table 5. Substance Abuse Target Group Determination (ICD-9 version)**

Substance Abuse Target Group Codes		
Target Group	Code	If Statement
SA ADULT		SAAGEADMIS >= 18 And ICD9PRIMARYCODE starts with 291, 292, 303, 304, 305 Or SUBSTANCEPRIMARYCODE is 99 or is between 02 and 61 Or SUBSTANCESECONDARYCODE is 99 or is between 02 and 61 Or SUBSTANCETERTIARYCODE is 99 or is between 02 and 61
ADULT SA AT RISK		SAAGEADMIS >= 18 And ICD9PRIMARYCODE does not start with 291, 292, 303, 304, 305 Or SUBSTANCEPRIMARYCODE is 98 Or SUBSTANCESECONDARYCODE is 98 Or SUBSTANCETERTIARYCODE is 98
CHILD SA		SAAGEADMIS < 18 And ICD9PRIMARYCODE starts <i>with</i> 291, 292, 303, 304, 305 Or SUBSTANCEPRIMARYCODE is 99 or is between 02 and 61 Or SUBSTANCESECONDARYCODE is 99 or is between 02 and 61 Or SUBSTANCETERTIARYCODE is 99 or is between 02 and 61
CHILD SA AT RISK		SAAGEADMIS < 18 And ICD9PRIMARYCODE does not start with 291, 292, 303, 304, 305 Or SUBSTANCEPRIMARYCODE is 98 Or SUBSTANCESECONDARYCODE is 98 Or SUBSTANCETERTIARYCODE is 98