**STATE OF FLORIDA, DEPT OF CHILDREN & FAMILES**

**SUBSTANCE ABUSE & MENTAL HEALTH**

**SERVICE EVENT FORM**

(\* Mandatory Fields) (Reference Chapter 6, DCF Pam 155-2)

| **#** | **Service Event Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 1 | **\* Provider Identifier**Federal Tax Identification Number | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifierSection 3.1.4 |
| 2 | **\* Contract Number**Not required for DCF Operated State Mental Health Treatment facilities. |  | ContractNumberSection 3.1.4 |
| 3 | **Subcontract Number**Required if provider is under contract with a managing entity. |  | SubcontractNumberSection 3.1.4 |
| 4 | **\*Site ID** |  | SiteIdentifierSection 3.1.4 |
| 5 | **\*Event Type** |

|  |  |
| --- | --- |
| 🞎 1 Client Specific | 🞎 2 Non Client Specific |

 | TypeCodeSection 3.1.4 |
| 6 | **\* Client SSN**Or Source Record Identifier. Not required for Non Client Specific service events. | \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |  |
| 7 | **\*Treatment Episode Identifier**Not required for Non Client Specific service events. |  | EpisodeSourceRecordIdentifierSection 3.1.4 |
| 8 | **\*Admission Identifier**Not required for Non Client Specific service events. |  | AdmissionSourceRecordIdentifierSection 3.1.4 |
| 9 | **\*Service Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | ServiceDateSection 3.1.4 |
| 10 | **\*Program Area**  |

|  |  |
| --- | --- |
| 🞎 1 Adult Mental Health | 🞎 4 Child Substance |
| 🞎 2 Adult Substance |  Abuse |
|  Abuse | 🞎 5 Adult Mental Health |
| 🞎 3 Child Mental Health |  And Substance Abuse |
|  | 🞎 6 Child Mental Health |
|  |  And Substance Abuse |

 | ProgramAreaCodeSection 3.1.4 |
| 11 | **\*Treatment Setting**Must be a valid code from Appendix 5. | \_\_ \_\_ | TreatmentSettingCodeSection 3.1.4 |
| 12 | **\*Covered Service**Must be a valid code from Appendix 5. | \_\_ \_\_ | CoveredServiceCodeSection 3.1.4 |
| 13 | **Project Code**Required if covered service is funded under a project code.Must be a valid code from Appendix 5. |  | ProjectCodeSection 3.1.4 |
| 14 | **\*HCPCS Procedure Code**Must be a valid code from Appendix 5 for the given Covered Service. | \_\_ \_\_ \_\_ \_\_ \_\_ | HcpcsProcedureCodeSection 3.1.4 |
| 15 | **\* Staff Identifier**Up to 100 characters. |  | StaffIdentifierSection 3.1.4 |
| 16 | **\*Staff Education Level Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCodeSection 3.1.4 |
| 17 | **\*Fund Code** |

|  |  |
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| 🞎 2 SAMH | 🞎 5 Local Match Only |
| 🞎 3 TANF | 🞎 B Title 21 |

 | FundCodeSection 3.1.4 |
| 18 | **Start Time**Required if the unit of measure for the given covered service is Direct Staff Minutes or Non-Direct Staff Minutes. | \_\_ \_\_: \_\_ \_\_ (24 hour format) | StartTimeSection 3.1.4 |
| 19 | **\*Expenditure OCA Code**Must be a valid code from Appendix 5 for the given covered service, fund and program area. | \_\_ \_\_ \_\_ \_\_ \_\_ | ExpenditureOcaCodeSection 3.1.4 |
| 20 | **\*Service Unit Count**Must be greater than zero. |  | ServiceUnitCountSection 3.1.4 |
| 21 | **\*Service County**Must be a valid code from Appendix 5. | \_\_ \_\_ | ServiceCountyAreaCodeSection 3.1.4 |

| **#** | **Covered Service Modifiers**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 22 | **Modifier Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCodeSection 3.2.3 |
| 23 | **Modifier Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCodeSection 3.2.3 |
| 24 | **Modifier Code**Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCodeSection 3.2.3 |

| **#** | **HCPCS Modifiers**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 25 | **Modifier Code**Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCodeSection 3.3.3 |
| 26 | **Modifier Code**Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCodeSection 3.3.3 |
| 27 | **Modifier Code**Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCodeSection 3.3.3 |

| **#** | **Expenditure Modifiers**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 28 | **Modifier Code**Must be a valid code from Appendix 5. |  | ModifierCodeSection 3.4.3 |
| 29 | **Modifier Code**Must be a valid code from Appendix 5. |  | ModifierCodeSection 3.4.3 |
| 30 | **Modifier Code**Must be a valid code from Appendix 5. |  | ModifierCodeSection 3.4.3 |

| **Signature** | **Date**  |
| --- | --- |
|  | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |