



Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Appendix 1 Data Code Values

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Table of Contents

1	State/Province	3
2	County Area	4
3	Covered Service	5
4	Service Category	10
5	Project Codes	10
6	Project Codes, Method of Payment and Unit of Measure	14
7	FY 2025-26 Active OCA Codes.....	15
8	FY 2025-26 Carry Forward OCA Codes.....	29
9	FY 2025-26 Historical OCA Codes	30
10	Example HCPCS Codes with Modifiers and Covered Services	54
11	FASAMS Modifiers	60
12	SAMHIS Modifiers	64
13	Discharge Destinations	69
14	Education Grade Level	70
15	Employment Status.....	70
16	Evaluation Level	71
17	Living Arrangement.....	77
18	Children Dependency or Delinquency Status	77
19	Outcome Measure	79
20	Referral Source	80
21	Staff Identifier Education/Credential Level	80
22	Substances Used	82
23	FACT/FIT/CAT OCA/Project Code.....	87

1 State/Province

Code	Name	Code	Name	Code	Name
AK	Alaska	MD	Maryland	SC	South Carolina
AL	Alabama	ME	Maine	SD	South Dakota
AR	Arkansas	MI	Michigan	TN	Tennessee
AZ	Arizona	MN	Minnesota	TX	Texas
CA	California	MO	Missouri	UT	Utah
CO	Colorado	MS	Mississippi	VA	Virginia
CT	Connecticut	MT	Montana	VT	Vermont
DC	District of Columbia	NC	North Carolina	WA	Washington
DE	Delaware	ND	North Dakota	WI	Wisconsin
FL	Florida	NE	Nebraska	WV	West Virginia
GA	Georgia	NH	New Hampshire	WY	Wyoming
HI	Hawaii	NJ	New Jersey	AS	American Samoa
IA	Iowa	NM	New Mexico	FM	Federated States of Micronesia
ID	Idaho	NV	Nevada	GU	Guam
IL	Illinois	NY	New York	MH	Marshall Islands
IN	Indiana	OH	Ohio	MP	Northern Mariana Islands
KS	Kansas	OK	Oklahoma	PR	Puerto Rico
KY	Kentucky	OR	Oregon	PW	Palau
LA	Louisiana	PA	Pennsylvania	VI	Virgin Islands
MA	Massachusetts	RI	Rhode Island		

2 County Area

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

3 Covered Service

Covered Service Code	Covered Service Name	Recommended FASAMS Placement Code (s)	Recommended FASAMS Placement Name (s)	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
01	Assessment	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
02	Case Management	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
03	Crisis Stabilization	1	CSU/Inpatient	X	X	X	X	Client-Specific	Availability	Day
04	Crisis Support/Emergency	4	Outpatient	X	X	X	X	Client-Specific or Non-Client-Specific	Availability	Direct Staff Minute
05	Day Care	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
06	Day Treatment	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
07	Drop-In/Self-Help Centers	4	Outpatient	X	X			Non-Client-Specific	Utilization	Non-Direct Staff Minute
08	In-Home and On-Site	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
09	Inpatient	1	CSU/Inpatient	X		X		Client-Specific	Utilization	Day
10	Intensive Case Management	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute

Covered Service Code	Covered Service Name	Recommended FASAMS Placement Code (s)	Recommended FASAMS Placement Name (s)	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
11	Intervention	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
12	Medical Services	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
13	Medication Assisted Treatment	4	Outpatient		X		X	Client-Specific	Utilization	Dosage
14	Outpatient	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
15	Outreach	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Non-Direct Staff Minute
18	Residential Level I	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
19	Residential Level II	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
20	Residential Level III	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
21	Residential Level IV	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
22	Respite Services	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
24	Substance Abuse Inpatient Detoxification	2	Inpatient Detoxification		X		X	Client-Specific	Availability	Day

Covered Service Code	Covered Service Name	Recommended FASAMS Placement Code (s)	Recommended FASAMS Placement Name (s)	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
25	Supportive Employment	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
26	Supported Housing/Living	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
27	Treatment Alternative for Safer Communities	4	Outpatient		X		X	Client-Specific	Utilization	Direct Staff Minute
28	Incidental Expenses	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Dollars Spent
29	Aftercare	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
30	Information and Referral	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Non-Client-Specific	Availability	Direct Staff Minute
32	Substance Abuse Outpatient Detoxification	4	Outpatient		X		X	Client-Specific	Availability	Direct Staff Minutes
35	Outpatient -Group	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
36	Room and Board with Supervision Level I	3	Residential	X	X	X	X	Client-Specific	Utilization	Day

Covered Service Code	Covered Service Name	Recommended FASAMS Placement Code (s)	Recommended FASAMS Placement Name (s)	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
37	Room and Board with Supervision Level II	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
38	Room and Board with Supervision Level III	3	Residential	X	X	X	X	Client-Specific	Utilization	Day
39	Short-term Residential Treatment	1	CSU/Inpatient	X		X		Client-Specific	Availability	Day
40	Mental Health Clubhouse Services	4	Outpatient	X				Non-Client-Specific	Utilization	Direct Staff Minute
42	Intervention - Group	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
43	Aftercare - Group	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
44	Comprehensive Community Service Team	4	Outpatient	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
45	Comprehensive Community Service Team – Group	4	Outpatient	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
46	Recovery Support	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute

Covered Service Code	Covered Service Name	Recommended FASAMS Placement Code (s)	Recommended FASAMS Placement Name (s)	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
47	Recovery Support - Group	4	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
52	Care Coordination	1 2 3 4	CSU/Inpatient Inpatient Detoxification Residential Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
53	HIV Early Intervention Services	4	Outpatient		X		X	Client-Specific	Utilization	Direct Staff Minute
54	Room and Board with Supervision Level IV	3	Residential	X	X	X	X	Client-Specific	Utilization	Day

4 Service Category

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

5 Project Codes

Code	Description	Policy Guidance
A0	Forensic Multidisciplinary Team	Bundled rate expenditures for Forensic Multidisciplinary teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MH0FH unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
A1	BNET	Bundled rate expenditures for Behavioral Health Network (BNET). Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures may be coded to OCA MH0BN only.
A2	FIT Team	Bundled rate expenditures for Family Intensive Treatment teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MS091 unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.

Code	Description	Policy Guidance
A3	Central Receiving System	<p>Bundled rate expenditures for Central Receiving System grants.</p> <p>Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.)</p> <p>These expenditures should be coded to OCA MHSCR unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.</p>
A4	Care Coordination	<p>Bundled rate expenditures for Care Coordination.</p> <p>Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.)</p> <p>These expenditures should be coded to OCA MH0CN or MSOCN unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.</p>
A5	First Episode Team	<p>Bundled rate expenditures for Coordinated Specialty - First Episode teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.)</p> <p>These expenditures may be coded to OCA MH026 only.</p>
A6	Self-Directed Care	<p>This code applies only to Lutheran Services Florida and Central Florida Behavioral Health Network for expenditures for the Self-Directed Care programs. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.)</p>
A7	Federal Project Grant	<p>Expenditures associated with a federal project grant using the assigned OCA. Examples of federal project grants include, but are not limited to, the Florida System of Care Expansion and Sustainability Project (OCA MHESP), Florida Response to the Opioid Crisis MAT (OCA MSOPM), and Florida Partnerships for Success (OCA MSOFS). If the grant funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) See the OCA code table for additional allowable OCAs.</p>
A8	Local Diversion Forensic Project	<p>Bundled rate expenditures for Outpatient Forensic Mental Health Services as described in Guidance 6 of the ME contract. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) See the OCA code table for allowable OCAs.</p>

Code	Description	Policy Guidance
A9	Disaster Behavioral Health	Allowable expenditures for Disaster Behavioral Health grants, coded with established OCA (e.g., ME Provider Hurricane Matthew Crisis Counseling, OCA MHHMP) See the OCA code table for additional OCAs.
B1	Network Eval. & Dvlpmt.	Allowable expenditures of network service provider funding necessary to evaluate, develop, or expand the capacity of the regional network of care. This includes fidelity monitoring, independent quality assessment, workforce development, training, and related initiatives. See the OCA code table for allowable OCAs.
B2	Transition Voucher	Bundled rate expenditures for Transition Vouchers. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) These expenditures may be coded to OCAs MHDRF, MHTRV, or MSTRV only.
B3	Cost Reimbursement	Expenditures paid on an actual cost reimbursement method of payment, as defined in rule 65E-14.019, F.A.C., for necessary staffing, supplies and related expenditures to establish operational start-up capacity for new programs or services. Allowable costs are limited to those expenditures directly related to new services; to service contracts when required by statute, grant or funding source; or to specific fixed capital outlay projects appropriated by the legislature. See the OCA code table for allowable OCAs.
B4	CAT Team	Bundled rate expenditures for Community Action Treatment (CAT) teams as described in Guidance 32. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MHCAT unless the subcontract supplements project specific GAA funding with additional OCAs. See the OCA code table for additional OCAs.
B5	FACT Team	Florida Assertive Community Treatment (FACT) Teams as described in 65E-14.021(4)(j). The Project Code is for FACT Team costs associated with the enrolled participants for services. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) Incidental Expenses should still be reported under the Incidental Expenses covered services code. See the OCA code table for allowable OCAs.

Code	Description	Policy Guidance
B6	Provider Proviso Projects	Bundled rate expenditures associated with a named proviso project specified in the General Appropriations Act, using the assigned OCA. If the project funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) See the OCA code table for allowable OCAs.
B7	Wraparound	Bundled rate expenditures for Wraparound This project code should only be used when implementing the evidence-based Wraparound approach to care management, as defined by the National Wraparound Initiative (https://nwi.pdx.edu/). Expenditures for Wraparound may be billed as case management, CCST, or a bundled rate to include allowable covered services of assessment, case management, recovery support, CCST, medical, incidentals, and in-home/on-site. All services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.). See the OCA code table for allowable OCAs.
B8	FFPSA Training Projects	Bundled rate expenditures for Family First Prevention Services Act (FFPSA), Teams CAT Tier 2 variation, as described in Guidance 37. Allowable covered services within the bundled rate must align with the selected FFPSA Clearinghouse model and must be reported in FASAMS as the actual covered service delivered (i.e., case management, medical services, etc.)
B9	Intermediate Level FACT (FACT-I) Teams	Bundled rate expenditures for Intermediate Level Florida Assertive Community Treatment (FACT-I) Teams as described in Guidance 36. Allowable covered services include the array of services detailed in the guidance document and must be reported in FASAMS as the actual covered service delivered (i.e., case management, medical services, etc.).
C0	Other Bundled Projects	Bundled rate expenditures for local community behavioral health initiatives not otherwise reportable under other project codes. These projects may be funded with any combination of block grant and general revenue funds. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) See the OCA code table for allowable OCAs.

Code	Description	Policy Guidance
C1	Sustainability Payment for Emergency Response	Lump sum payments to support provider sustainability during declared public emergencies. This code may only be used once per OCA per Provider each month to report the difference between the Total YTD ME General Ledger payments to the provider and the Total YTD Actual Payable reported for all other Covered Service and Project Codes for that OCA.
C2	Community Action Treatment (CAT) Teams for Ages 0-10	Bundled rate expenditures for Community Action Treatment (CAT) Teams for Ages 0-10, CAT Tier 3 variation, as described in Guidance 38. Allowable covered services include the array of services detailed in the guidance document and must be reported in FASAMS as the actual covered service delivered (i.e., case management, medical services, etc.).
C3	Family Well-Being Treatment Teams	Bundled rate expenditures for Family Well-being Treatment Teams as described in Guidance 39. Allowable covered services include the array of services detailed in the guidance document and must be reported in FASAMS as the actual covered service delivered (i.e., case management, medical services, etc.).
C4	Involuntary Services (HB7021 funding)	Expenditures associated with funding appropriated to implement the provisions of Chapter 2024-245, Laws of Florida (HB7021). These expenditures should be coded to the following OCA's as appropriate: MHO CB, MSO CB, MHMDT, MHO CN, MSO CN. Allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.). See the OCA code table for additional allowable OCA's.

6 Project Codes, Method of Payment and Unit of Measure

Method of Payment	Unit of Measure	Valid Project Codes
Fee for Service	Day	A7, A8, A9, B2, B6, C0, C4
Fee for Service	Direct Staff Hour	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B6, B7, C0, C3, C4
Fee for Service	Dollar	B2, B5, B6, B7, B9, C0, C4
Fee for Service	Dosage	B2, B6, B7, C0
Fee for Service	Non-Direct Staff Hour	A3, A4, A7, A8, A9, B1, B6, C0
Fee for Service	Quarterly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B6, B7, B8, C0, C2, C3, C4

Method of Payment	Unit of Measure	Valid Project Codes
Fee for Service	Monthly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B6, B7, C0, C4
Fee for Service	Weekly Service	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B4, B5, B6, B7, B8, B9, C0, C2, C3, C4
Fee for Service	Other	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B5, B6, B7, B9, C0, C3, C4
Case Rate	Number of Enrolled Participants	A0, A2, A3, A4, A5, A6, A7, A8, B1, B2, B5, B6, B7, B9, C0, C3, C4
Capitation Rate	Number of Enrolled Participants	A0, A1, A2, A3, A4, A5, A6, A7, A8, B1, B2, B5, B6, B7, B9, C0, C3
Cost Reimbursement	Dollar Note: Only if new operation or if method is required by fund source or law	A0, A2, A3, A4, A5, A6, A7, A8, A9, B1, B2, B3, B4, B5, B6, B7, B8, B9, C0, C2, C3, C4

7 FY 2025-26 Active OCA Codes

FASAMS has a dedicated field in service events for OCAs. Thus, the former Modifier 4 codes are NOT reportable in FASAMS. A list of legacy modifiers and descriptions are listed in Table 10 of this appendix to support service providers not yet fully compliant with PAM 155-2 V13 to continue reporting data under V12 to their respective Managing Entities (ME). MEs are expected to report the actual five character OCA in the FASAMS OCA field. OCA modifiers are not appropriate for covered services.

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH000	ME Mental Health Services & Support	10/01/19		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 52, 54	A0, A3, A4, A5, A6, A8, B1, B3, B4, B5, B7, C0, C1, C2	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH001 (Expenditure Code Only)	MH 24-Hr Residential Services (Non-Hospitalization)			18, 19, 20, 21, 28, 36, 37, 38, 52, 54	A0, A8, B1, B3, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH009 (Expenditure Code Only)	Ambulatory/Community Non-24 Hour Care			01, 02, 04, 05, 06, 07, 08, 10,	A0, A4, A5, A6, A8, A9,	1-AMH 3-CMH	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
e Code Only)				11, 12, 14, 15, 22, 25, 26, 28, 29, 30, 35, 39, 40, 42, 43, 44, 45, 46, 47, 52	B1, B3, B4, B5, B7, C0, C1		Local Match (5)
MH018 (Expenditure Code Only)	CSU, Baker Act, Inpatient Crisis Services			03, 04, 09, 39, 52	A3, A8, B1, B3, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH025 (Expenditure Code Only)	Prevention Services	07/01/15		48, 49, 50, 51	A8, B1, B3, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH026	ME Early Intervention Svc - Psychotic Disorders	07/01/15		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 25, 28, 29, 30, 35, 40, 44, 45, 46, 47, 52	A5, A8, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH027	Directions for Living	07/01/16	06/30/26	01, 02, 04, 06, 08, 10, 11, 12, 13, 14, 15, 29, 30, 32, 35, 44, 45, 46, 47	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH051	ME Okaloosa/Walton MH & SA Pretrial Diversion Project	07/01/19	06/30/26	01, 02, 11, 12, 14, 25, 26, 29, 35, 42, 46, 47	A8, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH063	Starting Point Behavioral Healthcare-Talkable Talks	07/01/21	06/30/26	01, 02, 04, 10, 11, 12, 14, 15, 28, 30, 35, 42, 46, 47	B1, B3, B6, B7, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH066	Peace River Center Sheriff's Outreach Program	07/01/21	06/30/26	04, 15, 30	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH069	Marion County Law Enforcement Co-Responder Program	07/01/21	06/30/26	02, 04, 12, 15, 22, 28, 30, 46, 47	B1, B3, B7, CO	1-AMH	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							(5)MHO69
MH070	ME MH Faulk Center Behind the Mask MH Services	07/01/22	06/30/26	01, 14, 35	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH071	ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	07/01/15	NA	09, 18, 19, 22, 36, 37, 52, 54	B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH072	ME MH Community Forensic Beds	07/01/15		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 25, 26, 28, 35, 36, 37, 38, 42, 44, 45, 46, 47, 52, 54	A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH076	ME Indigent Psychiatric Medication Program	07/01/15	NA	28	B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH089	ME Clay Behavioral Hlth-Crisis Prevention	07/01/15	06/30/26	02, 06, 07, 12, 14, 25, 28, 37	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH094	ME Citrus Health Network	07/01/15		03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0BN	ME MH BNET Title XXI Children's Health Insurance Program (Behavioral Health Network)	07/01/15		01, 02, 03, 04, 06, 08, 09, 10, 12, 13, 14, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 32, 35, 43, 44, 45, 46, 47, 52	A1, B7	1-AMH 3-CMH 4-CSA	Title XXI (B)
MH0CN	ME MH Care Coordination Direct Client Services	07/01/17		01, 02, 04, 08, 10, 11, 15, 26,	A4, B1, B3, B7, C1, C4	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				28, 42, 46, 47, 52			Match (5)
MHOFH	ME Community Forensic Multidisciplinary Teams for Hospital Diversion	07/01/16		01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 52, 54	A0, A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHOFT	ME MH FACT Program	7/1/2021		01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47, 52	B3, B5	1-AMH	SAMH (2), Local Match (5)
MHOPG	ME Grants PATH	07/01/15		01, 02, 11, 12, 14, 15, 25, 26, 28, 30, 35, 40, 44, 45, 46, 47	A7, B3	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHOSP (Data Not Reported in FASAMS)	ME MH Suicide Prevention	07/01/24		50, 51	B1		
MHOTB	ME MH Temporary Assistance for Needy Families (TANF)	07/01/15		01, 02, 04, 05, 06, 08, 10, 11, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 52, 54		1-AMH 3-CMH	TANF (3)
MH111	ME MH El-Beth-El Development Center Youth Crime	7/1/2023	6/30/2026	06, 11, 15, 25, 42	B3, B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH114	ME MH Joe DiMaggio Child Hospital At-Risk Youth	7/1/2023	6/30/2026	01, 09, 12, 14, 35, 52	B6	3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH115	ME MH Life Builders of Treasure Coast	7/1/2023	6/30/2026	01, 02, 09, 14, 15, 28, 35 (Residential Levels TBD)	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH116	ME MH Lifetime Counseling CTR Behavioral Health	7/1/2023	6/30/2026	01, 14, 15, 28, 35	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH117	ME MH LJD Jewish Family Community Services	7/1/2023	6/30/2026	01, 02, 11, 12, 14, 15, 28, 29, 35, 42	B1, B3, B6, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH119	ME MH Miami Dade Homeless Trust Proj Lazarus	7/1/2023	6/30/2026	01, 14, 15, 26, 35	B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MH122	ME MH Nonie's Place Child Therapy Ctr Escambia	7/1/2023	6/30/2026	01, 11, 14, 15, 35, 42	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH124	ME MH Project Lift Treatment and Workforce Dev	7/1/2023	6/30/2026	01, 11, 14, 15, 35, 42	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH128	ME MH Citrus Health network ACS	7/1/2023	6/30/2026	01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47, 52, 54	A3, B3, B6, B7, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH138	ME MH-Academy at Bradenton-Supp Employ Svcs for Seniors & Caregivers	7/1/2024	6/30/2026	25, 28, 40	B3, B6	1-AMH	SAMH (2), Local Match (5)
MH211	ME Expanding 211 Call Vol & Coordination Initiative	07/1/2021		15, 30	B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH26B	ME BSCA Early Intervention SVC-Psychotic Disorders	7/1/2023	TBD	01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 25, 28, 29, 30, 35, 40, 44, 45, 46, 47, 52	A5, A8, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH983 (Data Reported by Lifeline Providers)	ME MH 988 State and Territory Improvement Grant-Yr 3	09/30/25	09/29/26	04, 11, 15, 30, 50, 51	A7, B1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHAJF	Jewish Family Services-Mental Health First Aid Coalition	07/01/21	06/30/26	NA	B1, B6	1-AMH	SAMH (2), Local Match (5)
MHASP	Aspire Health Veterans and National Guard MH Svcs.	07/01/21	06/30/26	01, 02, 12, 14, 35	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHBRV	ME MH FLAGLER BRAVE PROGRAM	07/01/22	06/30/26	01, 02, 15, 28, 30	B3, B6	3-CMH	SAMH (2), Local Match (5)
MHCAT	ME MH Community Action Treatment (CAT) Teams	07/01/17		01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 40, 43, 44, 46, 47, 52	B3, B4, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCBS (Data Reported by Lifeline Providers)	ME MH BSCA 988 Suicide and Crisis Lifeline	09/30/23	09/29/26	04, 11, 15, 30, 50, 51	A7, B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHDRF	ME Disability Rights Florida Mental Health	07/01/16		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46, 47, 52	B2, B3, B7	1-AMH	SAMH (2), Local Match (5)
MHEBP	ME MH Evidence Based Practice Team	07/01/22		01, 02, 03, 04, 05, 06, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28,	B1, B3, B8, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				29, 35, 42, 44, 45, 46, 47, 52			Match (5)
MHEDT	ME MH Early Diversion of Forensic Individuals	01/01/20		01, 02, 04, 08, 10, 11, 14, 15, 25, 26, 29, 35, 42, 46, 47	A0, A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHEHW	ME MH EAGLES HAVEN WELLNESS CTR	07/01/22	06/30/26	01, 02, 04, 08, 11, 14, 40	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHEMP	ME MH Supported Employment Services	07/01/17		25, 40	B3, B4, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHFMH	ME MH Forensic Transitional Beds	07/01/17		18, 19, 20, 21, 36, 37, 38, 52, 54	A8, B3, B7	1-AMH	SAMH (2), Local Match (5)
MHFSL	ME MH ALPERT JEWISH FAMILY SUPPORT LINE	07/01/22	06/30/26	15, 30	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHHTO	ME MH HERE TOMORROW OUTPATIENT MH SVCS	07/01/22	06/30/26	01, 04, 15, 28, 30, 46, 47, 48, 49, 50, 51	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHIBH (Data Not Reported in FASAMS)	ME MH Behavioral Health Clinics				C0		
MHLFH	ME MH LMC FORENSIC MULTIDISCIPLINARY TEAM	07/01/22	06/30/26	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 54	A0, A8, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHLFT	ME MH LIFE MGMT CTR FUNCT FAMILY THERAPY TEAM	07/01/22	06/30/26	01, 02, 08, 14, 28, 44	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHMCT	ME MH Mobile Crisis Teams	07/01/18	NA	02, 04, 12, 28, 30, 46, 47, 52	B1, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHMDT	MH ME Other Multidisciplinary Team	07/01/22		01, 02, 03, 04, 05, 06, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, *39, 42, 44, 45, 46, 47, 52 *Children's SRT Only	A2, B1, B3, B4, B9, C0, C3, C4	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHOCB	ME MH Crisis Beds	07/01/24		03, 04, 09, 39	B3, C4	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHRM5	ME Renaissance Manor	07/01/15	06/30/26	02, 15, 19, 26, 28, 46, 47	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSCL (Data Reported by Lifeline Providers)	ME MH 988 Sustainability Funding	07/01/24	TBD	04, 11, 15, 30, 50, 51	A7, B1, B3, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSCR	ME Centralized Receiving Systems	10/01/15		01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47, 52, 54	A3, B3, B7, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHSFP	ME MH State Funded Federal Excluded Services	10/01/16		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54	A0, A8, B1, B3, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSUN	ME Sunrise/Sunset Beds Pilot	02/01/21		01, 02, 06, 10, 12, 14, 19, 28, 35, 38, 52	C0	1-AMH	SAMH (2), Local Match (5)
MHTLH	ME MH Telehealth Behavioral Health Services	11/01/20		01, 02, 04, 08, 10, 11, 12, 14, 15, 28, 29, 32, 35, 42, 43, 46, 47, 52	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHTMH	ME MH Transitional Beds for MH Institution	07/01/17		18, 19, 20, 21, 36, 37, 38, 52, 54	A8, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHTRV	ME Transitions Vouchers Mental Health	07/01/16		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46, 52	B1, B2, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHVHG	ME MH VALERIE'S HOUSE CHILD GRIEF SERVICES	07/01/22	06/30/26	01, 14, 35	B6	3-CMH	SAMH (2), Local Match (5)
MS000	ME Substance Abuse Services and Support	07/01/15		01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40,	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				42, 43, 44, 45, 46, 47, 52, 54			
MS003 (Expenditure Code Only)	SA 24- Hour Residential Services (Non-Hospitalization)	07/01/15		18, 19, 20, 21, 36, 37, 38, 52, 54	A2, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS011 (Expenditure Code Only)	Ambulatory/Community Non-24hr Care	07/01/15		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 42, 43, 44, 45, 46, 47, 52	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS021 (Expenditure Code Only)	SA Detoxification Services	07/01/15		04, 24, 32, 52	A3, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS023	HIV Services	07/01/15		02, 11, 12, 14, 52, 53	B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS025	Prevention Services	07/01/15		30*, 48, 49, 50, 51 *Valid through 12/31/20	A8, B1, B3, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS027 (Expenditure Code Only)	Federal Pregnant Women and Women with Dependent Children	07/01/15		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 52, 54	A2, A3, A4, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS081	ME Expand SA SVCS for Pregnant Women, Mothers and Their Families	07/01/15		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38,	A2, B1, B3, B6, B7, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				42, 43, 44, 45, 46, 47, 52, 54			
MS091	ME Family Intensive Treatment (FIT)	07/01/15		01, 02, 03, 04, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 52, 54	A2, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS095	ME SA Cove Behavioral Health	07/01/15		02, 15, 19, 28, 52	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOCN	ME SA Care Coordination Direct Client Services	10/01/17		01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47, 52	A4, B1, B3, B7, C1, C4	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOPP	ME Prevention Partnership Grant (PPG)	07/01/15		48, 49, 50, 51	B3, CO	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOTB	ME SA Temporary Assistance for Needy Families (TANF)	07/01/15		01, 02, 04, 05, 06, 08, 11, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 52, 54		2-ASA 4-CSA	TANF (3)
MS107 (Data Submitted in ODMS)	ME SA DISC Village-Opioid Residential	7/1/24		N/A	B6	2-ASA 4-CSA	SAMH (2)
MS108 (Data Submitted in ODMS)	ME SA-DISC Village-Opioid Residential Treatment Expansion (Operations)	07/1/2024	06/30/2026	01, 13, 19, 21, 24, 28, 37, 38, 53	B3, B6	2-ASA 4-CSA	SAMH (2)
MS110 (OSTF-Related Data)	ME SA-SMA Healthcare-Residential SA Re-entry Prog	7/1/2024		01, 13, 18, 19, 36, 37, 46, 47, 53	B3, B6	2-ASA 4-CSA	SAMH (2)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
Submitted in ODMS)							
MS113 (Data Submitted in ODMS)	ME SA-Recovery Connect of Cent FL-Mob Reco Supp Svcs for SUD	7/1/2024		01, 07, 15, 22, 28, 30, 46, 47, 53, 54	B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2)
MS903	ME Here's Help	07/01/15		18, 19, 20, 21	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS907	ME SA St. Johns Co. Sheriff's Office Detox Program	07/01/17		01, 04, 11, 13, 14, 18, 24, 32, 35, 52	B3, B6, B7, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS912	ME SA Memorial Healthcare-Medication Assisted Treatment Program	07/01/23	06/30/26	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 32, 35, 36, 37, 43, 46, 47	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS917 (Data Submitted in ODMS effective 7/1/24)	ME SA STEPS-Women's Residential Treatment	07/01/18	06/30/26	13, 19, 37	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS918 (Data Submitted in ODMS effective 7/1/24)	ME SA St Johns EPIC Recovery Ctr-Women's Res Bed	07/01/19	06/30/26	18	B6	2-ASA	SAMH (2), Local Match (5)
MS921 (OSTF-Related Data Submitted in ODMS)	Here's Help - Juvenile Residential Treatment Expansion	7/1/2020	06/30/26	18,19, 20	B3, B6	4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MS922	Broward Health-Integrated Medication Assisted Treatment (MAT) Response	7/01/23	06/30/26	01, 02, 08, 12, 13, 15, 14, 28, 29, 35, 43, 46, 47,	B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCBS	ME SA Community Based Services	07/01/18		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 54	A0, A2, B1, B3, B7, CO, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCSO	ME SA Seminole Co Sheriff Opioid ARC Partnership	07/01/20	06/30/26	01, 02, 08, 11, 12, 13, 14, 19, 28, 32, 35, 36, 37, 38, 42, 46, 47, 54	B3, B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSLAB (Data Submitted in ODMS effective 7/1/23)	Broward Co Long Acting Injectable Buprenorphine Pilot Prog	07/01/23		01, 12, 13, 14	B6	2-ASA 4-CSA	SAMH (2)
MSOCB	ME Substance Abuse Crisis Beds	07/01/24		04, 24	B3, C4	2-ASA 4-CSA	SAMH (2), Local match (5)
MSOCR (Data Submitted in ODMS)	ME Opioid TF Coord Opioid Recovery Care	7/1/2023	TBD	01, 02, 04, 06, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 28, 30, 35, 36, 37, 38, 42, 46, 47, 52, 53, 54	B1, B3, C0	2-ASA 4-CSA	SAMH (2)
MSOHB (Data Submitted in ODMS)	ME Opioid TF Hospital Bridge Programs	7/1/2023	TBD	01, 04, 11, 12, 13, 24, 46, 47, 52	B1, B3, C0	2-ASA 4-CSA	SAMH (2)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSONQ (Data Submitted in ODMS)	ME Opioid TF Non-Qualified Counties	7/1/2023	TBD	01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2)
MSOPR (Data Submitted in ODMS)	ME Opioid TF Peer Supports and Recovery Comm Org	7/1/2023	TBD	07, 12, 13, 15, 22, 28, 30, 46, 47, 54	B1, B3, C0	2-ASA 4-CSA	SAMH (2)
MSOTR (Data Submitted in ODMS)	ME Opioid TF Treatment and Recovery	7/1/2023	TBD	01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 52, 54	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2)
MSRC8	ME State Opioid Response Disc-Rec Comm Org-Yr 8	09/30/25	09/29/26	07, 12, 13, 15, 22, 28, 30, 46, 47 54	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSCL (Data Reported by Lifeline Providers)	ME SA 988 Suicide & Crisis Lifeline	07/01/24	TBD	04, 11, 15, 30, 50, 51	A7, B1, B3, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSSFP	ME SA State Funded Federal Excluded Services	10/01/16		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47, 48, 49, 50, 51, 52	A2, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM8	ME State Opioid Response Svcs-MAT-Yr 8	09/30/25	09/29/26	01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15,	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 52, 54			Match (5)
MSSP8	ME State Opioid Reponse Disc Grant-Prev-Yr 8	09/30/25	09/29/26	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSTRV	ME Transition Vouchers Substance Abuse	07/01/15		01, 02, 05, 06, 08, 11, 12, 13, 14, 22, 25, 26, 28, 29, 32, 35, 43, 45, 46, 47, 52	A2, B1, B2, B7	2-ASA 4-CSA	SAMH (2), Local Match (5) Remove *Valid through 6/30/19 "

8 FY 2025-26 Carry Forward OCA Codes

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH011	ME Stewart-Marchman Behavioral Healthcare	07/01/16	06/30/24	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47, 52	B3, B5, B6, B7	1-AMH	SAMH (2), Local Match (5)
MH021	ME MH SFBHN-Involuntary Outpatient Services (IOS) Pilot Project.	07/01/21	06/30/25	02, 03, 11, 12, 14, 25, 26, 28, 32, 35, 40, 44, 45, 46, 47, 52	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH031	ME David Lawrence Center Behavioral Health Services	07/01/16	06/30/25	01, 02, 04, 08, 10, 11, 12, 14, 15, 28, 29, 30, 35, 46, 47	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH032	ME Baycare Beh. Health Veterans And Families Pilot Program	07/01/16	06/30/25	01, 02, 03, 12, 14, 15, 18, 19, 20, 21, 28, 30, 35, 36, 37, 38, 46, 47, 54	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH034	ME UF Health Center for Psychiatry	07/01/19	06/30/24	Non-client	B3, B6	None	SAMH (2), Local Match (5)
MH037	Fort Myers Salvation Army Behavioral Health Services	07/01/16	06/30/24	18, 19, 20	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH069	Marion County Law Enforcement Co-Responder Program	07/01/21	06/30/24	02, 04, 12, 15, 22, 28, 30, 46, 47	B1, B3, B7, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH101	ME MH Agape Network Community Reentry	7/1/2023	6/30/2024	01, 02, 12, 13, 14	B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MH139	ME MH-David Lawrence Center-Collier Cty Mob Response Team	7/1/2024	6/30/2025	02, 04, 12, 28, 30, 46, 47, 52	B1, B3, B6, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHFHR	Flagler Health-Central Receiving Center	07/01/21	06/30/23	01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47, 54	A3, A4, B7, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

9 FY 2025-26 Historical OCA Codes

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
CBHTS	Community-Based Beh Hlth Treatment Svcs-CIRC 1	02/01/21	06/30/23	12, 28, 39, 44, 45, 52	N/A	1-AMH	SAMH (2), Local Match (5)
MH010	ME MH Miami Dade Homeless Trust	07/01/18	06/30/19	01, 02, 08, 10, 11, 12, 14, 19, 25, 26, 28, 35, 44, 45, 46, 47	A8, B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH012	ME Apalachee Center - Forensic Treatment Services	07/01/17	06/30/21	39	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MH013	PTSD Clinic UCF	07/01/17	06/30/20	01, 04, 11, 14, 35, 46, 47	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH014	Starting Point Behavioral Healthcare - MH	07/01/17	06/30/20	01, 02, 04, 10, 11, 14, 25, 26, 28, 29, 44, 46		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH015	ME MH Jewish Family Svc Suncoast	07/01/17	06/30/20	01, 04, 11, 15, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH016	ME MH Personal Enrichment MH Crisis Stab Unit	07/01/17	06/30/25	03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH017	ME MH Johns Hopkins All Children's Hospital	07/01/17	06/30/20	01, 02, 04, 11, 12, 14, 30, 35	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH019	ME MH Bridgeway Ctr Emerg Mobile Access Team	07/01/17	06/30/20	04, 30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH023	ME MH Orange Park Medical Center	07/01/18	06/30/19	03, 04	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH028	ME MH Osceola Mental Health-Park Place	07/01/18	06/30/19	01, 12	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH029	ME MH Johns Hopkins Children's Hospital-	07/01/18	06/30/19	01, 05, 11, 12, 28	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
	Postpartum Depression-DACCO						Match (5)
MH033	ME Youth Crisis Center - Touchstone Village	07/01/19	06/30/20	01, 02, 11, 12, 14, 20, 26, 28, 29, 35, 42	B3, B6	1-AMH	SAMH (2), Local Match (5)
MH035	ME LifeStream Central Receiving System- Citrus County	07/01/19	06/30/24	01, 02, 03, 04, 09, 10, 11, 12, 14, 18, 19, 20, 21, 24, 28, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47, 54	A3, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH036	ME FL Recovery Schools - Youth BH Wraparound Services	07/01/21	06/30/24	01, 02, 11, 14, 28, 29, 35, 42	B3, B6	3-CMH	SAMH (2), Local Match (5)
MH046	ME Centerstone Florida	07/01/21	06/30/23	N/A	B3, B6, B7	None	SAMH (2), Local Match (5)
MH048	ME NW Behavioral Health Services - Training Trauma Now	07/01/19	06/30/24	01, 02, 04, 08, 11, 12, 14, 15, 28, 35, 42, 43, 44, 45	B3, B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH049	ME Bridgeway Center - Okaloosa Telehealth Svcs	07/01/19	06/30/20	01, 02, 11, 12, 14, 25, 26, 29, 35, 42, 46, 47	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH060	ME Veterans Alternative Retreat Program	07/01/21	06/30/24	28	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH061	ME Northside Mental Health Center	07/01/16		03, 04, 52		1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH064	Flagler County Mental Health Drop-In Center	07/01/21	06/30/23	01, 02, 07, 14, 15	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH065	City of West Park - Mental Health Initiative	07/01/21	06/30/23	01, 02, 08, 15, 28	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH068	Mental Health Association Walk-In and Counseling Ctr	07/01/21	06/30/24	01, 04, 11, 14, 35, 42	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH073	ME Florida Assertive Community Treatment (FACT) Program Admin.	07/01/15	06/30/23	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	B3, B5	1-AMH	SAMH (2), Local Match (5)
MH075	Academy of Glengary-Employment Svcs for Persons w/MH Illnesses	07/01/21	06/30/23	25, 40	B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH077	LEON COUNTY SHERIFF'S OFFICE - MOBILE RESPONSE PROGRAM	07/01/21	06/30/23	04, 12, 28, 30, 46, 47	B1, B3, B7, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH078	Community Rehabilitation Center-Project Alive	7/1/2021	6/30/23	01, 02, 06, 11, 12, 14, 15, 28, 29, 35, 42	B6	1-AMH 2-ASA 4-CSA 3-CMH	SAMH (2), Local Match (5)
MH096	ME Jerome Golden Center	07/01/15		19, 28, 37, 52	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH100	ME MH Forensic Residential Stepdown	7/1/2023	6/30/2025	01, 18, 19, 20, 21, 36, 37, 38, 52, 54	A8, B3, B6, B7	1-AMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MH102	ME MH Alpert Jewish Family Services Disabilities	7/1/2023	6/30/2025	01, 12, 14	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH103	ME MH Peace River Center IT and Cyber Security	7/1/2023	6/30/2024	NA	B6	NA	SAMH (2), Local Match (5)
MH104	ME MH Ruth Norman Rales Jewish Family Svcs Psych	7/1/2023	6/30/2025	01, 12, 14	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH105	ME MH Center for Child Counseling MH Services	7/1/2023	6/30/2024	01, 12, 14, 35	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH106	ME MH Centerstone Sarasota Comp Trtmt Court	7/1/2023	6/30/2025	01, 02, 12, 14, 28, 35, 52	B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MH107	ME MH Centerstone Manatee Receiving System	7/1/2023	6/30/2024	01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47, 52, 54	A3, B3, B6, B7, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH108	ME MH CFBHN Hillsborough Short Term Residential	7/1/2023	6/30/2024	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47, 52	B3, B6	1-AMH	SAMH (2), Local Match (5)
MH109	ME Charlotte Behavioral Health Central Recv Fac	7/1/2023	6/30/2024	01, 02, 03, 04, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 24, 28, 30, 32, 35, 36, 37, 38, 39, 44, 45, 46, 47, 52, 54	A3, B3, B6, B7, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH118	ME MH Association of Central FL MH Svcs Uninsured	7/1/2023	6/30/2024	01, 12, 14, 35	B6	3-CMH	SAMH (2), Local Match (5)
MH01S (Expenditure Code Only)	MH 24-Hr Residential Svcs (Non-Hospitalization) SUP1	07/01/21	03/15/23	18, 19, 20, 21, 28, 36, 37, 38, 54	A0, A8, B1, B3, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH09S (Expenditure Code Only)	Ambulatory/Community Non-24 Hour Care SUP1	07/01/21	03/15/23	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 29, 30, 35, 39, 40, 42, 43, 44, 45, 46, 47	A0, A4, A6, A8, A9, B1, B3, B4, B5, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH18S (Expenditure Code Only)	CSU, Baker Act, Inpatient Crisis Svcs SUP1	07/01/21	03/15/23	03, 04, 09, 39	A3, A8, B1, B3, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH98G	ME MH 988 Implementation Fed Discretionary Grant	07/01/22	04/29/24	04, 11, 15, 30, 50, 51	A7, B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH120	ME MH NAMI Jacksonville Family & Peer Support	7/1/2023	6/30/2025	15, 46, 47	B1, B3, B6, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH121	ME MH NAMI Sarasota & Manatee Family Peer Nav	7/1/2023	6/30/2025	15, 46, 47	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH133	ME MH-Devereux-Specialized MH Intervention/Prev Svcs	7/1/2024	6/30/2025	01, 02, 10, 11, 12, 14, 22, 28, 35, 46, 47, 52, 54	B1, B3, B6	3-CMH3- CMH4- CSA	SAMH (2), Local Match (5)
MH135	ME MH-Key Clubhouse of S FL-Work Train & Job Placement	7/1/2024	6/30/2025	25, 26, 28, 30, 40, 46, 47	B3, B6	1-AMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MH136	ME MH-The Lord's Place- MH Care for People Exp Homelessness	7/1/2024	6/30/2025	25, 26, 28, 40, 46, 47	B3, B6	1-AMH	SAMH (2), Local Match (5)
MH25S (Expenditure Code Only)	Prevention Services SUP1	07/01/21	03/15/23	48, 49, 50, 51	A8, B1, B3, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MH262	ME MH Early Intervention Services MHBG SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/29/25	01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 25, 28, 29, 30, 35, 40, 44, 45, 46, 47	A5, A8, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH26S	ME Early Intervention Services MHBG SUP1	07/01/21	03/15/23	01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 25, 28, 29, 30, 35, 40, 44, 45, 46, 47	A5, A8, B3, B7, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH0FA	Grant Miami-Dade Wraparound FACES	7/1/2017	06/30/20	01, 02, 08, 10, 11, 14, 15, 28, 29, 30, 35, 42, 44, 45, 46, 47		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0MD	Grants Miami-Dade County Wraparound		06/30/20	01, 02, 08, 10, 11, 14, 15, 29, 30, 35, 46		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH0PL	ME Grants Project Launch		06/30/19	01, 02, 08, 14, 15, 35	A7, B3, B7	1-AMH 3-CMH	
MH0TA	Florida Youth Transition to Adulthood		07/01/19	01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47		1-AMH 3-CMH	
MH819	ME Hillsborough CSU	07/01/15	06/30/24	03, 04		1-AMH 3-CMH	SAMH (2), Local Match (5)
MH952	ME Apalachee Center - Liberty & Franklin MH CAT		06/30/23	01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 46, 47	B4	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MH981 (Data Reported by Lifeline Providers)	ME MH 988 State and Territory Improvement Grant	09/30/23	09/29/24	04, 11, 15, 30, 50, 51	A7, B1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH982 (Data Reported by Lifeline Providers)	ME MH 988 State and Territory Improvement Grant-Yr 2	09/30/24	09/29/25	04, 11, 15, 30, 50, 51	A7, B1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MH988 (Data Reported by Lifeline Providers)	ME MH 988 Implementation	09/01/21	06/30/24	04, 11, 15, 30, 50, 51	A7, B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHARP	ME MH Services MHBG SUP2	09/01/21	09/29/25	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 54	A0, A3, A4, A5, A6, A8, B1, B3, B4, B5, B7, C0, C1	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHBJD	ME MH BROWARD bbbSTEPPING UP JAIL DIVERSION	07/01/22	06/30/24	01, 02, 08, 14, 46, 47	A8, B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MHBRK	ME MH BROOKS REHABILITATION MH SVCS	07/01/22	06/30/23	01, 02, 06, 12, 14, 15, 28, 35	B3, B6	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCA2	ME MH COMMUNITY ACTION TEAMS (CAT) – CARES ACT	2/1/2021	06/30/23	01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 40, 43, 44, 46, 47	B3, B4, B7	3-CMH	SAMH (2), Local Match (5)
MHCA8	ME 211 Helpline Supports – CARES ACT	2/1/2021	06/30/23	15, 30	B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHCAF	ME FACT Program Administration – CARES ACT	2/1/2021	06/30/23	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	B3, B5	1-AMH	SAMH (2), Local Match (5)
MHCAJ	ME Jail-Based and Forensic Services Diversion – CARES ACT	2/1/2021	06/30/23	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 14, 15, 18, 25, 28, 29, 30, 35, 42, 44, 45, 46, 47	A0, A8, B3, B7	1-AMH 2-ASA	SAMH (2), Local Match (5)
MHCAM	Adult and Children’s Care Coordination – CARES ACT-ME	2/1/2021	06/30/23	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCAR	Short-Term Residential Treatment (SRT) – CARES ACT	2/1/2021	06/30/23	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47	B3, B6	1-AMH	SAMH (2), Local Match (5)
MHCAS	Adult and Children’s Care Coordination – CARES ACT-Direct Client Services	2/1/2021	06/30/23	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCCR	ME MH COLLIER CENTRAL RECEIVING CENTER	07/01/22	06/30/23	01, 02, 03, 04, 09, 10, 11, 12, 14, 18, 19, 20, 21, 24, 28, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47, 54	A3, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCCS	ME Core Crisis Set Aside MHBG SUP1	07/01/21	03/15/23	03, 04, 12, 28, 30, 39, 46, 47	B1, B3, B7, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCC2	ME Core Crisis Set Aside MHBG SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/29/25	03, 04, 12, 28, 30, 39, 46, 47	B1, B3, B7, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHCFY	ME MH CONNECT FAMILIAS MH YOUTH SCREEN	07/01/22	06/30/24	01, 02, 14, 28, 46	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCJ2	ME MH Forensic Services Expansion - MHBG	07/01/21	06/30/23	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 54	A0, A3, A8, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCJ3	ME MH Forensic Community Diversion MHBG SUP1 – Federal Budget Period - 3/15/21 through 3/14/23.	07/01/21	03/15/23	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 54	A0, A8, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCJ4	ME MH Forensic Community Diversion MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 54	A0, A8, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCM2	ME Care Coordination MHBG SUP1	07/01/21	03/15/23	01, 02, 04, 08, 10, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCME	ME MH - Non-recurring Mental Health Block Grant (Chart 8-MHCME-ME MH CAT and MRT Enhancements)	07/01/19	06/30/20	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 43, 44, 45, 46, 47	A0, A3, A4, A5, A6, A8, B4, B5, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHCOM	ME MH Services MHBG SUP1	07/01/21	03/15/23	01, 02, 03, 04, 05, 06, 07, 08, 09, 10,	A0, A3, A4, A6, A8, B1,	1-AMH 3-CMH	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
				11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 54	B3, B4, B5, B7, C0		Local Match (5)
MHCOS	ME Emergency COVID-19 Sup Grant	04/20/20	05/01/23	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 54	A7, B1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCOV	ME Emergency COVID-19 Grant	4/20/2020	08/19/21	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47	A7, B1, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHCR2	ME Short-Term Residential Treatment (SRT) MHBG	07/01/21	06/30/23	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47, 52	B3, B6	1-AMH	SAMH (2), Local Match (5)
MHESP	ME FL SOC (System of Care) Expansion and Sustainability Project	01/01/17	11/18/19	01, 02, 04, 06, 08, 10, 11, 12, 14, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 37, 38, 42, 43, 44, 45, 46, 47	A7, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHES4	ME FL SOC Expansion and Sustainability Proj-Yr. 4	07/01/19	06/30/21	01, 02, 04, 06, 08, 10, 11, 12, 14, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 37, 38, 42, 44, 45, 46, 47	A7, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHFLH	ME MH Florida Hurricane SERG	10/01/18	09/30/19	01, 02, 03, 04, 08, 11, 12, 13, 14, 15, 19, 20, 22, 24, 28, 30, 35, 37, 38, 42, 48, 49, 50, 51	A7, A9, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHFRS	ME MH FL RECOVERY SCHOOLS TAMPA BAY	07/01/22	06/30/24	01, 02, 11, 14, 28, 29, 35, 42	B3, B6	3-CMH	SAMH (2), Local Match (5)
MHFSS	ME MH FIRST STEP SARASOTA CSU & DETOX CENTER	07/01/22	06/30/24	01, 02, 03, 04, 09, 11, 12, 24, 30, 32, 39, 46	A3, A8, B1, B3, B7, C0, C1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHHIP	ME Hurricane Irma Immediate Services Program		06/30/19	15,30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHIR	ME Hurricane Irma Regular Services		06/30/20	15,30	A9, B3	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMO	ME Hurricane Matthew Crisis Counseling Prog		06/30/18	15,30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMD	ME FL Hurricane Michael Disaster Response	09/30/20	09/29/22	01, 02, 11, 12, 13, 14, 15, 19, 21, 28, 35, 42, 44, 45, 46, 47, 48, 50	A7, B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHHMI	ME Hurricane Maria Crisis Counseling		06/30/18	15,30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHMP	ME Provider Hurricane Matthew Crisis Counsel		06/30/18	15,30		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHHST	MH Hillsborough Co Short Term Res Treat Facility	07/01/20	06/30/21	01, 02, 06, 08, 10, 12, 14, 25, 26, 28, 29, 35, 39, 43, 44, 45, 46, 47	B3, B6	1-AMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MHHVS	ME MH TRANSITION HOUSE HOMELESS VETERANS SVCS	07/01/22	06/30/23	12, 19, 21, 28	B6	2-ASA	SAMH (2), Local Match (5)
MHJCL	ME MH JCS MIAMI DADE MONROE CRISIS LINE	07/01/22	06/30/24	15, 30, 40	B1, B3, B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHJFS	ME MH JEWISH FAMILY SERVICES COLLABORATION	07/01/22	06/30/24	01, 02, 11, 12, 14, 28, 32, 35, 46, 47	A8, B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHMMR	ME MH Hurricane Michael Mental Health Response	10/11/18	08/19/21	01, 02, 03, 04, 05, 06, 07, 08, 09, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47	A0, A3, A4, A5, A6, A8, B1, B4, B5, B7, C0	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHMSD	ME MH Marjory Stoneman Douglas	04/01/18	06/30/19	01, 02, 04, 08, 11, 14, 15, 28, 30, 35		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHOER	Orlando Emergency Crisis		06/30/19	15, 30		1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHPV2	ME Suicide Prevention MHBG SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/29/25	15, 30, 48, 49, 50, 51	B1, B3, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHRES	ME Residential Stability Coord. MHBG SUP1	07/01/21	03/15/23	01, 02, 04, 08, 10, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHRE2	ME MH Residential Stability Coordination MHBG SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/29/25	01, 02, 04, 08, 10, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS50	ME Lifestream Center	07/01/15	06/30/24	03, 04, 09	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS51	ME Circles of Care-Cedar Village	07/01/15		19, 52		1-AMH 3-CMH	SAMH (2), Local Match (5)
MHS52	ME Circles of Care - Crisis Stabilization	07/01/15	06/30/23	03, 04, 09	B3, B6, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSCV	ME COVID-19 Helpline Supports	03/01/20	06/30/23	15, 30	B1, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSC1	ME – FL SOC Expansion & Sustainability Proj – Yr 1	08/31/21	06/30/23	01, 02, 04, 08, 11, 12, 14, 15, 22, 25, 26, 28, 35, 46, 47	A7, B1, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSC2	ME – FL SOC Expansion & Sustainability Proj – Yr 2	10/01/22	08/30/23	01, 02, 04, 08, 11, 12, 14, 15, 22, 25, 26, 28, 35, 46, 47, 54	A7, B1, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSC3	ME – FL SOC Expansion & Sustainability Proj – Yr 3	8/31/23	8/30/24	01, 02, 04, 08, 11, 12, 14, 15, 22, 25, 26, 28, 35, 46, 47, 54	A7, B1, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHSC4	ME – FL SOC Expansion & Sustainability Proj – Yr 4	8/31/2024	8/30/2025	01, 02, 04, 08, 11, 12, 14, 15, 22, 25, 26, 28, 35, 46, 47, 54	A7, B1, B7	1-AMH 3-CMH	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MHSMB	ME Meridian Behavioral Healthcare		06/30/19	28		1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSPV	ME Suicide Prevention MHBG SUP1	07/01/21	03/15/23	15, 30, 48, 49, 50, 51	B1, B3, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSUR	ME MH JEWISH COMMUNITY SVCS SURFSIDE	07/01/22	06/30/23	01, 08, 14	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MHSWL	ME MH SENIOR MH WELLNESS & CRISIS RESPONSE LINE	07/01/22	06/30/25	15, 30	B1, B3, B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MHSZB	ME MH SULZBACHER DUVAL MH OFFENDERS PROG	07/01/22	06/30/23	01, 02, 08, 11, 12, 14, 26, 28, 35, 42, 46, 47	A8, B3, B6	1-AMH 2-ASA	SAMH (2), Local Match (5)
MHTA4	ME MH FL Youth Transition to Adulthood-Year 4		06/30/19	01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	A7, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHTA5	ME MH FL Youth Transition to Adulthood-Year 5	09/30/18	06/29/20	01, 02, 04, 07, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	A7, B3, B7	1-AMH 3-CMH	SAMH (2), Local Match (5)
MHTRM	ME MH Centerstone Trauma Recovery Center	07/01/22	06/30/25	01, 02, 14, 15, 26, 35, 46, 47	B6	1-AMH 3-CMH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MHTTI	ME Transform Transfer Initiative - Peer Spec. Jails	02/11/21	6/30/23	08, 15, 29, 30, 45, 46	A7, A8	1-AMH 2-ASA	SAMH (2), Local Match (5)
MS03S (Expenditure Code Only)	SA 24- Hour Residential Svcs (Non-Hospitalization) SUP1	07/01/21	03/15/23	18, 19, 20, 21, 36, 37, 38, 54	A2, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS11S (Expenditure Code Only)	Ambulatory/Community Non-24 Hour Care SUP1	07/01/21	03/15/23	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 42, 43, 44, 45, 46, 47	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS21S (Expenditure Code Only)	SA Detoxification Services SUP1	07/01/21	03/15/23	04, 24, 32	A3, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0FH	ME FL Partnership for Success-Hospital Pilot	04/01/17	06/30/18	01, 02, 04, 15, 28, 29, 30, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0FS	ME FL Partnerships for Success	07/01/16	10/01/19	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0F4	ME FL Partnerships for Success - Year 4	10/01/19	09/29/20	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0F5	ME FL Partnerships for Success - Year 5	10/01/20	06/30/21	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0H4	ME FL Partnership for Success - Hospital Pilot - Year 4	07/01/19	09/29/20	01, 02, 04, 15, 28, 29, 30, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MS0H5	ME FL Partnership for Success - Hospital Pilot - Year 5	10/01/20	06/30/21	01, 02, 04, 15, 28, 29, 30, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0JG	ME Special Services for Jerome Golden Center	10/01/15	06/30/20	04, 19, 24, 37	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS0WL	ME State Epidemiology Outcomes Workgroup Local		06/30/20	51	A7, B1*, B3* *Valid through 9/30/19	None	SAMH (2), Local Match (5)
MS0W4	ME State Epidemiology Outcomes Workgroup Local - Year 4	10/01/19	09/29/20	30, 51	A7	None	SAMH (2), Local Match (5)
MS0W5	ME State Epidemiology Outcomes Workgroup Local - Year 5	10/01/20	06/30/21	30, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS100 (Data Submitted in ODMS)	ME SA Aware Recovery Care Rural Florida	7/1/2023	6/30/2024	01, 02, 06, 08, 11, 13, 14, 15, 32, 35, 42, 46, 47	B1, B3, B6, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS101 (Data Submitted in ODMS)	ME SA Live Tampa Bay Bridges Not Barriers Pilot	7/1/2023	6/30/2024	15, 46, 47	B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS105	ME SA Recovery Connection Central FL Help People	7/1/2023	6/30/2024	15, 30, 28, 46, 47	B6	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS120 (Data	ME SA-Tri-County Human Svcs-Comm Detox Beds	7/1/2024	6/30/2025	01, 02, 04, 13, 24, 32, 46, 47, 52, 53	B1, B6	2-ASA 4-CSA	SAMH (2)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
Submitted in ODMS)							
MS252	ME Primary Prevention SAPT SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	48, 49, 50, 51	A8, B1, B3, CO	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS25S	ME SA Primary Prevention SAPT SUP1	07/01/15	03/15/23	48, 49, 50, 51	A8, B1, B3, CO	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS902	First Step of Sarasota – Drug Free Babies		06/30/20	19		2-ASA	SAMH (2), Local Match (5)
MS904	SA Memorial Maternal Regional Hosp Addiction Treatment Program	07/01/17	06/30/20	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47		2-ASA 4-CSA	SAMH (2), Local Match (5)
MS905	ME SA Opioid Abuse Pilot Project - PB	07/01/17	06/30/20	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47		2-ASA 4-CSA	SAMH (2), Local Match (5)
MS906	Opioid Addiction Recovery Peer Pilot - Manatee County	07/01/17	06/30/20	02, 04, 15, 28, 29, 30, 46, 47		2-ASA 4-CSA	SAMH (2), Local Match (5)
MS908	ME SA New Hope C.O.R.P.S. Residential Treatment Project	07/01/17	06/30/20	18, 19, 20, 21	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS909	ME SA Saluscare Wraparound Services in Response to Opioid Crisis	07/01/18	06/30/19	01, 02, 04, 08, 11, 12, 13, 14, 15, 28, 29, 32, 35, 44, 45, 46, 47	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MS911	ME Phoenix Affiliates-Family Stabiliz for Opioid	11/06/18	06/30/19	01, 08, 14	B3, B6, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS914	ME SA DACCO Behavioral Health Trmt Exp-Medication Assisted Trmt	07/01/18	06/30/19	01, 02, 06, 08, 11, 12, 13, 14, 32, 35, 44, 45, 46, 47	B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS915	ME SA Westcare Gulfcoast Veterans Integrated Behavioral Healthcare	07/01/18	06/30/19	01, 02, 08, 11, 12, 14, 19, 25, 26, 28, 29, 35, 46, 47	B3, B6, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS916	ME Gateway-Project Save Lives	07/01/18	06/30/24	01, 04, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 29, 35, 38, 46	B3, B6, B7, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS920	ME Road to Recovery - Opioid Response	07/01/19	06/30/23	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 48*, 49*, 50*, 51*, 54 *expenditure only	B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MS924	ME LSFA Opioid Epidemic – ME Comm Engagement	07/01/21	06/30/23	N/A	B1	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MS925	McKinsey Settlement SA Services	7/1/2021		01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45, 46, 47, 52, 54	A2, A3, A4, A8, B1, B3, B7, C0	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSARP	ME SA Services SAPT SUP2	09/01/21	09/30/25	01, 02, 03, 04, 05, 06, 08, 09, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 42, 43, 44, 45, 46, 47, 54	A2, A3, A4, A8, B1, B3, B7, C0, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCAF	ME SA FAMILY INTENSIVE TREATMENT (FIT) – CARES ACT	02/01/21	06/30/23	01, 02, 03, 04, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47, 54	A2, B3, B7	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSCAS	NAS/SEN Care Coordination – CARES ACT - Providers	02/01/21	06/30/23	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	A4, B1, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCEI (Data Submitted in ODMS eff. 7/1/23)	ME SA Project Opioid-FL Opioid Crisis Pilot	07/01/23	6/30/24	01	B6	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCN6	ME State Opioid Response Grant-Rec Comm Org-Yr 6-NCE	09/30/24	09/29/25	07, 12, 13, 15, 22, 28, 30, 46, 47, 54	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCS2	ME SA NES/SEN Care Coord SAPT SUP 1	07/01/21	06/30/23	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47, 52	A4, B1, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSCS3	ME NES/SEN Care Coordination SAPT SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47, 52	A4, B1, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSH0H	ME SA HOUSE OF HOPE HEALING & RECOVERY CTR	07/01/22	06/30/23	01, 02, 14, 15, 18, 19, 28, 35, 36, 37	B3, B6	4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MSMN6	ME State Opioid Response Grant-MAT-Yr 6-NCE	09/30/24	09/29/25	01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 52, 53, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOPH-Not Valid for FY 19-20	FL Targeted Opioid Crisis - Hospital		06/30/19	02, 04, 12, 14, 15, 19, 28, 29, 30, 35, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOPM-Not Valid for FY 19-20	ME FL Response to the Opioid Crisis MAT (STR)		06/30/19	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 43, 46, 47	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSOPS	ME FL Response to the Opioid Crisis School	04/01/17	06/30/19	48, 49, 50, 51	A7, B3, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSORH (Data Submitted in ODMS)	ME Opioid TF-Recovery Housing	1/1/2025	TBD	28		2-ASA 4-CSA	SAMH (2)
MSPHR	ME SA PHOENIX HOUSE WOMENS RECOVERY SERVICES	07/01/22	06/30/23	N/A	B3, B6	2-ASA	SAMH (2), Local Match (5)
MSPN6	ME State Opioid Reponse Grant-Prev-Yr 6-NCE	09/30/24	09/29/25	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSPPS	ME SA Prevent Partnership Prog SAPT SUP1	07/01/15	03/15/23	48, 49, 50, 51	B3, CO	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSPP2	ME SA Prevention Partnership Program SAPT SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	48, 49, 50, 51	B3, CO	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSPV2	ME Suicide Prevention SAPT SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	11, 15, 30, 42, 48, 49, 50, 51	B1, CO	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSRCO	ME State Opioid Response Disc Svcs-Rec Comm Org		06/30/19	07, 15, 46, 47	A7, B3	2-Adult SA	SAMH (2), Local Match (5)
MSRC2	ME State Opioid Response Disc-Rec Comm Org-Year 2	09/30/19	09/29/21	15, 46, 47	A7, B1, B3	2-ASA	SAMH (2), Local Match (5)
MSRC3	ME State Opioid Response Disc-Rec Comm Org-Yr 3	09/30/20	09/29/21	12, 13, 15, 28, 30, 46, 47	A7, B1, B3	2-ASA	SAMH (2), Local Match (5)
MSRC4	ME State Opioid Response Dis-Rec Comm Org-Yr 4	09/30/21	09/29/23	12, 13, 15, 28, 30, 46, 47	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSRC5	ME State Opioid Response Disc-Rec Comm Org-Yr 5	09/30/22	09/29/23	07, 12, 13, 15, 28, 30, 46, 47	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSRC6	ME State Opioid Response Disc-Rec Comm Org-Yr 6	09/30/23	09/29/24	07, 12, 13, 15, 22, 28, 30, 46, 47, 54	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSRC7	ME State Opioid Response Disc-Rec Comm Org-Yr 7	09/30/24	09/29/25	07, 12, 13, 15, 22, 28, 30, 46, 47, 54	A7, B1, B3	2-ASA 4-CSA	SAMH (2), Local

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
							Match (5)
MSSG3	ME State Opioid Response Disc Grant-GPRA-Yr 3	09/30/20	09/29/21	N/A	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSG4	ME State Opioid Response Disc Grant-GPRA-Yr 4	09/30/21	09/29/22	N/A	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSGP	ME State Opioid Response Disc Grant-GPRA	7/1/2020	06/30/21	N/A	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM2	ME State Opioid Response Svcs-MAT - Year 2	09/30/19	09/29/21	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 43, 46, 47	A7, B1, B3, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM3	ME State Opioid Response Svcs-MAT-Yr 3	09/30/20	09/29/21	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 42, 43, 46, 47, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM4	ME State Opioid Response Svcs-MAT-Yr 4	09/30/21	09/29/23	01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 42, 43, 46, 47, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM5	ME State Opioid Response Svcs-MAT-Yr 5	09/30/22	09/29/23	01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 52, 53, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSSM6	ME State Opioid Response Svcs-MAT-Yr 6	09/30/23	09/29/24	01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 52, 53, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSM7	ME State Opioid Response Svcs-MAT-Yr 7	09/30/24	09/29/25	01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 46, 47, 52, 53, 54	A7, B1, C1	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSOH	ME State Opioid Response Disc Grant - Hospital Bridge		06/30/21	01, 02, 04, 12, 13, 15, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSOP	ME State Opioid Response Disc Grant SVCS-Prevent	10/01/18	09/30/19	48, 49, 50, 51	A7, B3	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSSOR	ME State Opioid Response SVCS-MAT	10/01/18	09/30/19	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 43, 46, 47	A7, B1, B3, B7	2-Adult SA	SAMH (2), Local Match (5)
MSSOW	ME State Opioid Response Disc Grant-Child Welfare		06/30/21	01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 43, 46, 47	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP2	ME State Opioid Response Disc Grant SVCS-Prevent - Year 2	10/01/19	06/30/21	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP3	ME State Opioid Response Disc Grant-Prev-Yr 3	09/30/20	09/29/21	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Project Codes	Valid Programs	Valid Funds
MSSP4	ME State Opioid Response Disc Grant-Prev-Yr 4	09/30/21	09/29/23	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP5	ME State Opioid Reponse Disc Grant-Prev-Yr 5	09/30/22	09/29/23	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP6	ME State Opioid Reponse Disc Grant-Prev-Yr 6	09/30/23	09/29/24	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSP7	ME State Opioid Reponse Disc Grant-Prev-Yr 7	09/30/24	09/29/25	48, 49, 50, 51	A7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSSPV	ME SA Suicide Prevention SAPT SUP1	07/01/21	03/15/23	11, 15, 30, 42, 48, 49, 50, 51	B1, C0	1-AMH 2-ASA 3-CMH 4-CSA	SAMH (2), Local Match (5)
MSTVS	ME SA Transitional Vouchers SAPT SUP1	07/01/15	03/15/23	01, 02, 05, 06, 08, 11, 12, 13, 14, 22, 25, 26, 28, 29, 32, 35, 43, 45, 46, 47, 52	A2, B1, B2, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)
MSTV2	ME Transitional Vouchers SAPT SUP2 Federal Budget Period: 9/1/2021 - 9/30/2025	09/01/21	09/30/25	01, 02, 05, 06, 08, 11, 12, 13, 14, 22, 25, 26, 28, 29, 32, 35, 43, 45, 46, 47, 52	A2, B1, B2, B7	2-ASA 4-CSA	SAMH (2), Local Match (5)

10 Example HCPCS Codes with Modifiers and Covered Services

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Recommended Covered Services
A0160	Transportation of clients for the purpose of access to medical / therapeutic services			28
H0001	Alcohol and/or drug assessment			01, 11
H0001	Alcohol and/or drug assessment	HN	Bachelor's degree level	01, 11
H0001	Alcohol and/or drug assessment	HN, GT	Bachelor's degree level,	01, 11

HCPDS Code	HCPDS Description	Modifier Code	Modifier Description	Recommended Covered Services
			Telemedicine	
H0001	Alcohol and/or drug assessment	HO	Master's degree level	01, 11
H0001	Alcohol and/or drug assessment	HO, GT	Master's degree level, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	TS	Follow-up service	01, 11
H0001	Alcohol and/or drug assessment	TS, GT	Follow-up service, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	GT	Telemedicine	01, 11
H0002	Behavioral health screening			01, 04, 11, 14
H0003	Alcohol and/or drug screening; screening; laboratory analysis of specimens for presence of alcohol and/or drugs			01, 11, 14
H0004	Behavioral health counseling and therapy, per 15 minutes			14
H0004	Behavioral health counseling and therapy, per 15 minutes	HQ	Group setting	14
H0005	Alcohol and/or drug services; group counseling by a clinician			14
H0007	Alcohol and/or drug services; crisis intervention (Outpatient)			14
H0008	Alcohol and/or drug services; sub-acute detoxification (Hospital Inpatient)			24
H0009	Alcohol and/or drug services; acute detoxification (Hospital Inpatient)			24
H0010	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Inpatient)			24
H0011	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Inpatient)			24
H0012	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Outpatient)			24
H0013	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Outpatient)			32
H0014	Alcohol and/or drug services; ambulatory detoxification			32
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education			14
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)			12
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem			18, 19, 20, 21
H0018	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem			18, 19, 20, 21, 39
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			18,19, 20, 21
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)			13
H0022	Alcohol and/or drug intervention service (planned facilitation)			11
H0023	Behavioral health outreach service (planned approach to reach a targeted population)			15
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)			30
H0025	Behavioral health prevention education service			
H0026	Alcohol and/or drug Prevention process service, Community-Based (Delivery of services to develop skills of impactors)			
H0028	Alcohol and/or drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment			

HPCPS Code	HPCPS Description	Modifier Code	Modifier Description	Recommended Covered Services
H0029	Alcohol and/or drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol-free social events)			
H0030	Behavioral health hotline service			04, 30
H0031	Mental health assessment, by non-physician			01, 11
H0031	Mental health assessment, by non-physician	HA	Child/adolescent program	01, 11
H0031	Mental health assessment, by non-physician	HM	Less than bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN	Bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN, GT	Bachelor's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	HO	Master's degree level	01, 11
H0031	Mental health assessment, by non-physician	HO, GT	Master's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	TS	Follow-up service	01, 11
H0031	Mental health assessment, by non-physician	TS, GT	Follow-up service, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	GT	Telemedicine	01, 11
H0032	Mental health service plan development by non-physician			01
H0032	Mental health service plan development by non-physician	TS	Follow-up service	01
H0035	Mental health partial hospitalization, treatment, less than 24 hours			04
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes			08, 11, 12, 14, 15
H0038	Self-help/peer services, per 15 minutes			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 26, 29, 30, 40, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FD	FACT Non-Face-To-Face Contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FI	FACT Indirect contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FO	FACT administrative	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0043	Supported housing			26
H0045	Respite care services, not in the home, per diem			22
H0046	Mental health services, not otherwise specified	HE	Mental health program	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 29, 30, 40, 44, 46
H0046	Mental health services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 10, 11, 12, 14, 25, 25, 29, 30, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 11, 12, 14, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood			11, 12, 14
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	HE	Mental health program	11, 12, 14
H2000	Comprehensive multidisciplinary evaluation			01
H2000	Comprehensive multidisciplinary evaluation	HO	Master's degree level	01, 12
H2000	Comprehensive multidisciplinary evaluation	HP	Doctoral level	01, 12
H2000	Comprehensive multidisciplinary evaluation	HP, GT	Doctoral level, Telemedicine	01, 12
H2010	Comprehensive medication services, per 15 minutes			12

HPCPS Code	HPCPS Description	Modifier Code	Modifier Description	Recommended Covered Services
H2010	Comprehensive medication services, per 15 minutes	HE	Mental health program	12
H2010	Comprehensive medication services, per 15 minutes	HE, GT	Mental health program Telemedicine	12
H2010	Comprehensive medication services, per 15 minutes	HF	Substance abuse program	12
H2010	Comprehensive medication services, per 15 minutes	HF, GT	Substance abuse program, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HM	Less than bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HN	Bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO	Master's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO, GT	Master's degree level, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HP	Doctoral level	12
H2010	Comprehensive Medication Services, per 15 minutes	HQ	Group setting	12
H2011	Crisis Intervention Service, per 15 minutes			04, 08, 11, 12, 14, 15
H2012	Behavioral Health Day Treatment, per hour			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 25, 27, 29, 30, 32, 40, 44, 46
H2012	Behavioral Health Day Treatment, per hour	HF	Substance abuse program	01, 02, 04, 05, 06, 07, 08, 11, 12, 14, 15, 22, 25, 25, 27, 29, 30, 32, 44, 46
H2013	Psychiatric Health Facility Service, per diem			03, 09
H2014	Skills Training and Development, per 15 minutes			08, 14, 35, 06, 11, 15
H2015	Comprehensive Community Support Services, per 15 minutes	HE	Mental health program	02, 06, 08, 10, 14, 22, 25, 26, 29, 30, 40, 44, 46
H2017	Psychosocial Rehabilitation Services, per 15 minutes			06
H2019	Therapeutic Behavioral Services, per 15 minutes			08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HM	Less than bachelor's degree level	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HN	Bachelor's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HO	Master's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HQ	Group setting	08
H2019	Therapeutic Behavioral Services, per 15 minutes	HR	Family/couple with client present	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HR, GT	Family/couple with client present, Telemedicine	08, 14
H2020	Therapeutic Behavioral services, per diem			19, 20
H2020	Therapeutic Behavioral services, per diem	HA	Child/adolescent program	19, 20
H2020	Therapeutic Behavioral services, per diem	HK	Specialized mental health programs for high- risk populations	19, 20
H2020	Therapeutic Behavioral Services, per diem	HQ	Group setting	19, 20
H2021	Community-Based Wrap-Around Services, per 15 minutes			01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes	HA	Child/adolescent program	01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes,	HM	Less than bachelor's degree level	46
H2022	Community-Based Wrap-Around Services, per diem			01, 02, 10, 28
H2022	Community-Based Wrap-Around Services, per diem	HA	Child/adolescent program	01, 02, 10, 28
H2022	Community-Based Wrap-Around Services, per diem	HM	Less than bachelor's degree level	46
H2025	Ongoing Support to Maintain Employment, per 15 minutes			25
H2027	Psycho-educational Service, per 15 minutes			08, 11, 12, 14, 15
H2028	Sexual Offender Treatment Service, per 15 minutes			14, 30, 44, 46
H2029	Sexual Offender Treatment Service, per diem			14, 30, 44, 46
H2030	Mental Health Clubhouse Services, per 15 minutes			40
H2035	Alcohol and /or drug treatment program per hour			14
H2036	Alcohol and /or drug treatment program per diem			06
H2037	Developmental delay, prevention activities, dependent child of client, per 15 mins.			05

HCPDS Code	HCPDS Description	Modifier Code	Modifier Description	Recommended Covered Services
IE001	Incidental Expenses			28
IE100	Incidental Expenses-Psychotropic Medications			28
IE101	Incidental Expenses-IDP Psychotropic Medications			28
IE200	Incidental Expenses-Medication Management Services			28
IE300	Incidental Expenses-Mental Health Counseling			28
IE400	Incidental Expenses-Substance Abuse Services			28
IEA00	Incidental Expenses-Food			28
IEB00	Incidental Expenses-Clothing			28
IEC00	Incidental Expenses-Housing			28
IED00	Incidental Expenses-Utilities			28
IED01	Incidental Expenses-Electricity			28
IED02	Incidental Expenses-Water/Sewer			28
IED03	Incidental Expenses-Telephone			28
IED04	Incidental Expenses-Natural or LP Gas			28
IED05	Incidental Expenses-Heating Oil			28
IEE00	Incidental Expenses-Transportation and Travel			28
IEF00	Incidental Expenses-Primary Care Services			28
IEF01	Incidental Expenses-Dental Services			28
IEF02	Incidental Expenses-Vision Services			28
IEF03	Incidental Expenses-Adjunct Health Services			28
IEF04	Incidental Expenses-Copay			28
IEG00	Incidental Expenses-Service Animal Support			28
IEG01	Incidental Expenses-Purchase of Service Animal			28
IEG02	Incidental Expenses-Service Animal Supplies			28
IEG03	Incidental Expenses-Service Animal Veterinary Services			28
IEH00	Incidental Expenses-Employment Support			28
IEH01	Incidental Expenses-Work Tools			28
IEH02	Incidental Expenses-Work Clothes			28
IEI00	Incidental Expenses-Crafts and Hobbies			28
IEJ00	Incidental Expenses-Computers and related items			28
IEJ01	Incidental Expenses-Computer Equipment			28
IEJ02	Incidental Expenses-Printer			28
IEJ03	Incidental Expenses-Software			28
IEJ04	Incidental Expenses-Supplies			28
IEJ05	Incidental Expenses-Internet Service			28
IEK00	Incidental Expenses-Furniture and Home Equipment			28
IEL00	Incidental Expenses-Education/Training			28
IEM00	Incidental Expenses-Personal Services			28
IEN00	Incidental Expenses-Entertainment			28
IEP00	Incidental Expenses-Fees			28
IEP01	Incidental Expenses-Birth Certificate			28
IEP02	Incidental Expenses-Identification Cards			28
IEP03	Incidental Expenses-Guardianship Fees			28
IEQ00	Incidental Expenses-Child Care			28
IER00	Incidental Expenses-GPRA Non-Cash Incentive			28
J0571	Buprenorphine oral [Note: (Ignore the reference to oral in the Long Description. Include Subutex and Probuphine)]			13
J0572	Buprenorphine/naloxone oral [Note: Ignore the reference to oral in the long description. Include Suboxone, Zubsolv and Bunavil]			13
J2315	Injection, naltrexone (Vivitrol), Depot form, 1mg [Note: Ignore the references to route of administration, depot form and milligrams in the long description. If MSOPM is the OCA, only use this code for oral naltrexone, e.g. Revia or Depade]			13
S0201	Partial Hospitalization services, less than 24 hours, per diem			06
S0316	Disease management program, follow-up/reassessment	HF	Substance abuse program	01,12, 29, 44
S0317	Disease management program, per diem	HF	Substance abuse program	32
S3645	HIV-1 Antibody Testing Of Oral Mucosal Transudate			12
S4330	MH Crisis Outreach Services (MH Mobile Crisis Services)			04

HCPDS Code	HCPDS Description	Modifier Code	Modifier Description	Recommended Covered Services
S4331	MH Crisis Residential Room and Board is NOT included in this service			03
S5102	Drop in Center	HE	Mental health program	07
S5145	Foster care, therapeutic, child, per diem			20
S5145	Foster care, therapeutic, child, per diem	HE	Mental health program	19
S5145	Foster care, therapeutic, child, per diem	HK	Specialized mental health programs for high-risk populations	04
S5151	Unskilled respite care, not hospice; per diem			22
S9125	Per diem non-residential respite in the home			22
S9485	Acute Crisis Stabilization Unit			03
T1006	Alcohol and/or substance abuse services, family/couple counseling			14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification			01, 04, 12, 14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	TS	Follow-up service	01, 04, 12, 14
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services			11, 14, 16
T1012	Alcohol and/or substance abuse services, skills development			14, 25, 26
T1015	Clinic visit/encounter, all inclusive	HE	Mental health program	12
T1015	Clinic visit/encounter, all inclusive	HF	Substance abuse program	12
T1016	Case management, each 15 minutes			02, 44
T1017	Targeted case management, each 15 minutes			10
T1017	Targeted case management, each 15 minutes	HA	Child/adolescent program	02, 25, 30, 44
T1017	Targeted case management, each 15 minutes	HB	Adult program, non-geriatric	02, 25, 30, 44
T1017	Targeted case management, each 15 minutes	HK	Specialized mental health programs for high-risk populations	02, 25, 30, 44
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter	HE	Mental health program	01, 04, 11
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter	HF	Substance abuse program	01, 04, 11
T2001	Non-emergency transportation; patient attendant / escort			28
T2002	Non-emergency transportation; per diem			28
T2003	Non-emergency transport; commercial carrier, encounter / trip			28
T2004	Non-emergency transport; commercial carrier, multi-pass			28
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HE	Mental health program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HF	Substance abuse program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HO	Master's degree level	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HQ	Group setting	01
T2011	MH Screening PASARR-2 (5)			01, 14
RB001	Room and Board with Supervision, Level 1			36
RB002	Room and Board with Supervision, Level 2			37
RB003	Room and Board with Supervision, Level 3			38
RB004	Room and Board with Supervision, Level 4			54
90801	Psychiatric Evaluation (Evaluation and management) when funded by the state mental health authority			
90834	Evaluation Discharge (Evaluation and management) per diem when funded by the state mental health authority			
90885	Other Psychiatric Services or Procedures			
99211	Established Patient Office or Other Outpatient Services - may not require the presence of a physician or other qualified health care professional.			
99212	Established Patient Office or Other Outpatient Services - requires at least two of these three key components be			

HPCPS Code	HPCPS Description	Modifier Code	Modifier Description	Recommended Covered Services
	present in the medical record: <ul style="list-style-type: none"> • A problem focused history • A problem focused examination; • Straightforward medical decision making 			
99213	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in the medical record: <ul style="list-style-type: none"> • An expanded problem focused history • An expanded problem focused examination • Medical decision making of low complexity 			
99214	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in a medical record: <ul style="list-style-type: none"> • A detailed history • A detailed examination • Medical decision making of moderate complexity 			
99220	Evaluation and Management (Initial) Per Diem			
99221	New or Established Patient Initial Hospital Inpatient Care Services			

11 FASAMS Modifiers

Code	Description	Guidance
38	MHC - CSU	
39	CARED	
40	Expanded Pregnant Women	
41	MHC Forensic	
43	PRTS	
44	FIS	
91	Carry Forward Funding FY 13-14	Local Use
92	Carry Forward Funding FY 14-15	Local Use
93	Carry Forward Funding FY 15-16	Local Use
94	Carry Forward Funding FY 16-17	Local Use
95	Carry Forward Funding FY 17-18	Local Use
96	Carry Forward Funding FY 18-19	Local Use

Code	Description	Guidance
97	Carry Forward Funding FY 19-20	Local Use
98	Carry Forward Funding FY 20-21	Local Use
AH	Clinical Psychologist	To designate the person providing a service is a licensed Clinical Psychologist.
AJ	Clinical Social Worker	To designate the person providing a service is a licensed Clinical Social Worker.
AM	Physician, Team Member Service	To designate the person providing a service is a medical doctor acting as part of a team service.
CR	Telehealth	N/A
DO	MH0CN – ME MH Care Coordination-Direct Client Services	Used to identify persons in care coordination while using other funds; i.e. GR
DV	MS0CN – ME SA Care Coordination Direct Client Services	Used to identify persons in care coordination while using other funds; i.e. GR
FD	FACT Non-Face-to-face contact	To designate a service provided by a FACT team when working with the client, but not face-to-face, i.e., telephone contact with the client.
FI	FACT Indirect contact	To designate a service provided by a FACT team on behalf of the client not directly involving the client, i.e., discussion with a family member or employer.
FO	FACT administrative	To designate a service done on behalf of a client and not involving the client. This includes travel, paperwork, and other administrative duties as required.
GI	For the GAIN-I	
GM	For the GAIN-M	
GQ	For the GAIN-Q	
GT	Telemedicine	To designate that a service was provided through the use of telemedicine.
H7	HB7021 Funding	To designate services funded from HB7021
H9	Court-ordered	To indicate that the service was ordered by a court.
HA	Child/adolescent program	To designate services designed for children and/or adolescents. Specific age boundaries are not specified to allow for variation in states.
HB	Adult program, non-geriatric	To designate services designed for adults. Changed to non-geriatric.
HC	Older adult programs, geriatric	To designate services designed for older (geriatric) adults. Changed to geriatric.

Code	Description	Guidance
HD	Pregnant/parenting women's program	To designate services designed for pregnant women or women with dependent children.
HE	Mental health program	To designate that a procedure is associated with a program specifically designed to provide mental health services.
HF	Substance abuse program	To designate that a procedure is associated with a program specifically designed to provide substance abuse services.
HH	Integrated mental health / substance abuse program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and substance abuse services.
HI	Integrated mental health and mental retardation / developmental disabilities program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and mental retardation/developmental disability services.
HJ	Employee Assistance Program	To designate that a procedure is associated with an employee assistance program.
HK	Specialized mental health Programs for high risk populations	To designate that a procedure is associated with a program specifically designed to address the mental health needs specific to high risk populations.
HL	Intern	The rendering provider is a social worker intern or psychologist intern. (Interns are reimbursed at different rates than the supervising provider under whose number a claim is submitted.)
HM	Less than bachelor's degree level	The rendering provider has an educational attainment less than a bachelor's degree.
HN	Bachelor's degree level	The rendering provider has a highest educational attainment of a bachelor's degree.
HO	Master's degree level	The rendering provider has a highest educational attainment of a master's degree.
HP	Doctoral level	The rendering provider has a highest educational attainment of a doctoral degree.
HQ	Group indicator	To designate services provided to more than one client during a single treatment event, such that clients have no particular relationship.
HR	Family/couple, with client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HS	Family/couple, without client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HT	Multi-disciplinary Team	To designate a service that is provided by multiple providers of different disciplines.
HU	Funded by Child Welfare Agency	To indicate that the service is funded by funds appropriated of a child welfare agency.
HV	Funded by State Addictions Agency	To indicate that the service is funded by funds appropriated of a state addictions agency.
HW	Funded by State Mental Health Agency	To indicate that the service is funded by funds appropriated of a state mental health agency.

Code	Description	Guidance
HX	Funded by County/Local Agency	To indicate that the service is funded by funds appropriated of a county or local agency.
HY	Funded by Juvenile Justice Agency	To indicate that the service is funded by a juvenile justice agency.
HZ	Funded by Criminal Justice Agency	To indicate that the service is funded by a criminal justice agency.
MT	Multi-disciplinary treatment team	To designate services provided by a multi- disciplinary treatment team.
OS	Service Related to 2010 Gulf Oil Spill	Not valid after September 2012.
R1	First Bed Day (Residential Admission Day)	This indicates the beginning of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R2	Continuing Bed Day	This indicates continuing residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R3	Last Bed Day	This indicates the end of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
S1	Buprenorphine Mono	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Mono medication, regardless of fund source for the medication.
S2	Methadone	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Methadone medication, regardless of fund source for the medication.
S3	Naltrexone Injectable	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Naltrexone Injectable medication, regardless of fund source for the medication.
S4	Buprenorphine Combo	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Combo medication, regardless of fund source for the medication.
S5	Naltrexone Oral	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Naltrexone oral medication, regardless of fund source for the medication.
S6	Buprenorphine Extended-Release Injection (i.e., Sublocade or Brixadi)	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Extended-Release Injection (Sublocade or Brixadi) medication, regardless of fund source for the medication.
S7	Refused Medication Assisted Treatment	To designate person receiving receiving State Opioid Response (SOR) grant-funded services as having refused taking Buprenorphine Mono medication, Buprenorphine Combo medication, Methodone medication, Naltrexone Injectable medication, and Naltrexone oral medication, regardless of fund source for the medication.
S8	Not Applicable, Client does not have an Opioid Use Disorder or Alcohol Use Disorder	To designate person receiving State Opioid Response (SOR) grant-funded services as not having an Opioid Use Disorder or an Alcohol Use Disorder, and therefore, unable to receive Medication Assisted Treatment.
S9	Not Applicable, Client is under the age of 16 years old	To designate person receiving State Opioid Response (SOR) grant-funded services as being younger than 16 years of age, and therefore, unable to receive Medication Assisted Treatment.

Code	Description	Guidance
S10	Not Applicable, Client is allergic to all available Medication Assisted Treatment Options	To designate person receiving State Opioid Response (SOR) grant-funded services as allergic to Buprenorphine Mono medication, Buprenorphine Combo medication, Methadone medication, Naltrexone Injectable medication and Naltrexone oral medication, and therefore, unable to receive Medication Assisted Treatment.
S11	Not Applicable, Client is receiving Medication Assisted Treatment from a different treatment provider	To designate person receiving State Opioid Response (SOR) grant-funded services as taking Buprenorphine Mono medication, Buprenorphine Combo medication, Methadone medication, Naltrexone Injectable medication or Naltrexone oral medication from a different provider.
S12	Not Applicable, Client was referred to an Abstinence Only program	To designate person receiving State Opioid Response (SOR) grant-funded services as receiving services from an abstinence only program, and therefore, unable to receive Medication Assisted Treatment.
SP	For Special Projects	
TD	Registered Nurse	To designate the person providing a service is a Registered Nurse.
TE	LPN/LVN	To designate the person providing a service is a licensed practical nurse or a licensed vocational nurse.
TN	Rural/out of service area	To indicate that the service was delivered in a rural area.
TS	Follow-up service	To indicate that the service is a follow-up to previously provided services.
UK	Collateral	To designate services provided to a collateral of a client. A collateral person is a spouse, child, parent or other person adversely affected by someone else's substance abuse problem.

12 SAMHIS Modifiers

FASAMS has a dedicated field in service events for OCAs. Thus, the former Modifier 4 codes are NOT reportable in FASAMS. A list of legacy modifiers and descriptions are listed in Table 10 of this appendix to support service providers not yet fully compliant with PAM 155-2 V13 to continue reporting data under V12 to their respective Managing Entities (ME). MEs are expected to report the actual five character OCA in the FASAMS OCA field. OCA modifiers are not appropriate for covered services.

Code	Description	Guidance
10	27CHV – Children IV	Legacy only – Not to be used in FASAMS
11	27HIV – IV Drug Usage	Legacy only – Not to be used in FASAMS
12	27WOM – Services to Women	Legacy only – Not to be used in FASAMS
13	89Q01-BNET	Legacy only – Not to be used in FASAMS
14	89Q13-BNET	Legacy only – Not to be used in FASAMS
15	CFBAS – Comm Forensic Beds	Legacy only – Not to be used in FASAMS
16	DPG08 – Indigent Drug Program	Legacy only – Not to be used in FASAMS
17	GJDT1 - Jail Diversion and Trauma Recovery	Legacy only – Not to be used in FASAMS
18	GX018 - PATH	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
19	SB004 - Screening Intervention	Legacy only – Not to be used in FASAMS
20	SP503 - Family Emergency Treatment Center - Manatee	Legacy only – Not to be used in FASAMS
21	SP505 - Charlotte County CMH Center	Legacy only – Not to be used in FASAMS
22	SP511 - SRT - Hillsborough	Legacy only – Not to be used in FASAMS
23	SP516 - Cooper CSU	Legacy only – Not to be used in FASAMS
24	SP525 - Family Emergency Treatment Ctr - Pinellas	Legacy only – Not to be used in FASAMS
25	SP542 - CSU District 08	Legacy only – Not to be used in FASAMS
26	SP553 - Family Emergency Treatment Ctr - Sarasota	Legacy only – Not to be used in FASAMS
27	SP560 - Ruth Cooper CSU - Lee	Legacy only – Not to be used in FASAMS
28	SP611 - Adol Res SA Tx Facility	Legacy only – Not to be used in FASAMS
29	SP645 - Phoenix House	Legacy only – Not to be used in FASAMS
30	SP646 - First Step Mother/Infants	Legacy only – Not to be used in FASAMS
31	SP647 - DACCO	Legacy only – Not to be used in FASAMS
32	SP651 - First Step Mother/Infants	Legacy only – Not to be used in FASAMS
33	SPRM5 - Orange County Receiving Center	Legacy only – Not to be used in FASAMS
34	WO027 - Title IV B	Legacy only – Not to be used in FASAMS
35	HCR – Haitian Community Response Mental	Legacy only – Not to be used in FASAMS
36	HCR – Haitian Community Response Substance Abuse	Legacy only – Not to be used in FASAMS
37	FACES – Wraparound Project	Legacy only – Not to be used in FASAMS
42	FACES Miami	Legacy only – Not to be used in FASAMS
49	Family Intensive Treatment (FIT)	Local use. Legacy only – Not to be used in FASAMS
50	FACT	Indicates FACT Services (for use in Modifier 3) Legacy only – Not to be used in FASAMS
52	Opioid - Non-Grant Funded - SFBHN	Legacy only – Not to be used in FASAMS
53	Pinellas CJMHSA Reinvestment Grant	Legacy only – Not to be used in FASAMS
54	Polk Helping Hands	Legacy only – Not to be used in FASAMS
55	Northside County Residential Beds	Legacy only – Not to be used in FASAMS
56	Hillsborough Substance Abuse Evaluations	Legacy only – Not to be used in FASAMS
57	Foundation for Healthy St. Pete	Legacy only – Not to be used in FASAMS
58	Hillsborough Post Release Treatment	Legacy only – Not to be used in FASAMS
90	Suncoast C-10 Providers	Legacy only – Not to be used in FASAMS
A4	MHFLH – ME MH Florida Hurricane SERG	Legacy only – Not to be used in FASAMS
AD	MHMCT – Mobile Crisis Teams	Legacy only – Not to be used in FASAMS
AN	MSSOR - ME State Opioid Response Services – MAT/Hospital	Legacy only – Not to be used in FASAMS
AP	MS909-SalusCare Wraparound Services	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
AS	MS914 – DACCO Behavioral Healthcare Expansion MAT	Legacy only – Not to be used in FASAMS
AT	MS915-Westcare Gulf Coast Veterans	Legacy only – Not to be used in FASAMS
AW	MSCBS – Community Based Services	Legacy only – Not to be used in FASAMS
B0	MHA01 - Adult Mental Health 24hr Residential Services	Legacy only – Not to be used in FASAMS
B1	MHA09 - Adult Mental Health Non-Residential Services	Legacy only – Not to be used in FASAMS
B2	MHA18 – Adult Mental Health Crisis Services	Legacy only – Not to be used in FASAMS
B3	MHA25 - Adult Mental Health Prevention Services	Legacy only – Not to be used in FASAMS
B5	MHA72 – Community Forensic Beds	Legacy only – Not to be used in FASAMS
B6	MH073 – Adult Mental Health FACT Team	Legacy only – Not to be used in FASAMS
B8	MHA76 – Indigent Psychiatric Medication Program	Legacy only – Not to be used in FASAMS
BA	MHAPG – Grants PATH	Legacy only – Not to be used in FASAMS
BC	MHC01 - Children Mental Health 24hr Residential Services	Legacy only – Not to be used in FASAMS
BD	MHC09 - Children Non-Residential Services	Legacy only – Not to be used in FASAMS
BE	MHC18 - Children Crisis Services	Legacy only – Not to be used in FASAMS
BF	MHC25 – Children Prevention Services	Legacy only – Not to be used in FASAMS
BH	MHC71 – Residential Treatment for Emotionally Disturbed Children/Youth	Legacy only – Not to be used in FASAMS
BJ	MHCMD – Miami Wrap Around Grant	Legacy only – Not to be used in FASAMS
BL	MSA03 - Adult 24hr Residential Services	Legacy only – Not to be used in FASAMS
BN	MSA21 - Adult Detoxification Services	Legacy only – Not to be used in FASAMS
BO	MSA23 – Adult HIV Services	Legacy only – Not to be used in FASAMS
BP	MSA25 - Adult Prevention Services	Legacy only – Not to be used in FASAMS
BQ	MSA27 – SAPTBG Set-Aside for Pregnant Women and Children	Legacy only – Not to be used in FASAMS
BS	MSA81 – Expansion of Services for Pregnant Women and their Families	Legacy only – Not to be used in FASAMS
BT	MSATB - Adult TANF Eligible	Legacy only – Not to be used in FASAMS
BU	MSC03 - Children 24hr Residential Services	Legacy only – Not to be used in FASAMS
BV	MSC11 - Children Non-Residential Services	Legacy only – Not to be used in FASAMS
BW	MSC21 - Children Detoxification Services	Legacy only – Not to be used in FASAMS
BX	MSC23 – Children’s HIV Services	Legacy only – Not to be used in FASAMS
BY	MSC25 - Children Prevention Services	Legacy only – Not to be used in FASAMS
CA	MSCTB - Children TANF Eligible	Legacy only – Not to be used in FASAMS
CB	MSCPP – Partners for Prevention Grant	Legacy only – Not to be used in FASAMS
CC	MSC80 – Informed Families	Legacy only – Not to be used in FASAMS
CD	MHA88 - Guidance Care Center – Key West	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
CE	MHA93 – Camillus Health Network	Legacy only – Not to be used in FASAMS
CF	MHA94 – Citrus Health Network	Legacy only – Not to be used in FASAMS
CG	MS091 – Family Intensive Treatment (FIT)	Legacy only – Not to be used in FASAMS
CI	MHC87 – Baycare Behavioral Health Children	Legacy only – Not to be used in FASAMS
CJ	MHA90 – Northside Mental Health Center	Legacy only – Not to be used in FASAMS
CK	MHA89 – Clay Behavioral Health Center	Legacy only – Not to be used in FASAMS
CL	MSC95 – DACCO	Legacy only – Not to be used in FASAMS
CM	MHA86 – Baycare Behavioral Health Vets	Legacy only – Not to be used in FASAMS
CN	MHA97 – Crisis Center of Tampa Bay - Adult	Legacy only – Not to be used in FASAMS
CO	MHA26 – EI for SMI and Psych Disorder	Legacy only – Not to be used in FASAMS
CP	MHS51 – Circles of Care Cedar Village	Legacy only – Not to be used in FASAMS
CQ	MHS52 – Circles of Care Crisis Stabilization	Legacy only – Not to be used in FASAMS
CR	MHA79 – Clay Crisis Behavioral Prevention Team	Legacy only – Not to be used in FASAMS
CS	MH010 – Miami-Dade Homeless Trust	Legacy only – Not to be used in FASAMS
CW	MHA92 – Palm Beach MH SA Treatment	Legacy only – Not to be used in FASAMS
CX	MHA93 – Camillus Health Network Homeless	Legacy only – Not to be used in FASAMS
CY	MHA94 – Citrus Health Network	Legacy only – Not to be used in FASAMS
CZ	MHA96 – Jerome Golden Center for Behavioral Health	Legacy only – Not to be used in FASAMS
DA	MHATA – FL Youth Transitions to Adulthood	Legacy only – Not to be used in FASAMS
DB	MHC77- Child at Risk Emotionally Disturbed	Legacy only – Not to be used in FASAMS
DC	MHC87 - Baycare Behavioral Health Child	Legacy only – Not to be used in FASAMS
DD	MSC95 - SA DACCO	Legacy only – Not to be used in FASAMS
DE	MHC98 – ME Salus Care Center - Children	Legacy only – Not to be used in FASAMS
DF	MH819 – Gracepoint Center - Adult	Legacy only – Not to be used in FASAMS
DG	MHRM5 – Renaissance Center - Adult	Legacy only – Not to be used in FASAMS
DH	MS903 – Adult SA Proviso Allocation for Here’s Help	Legacy only – Not to be used in FASAMS
DI	MHS50 – Lifestream - Adult	Legacy only – Not to be used in FASAMS
DJ	MHSMB – Meridian - Adult	Legacy only – Not to be used in FASAMS
DK	MS902 – First Step of Sarasota – Drug Free Babies	Legacy only – Not to be used in FASAMS
DL	MHESP - SOC Expansion and Sustainability Project	Legacy only – Not to be used in FASAMS
DM	MHTRV – ME Transition Vouchers-MH	Legacy only – Not to be used in FASAMS
DN	MH011 - Stewart Marchman Behavioral Healthcare	Legacy only – Not to be used in FASAMS
DP	MH031 - David Lawrence Center Behavioral Health Services	Legacy only – Not to be used in FASAMS
DQ	MH032 - Baycare Behavioral Health Veterans Intervention Program	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
DR	MH037 - Fort Myers Salvation Army Behavioral Health Services	Legacy only – Not to be used in FASAMS
DS	MSTRV – Transition Vouchers-SA	Legacy only – Not to be used in FASAMS
DT	MH047- Lakeview Center – MH & SA Adult	Legacy only – Not to be used in FASAMS
DU	MH050 - Specialized Treatment, Education and Prevention Services (STEPS)	Legacy only – Not to be used in FASAMS
DW	MH061 - Northside Mental Health Center	Legacy only – Not to be used in FASAMS
DX	MH0FH – Community Forensic Multidisciplinary Teams for Hospital Diversion	Legacy only – Not to be used in FASAMS
DY	MHDRF - ME Disability Rights Florida - Mental Health	Legacy only – Not to be used in FASAMS
EA	MH0PL - ME Project Launch Project	Legacy only – Not to be used in FASAMS
EB	MSOJG - Special Services for Jerome Golden Center - Substance Abuse	Legacy only – Not to be used in FASAMS
EC	MHSCR – ME Centralized Receiving Facilities-MH & SA, Adult and Children	Legacy only – Not to be used in FASAMS
ED	MHS55 – Circles of Care Geropsychiatric Care – Adult MH	Legacy only – Not to be used in FASAMS
EE	ME MH Community Action Teams (CAT)	Legacy only – Not to be used in FASAMS
EF	MHTMH – Civil Transitional Beds for MH	Legacy only – Not to be used in FASAMS
EG	MHFMH – Forensic Transitional Beds for MH	Legacy only – Not to be used in FASAMS
EH	MHSFP - MH For Profit Contracting	Legacy only – Not to be used in FASAMS
EI	MSSFP - SA For Profit Contracting	Legacy only – Not to be used in FASAMS
EJ	MHSOC - MH System of Care	Legacy only – Not to be used in FASAMS
EK	MSOPM – Opioid Crisis Grant - STR	Legacy only – Not to be used in FASAMS
EL	Apalachee Center Forensic Treatment Svcs	Legacy only – Not to be used in FASAMS
EM	Bridgeway Emergency Mobile Access Team	Legacy only – Not to be used in FASAMS
EN	MS906 - Opioid Addiction Recovery Peer Pilot – Manatee County	Legacy only – Not to be used in FASAMS
EO	Orlando Emergency Crisis Counseling Svcs	Legacy only – Not to be used in FASAMS
EP	SA Memorial Reg. Hosp. Maternal Addiction Treatment Program	Legacy only – Not to be used in FASAMS
EQ	New Hope Residential SAMH Treatment Project	Legacy only – Not to be used in FASAMS
ER	MH013 – MH UCF PTSD Clinic for Vets	Legacy only – Not to be used in FASAMS
ES	MH015 - ME MH Jewish Family Svc Suncoast	Legacy only – Not to be used in FASAMS
ET	MH016 - ME MH PEMHS CSU	Legacy only – Not to be used in FASAMS
EU	MHEMP - ME MH Supported Employment Svcs	Legacy only – Not to be used in FASAMS
EV	MSOPH - FL Targeted Opioid Crisis - Hospital	Legacy only – Not to be used in FASAMS
EY	MS905 – ME SA Opioid Abuse Pilot Project – Palm Beach	Legacy only – Not to be used in FASAMS

Code	Description	Guidance
FA	MH014 - Starting Point Behavioral Healthcare - MH	Legacy only – Not to be used in FASAMS
FJ	MS011-Ambulatory/Community Non-24 Hour Care	Legacy only – Not to be used in FASAMS
FP	MSSOP - ME State Opioid Response Disc Grant Svcs – Prevention	Legacy only – Not to be used in FASAMS
FQ	MH018-CSU/Baker Act Inpatient Services	Legacy only – Not to be used in FASAMS
I1	MS911- ME Phoenix Affiliates-Family Stabiliz for Opioid	Legacy only – Not to be used in FASAMS
BB	MHATB - Adult Mental Health TANF Eligible	Legacy only – Not to be used in FASAMS
BI	MHCBN – Title XXI Children’s Health Insurance Program (Behavioral Health Network)	Legacy only – Not to be used in FASAMS
BK	MHCFA – FACES Miami	Legacy only – Not to be used in FASAMS

13 Discharge Destinations

Code	Name
03	Juvenile Justice (all components excluding TASC or similar entity)
04	County Public Health Unit
05	School (Education)
11	Prison/Jail
15	Medical Hospital
16	State Mental Health Treatment Facility
19	Child Welfare
20	Religious Organization
21	Shelter
22	Methadone Clinic
23	Addiction Receiving Facility
24	Detoxification
25	Intensive Inpatient Treatment
26	Residential Treatment (Adult)
27	Day or Night Treatment
28	Intensive Outpatient Treatment
29	Outpatient Treatment
30	Aftercare

Code	Name
31	Intervention
33	Assisted Living Facility
34	Crisis Stabilization Unit
35	Short Term Residential Treatment Facility
36	Residential Treatment for Children/Adolescent
37	Transitional Living Facility
39	Receiving Facility
40	Other Social Service/Health/Community entities
99	None of the Above

14 Education Grade Level

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

15 Employment Status

Employment Codes		Reasons For Not Being In Workforce	
Code	Name	Code	Name
10	Active military, overseas	70	Unemployed - Includes individuals refusing to work and profiting from illegal activities
20	Active military, USA	81	Homemaker - Manages household for family members.
30	Full Time	82	Student Note: Not included in performance algorithms.
31	Unpaid Family Worker - Family member who works at least 15 hours or more a week without pay in a family-operated enterprise.	83	Disabled Note: Not included in performance algorithms.
40	Part Time	84	Incarcerated Note: Not included in performance algorithms.
50	Leave of Absence Note: Not included in performance algorithms.	86	Not authorized to work Note: Not included in performance algorithms.
60	Retired	97	Unknown

16 Evaluation Level

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Number	Score Code	Requires Determination Date (Forensic Clients only)
1	Level of Care	No/Other LOC Assessment (0)	N/A	N/A	N/A		
		LOCUS (1) CALOCUS (2)	1	Recovery Maintenance and Health Management	≥ 10-13		
			2	Low Intensity Community Based Services	≥ 14-16		
			3	High Intensity Community Based Services	≥ 17-19		
			4	Medically Monitored Non-Residential Services	≥ 20-22		
			5	Medically Monitored Residential Services	≥ 23-27		
			6	Medically Managed	≥ 28		

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Number	Score Code	Requires Determination Date (Forensic Clients only)
				Residential Services			
		Bio Psychosocial (3) (Level of Care Codes 1-6 effective thru 6/30/21)	1	Recovery Maintenance and Health Management	Choose only one level code to confirm Level of Care (LOC)		
			2	Low Intensity Community Based Services			
			3	High Intensity Community Based Services			
			4	Medically Monitored Non-Residential Services			
			5	Medically Monitored Residential Services			
			6	Medically Managed Residential Services			
			7	CSU/Inpatient			
			8	Inpatient Detoxification			
			9	Residential			
			10	Outpatient			
			11	State Mental Health Treatment Facility			
			12	Discharge			
			13	No Placement Recommended			
		ASAM (4)	0	0 No Treatment			
			1	0.5 Early Intervention			
			2	1 Outpatient Services			
			3	2.1 Intensive Outpatient Services			
			4	2.5 Partial Hospitalization Services			
			5	3.1 Clinically Managed Low-Intensity Residential Services			

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

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Number	Score Code	Requires Determination Date (Forensic Clients only)
				Managed Residential Withdrawal Management			
			16	3.7 WM - Medically Monitored Inpatient Withdrawal Management			
			17	4 WM - Medically Managed Intensive Inpatient Withdrawal Management			
2	Level of Functioning	FARS (5) ScoreNumber submissions optional through 6/30/2022 and not allowed on or after 7/1/2022.	1	No Problem	18	101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
			2	Less than Slight Problem	19 - 36		
			3	Slight Problem	37 - 54		
			4	Slight to Moderate Problem	55 - 72		
			5	Moderate Problem	73 - 90		
			6	Moderate to Severe Problem	91 - 108		
			7	Severe Problem	109 - 126		
			8	Severe to Extreme Problem	127 - 144		
			9	Extreme Problem	145 - 162		
		CFARS (6) ScoreNumber submissions optional through 6/30/2022 and not allowed on or after 7/1/2022.	1	No Problem	16	101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
			2	Less than Slight Problem	17 - 32		
			3	Slight Problem	33 - 48		
			4	Slight to Moderate Problem	49 - 64		
			5	Moderate Problem	65 - 80		
			6	Moderate to Severe Problem	81 - 96		
			7	Severe Problem	97 - 112		
			8	Severe to Extreme Problem	113 - 128		
			9	Extreme Problem	129 - 144		

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Number	Score Code	Requires Determination Date (Forensic Clients only)
		NCFAS/CAT (8) ScoreNumber submissions optional through 6/30/2022 and not allowed on or after 7/1/2022.	1	Not applicable	-3 to 2	101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
			2	Clear strength			
			3	Mild strength			
			4	Baseline adequate			
			5	Mild problem			
			6	Moderate problem			
			7	Serious problem			
			8	Unknown			
		CGAS (9)			1 to 100		
		CANS (11)				101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
		DLA-20 (12)				101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Number	Score Code	Requires Determination Date (Forensic Clients only)
		GAIN (13)				101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
		SAMHSA NOMS (14)				101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
		Other LOF Assessment (15)				101 for Baseline 102 for Improved Functioning 103 for Not Improved Functioning 104 for Maintain Stable Functioning	
3	Competency to Proceed to Trial	Competency to Proceed to Trial (7)				1 for Yes 2 for No	

17 Living Arrangement

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

18 Children Dependency or Delinquency Status

Code	Name	Description
01	Children Adjudicated as Delinquent, in physical custody	A delinquent youth in the physical custody of the Department of Juvenile Justice, who is committed to a DJJ facility.

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

19 Outcome Measure

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

20 Referral Source

Code	Description	Code	Description
01	Individual	22	Methadone Clinic
02	Family or friends	23	Addiction Receiving Facility
03	Juvenile Justice (all components excluding TASC or similar entity)	24	Detoxification
04	County Public Health Unit	25	Intensive Inpatient Treatment
05	School (Education)	26	Residential Treatment (Adult)
06	Employer/Employee Assistance Program (EAP)	27	Day or Night Treatment
07	TASC (Assessment Centers)	28	Intensive Outpatient Treatment
08	Probation/Parole/Controlled	29	Outpatient Treatment
09	DUI/DWI	30	Aftercare
10	Pretrial	31	Intervention
11	Prison/Jail	32	Prevention
12	CINS/FINS	33	Assisted Living Facility
13	Outreach Program	34	Crisis Stabilization Unit
14	DCF/SAMH Regional Office	35	Short Term Residential Treatment Facility
15	Medical Hospital	36	Residential Treatment for Children/Adolescent
16	State Mental Health Treatment Facility	37	Transitional Living Facility
17	Physician/Doctor	38	Licensed Professional
18	Law Enforcement	39	Receiving Facility
19	Child Welfare	40	Other Social Service/Health/ Community entities
20	Religious Organization	41	Other Court Order/Recognized Legal Entity
21	Shelter	99	None of the Above

21 Staff Identifier Education/Credential Level

Code	Name	Description
01	Non-Degree Trained Technician	
02	AA Degree Trained Technician	
03	BA/BS	Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.

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

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

22 Substances Used

Code	Category	Name
01		None
02	ALCOHOL	Alcohol
03	STIMULANTS	Crack Cocaine (use smoking for route)
04	HALLUCINOGENS – PSYCHEDELICS	Marijuana/Hashish
05	OPIATES and OPIOIDS	Heroin
06	OPIATES and OPIOIDS	Non-Prescription Methadone
07	OPIATES and OPIOIDS	Other Opiates or Opioids
08	HALLUCINOGENS – PSYCHEDELICS	PCP-Phencyclidine
09	HALLUCINOGENS – PSYCHEDELICS	Other Hallucinogens/Psychedelics
10	STIMULANTS	Methamphetamines
11	STIMULANTS	Other Amphetamines
12	STIMULANTS	Other Stimulants

Code	Category	Name
13	BENZODIAZEPINES	Other Benzodiazepines
14	BENZODIAZEPINES	Other Tranquilizers
15	BARBITURATES	Other Barbiturates
16	OTHER SEDATIVES	Other Sedatives/Hypnotics
17	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Inhalants
18	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Over-the-Counter
19	STIMULANTS	Ice
20	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Other
22	STIMULANTS	Other Cocaine
23	OPIATES and OPIOIDS	Morphine (Avinza, Kadian, MS Contin, Oramorph)
24	OPIATES and OPIOIDS	Methadone (Dolophine, Methadose)
25	OPIATES and OPIOIDS	Codeine
26	OPIATES and OPIOIDS	D-Propoxyphene
27	OPIATES and OPIOIDS	Oxycodone
28	OPIATES and OPIOIDS	Meperidine HCL
29	OPIATES and OPIOIDS	Hydromorphone (Dilaudid, Exalgo, Hydrostat)
30	OPIATES and OPIOIDS	Other Narcotic Analgesics
31	OPIATES and OPIOIDS	Pentazocine (Talwin, Talacen)
32	OPIATES and OPIOIDS	Hydrocodone
33	OTHER SEDATIVES	Carisoprodol (Soma, Soprodal, Vanadom)
34	OPIATES and OPIOIDS	Butorphanol (Stadol)
35	HALLUCINOGENS – PSYCHEDELICS	LSD
36	STIMULANTS	Methylphenidate (Ritalin, Concerta, Metadate)
37	HALLUCINOGENS – PSYCHEDELICS	Methylenedioxymethamphetamine (MDMA)
38	STIMULANTS	Ephedrine
39	BENZODIAZEPINES	Alprazolam (Xanax, Niravam)
40	BENZODIAZEPINES	Chlordiazepoxide (Librium, H-Tran, Libritabs)
41	BENZODIAZEPINES	Clorazepate (Tranxene, Genxene)
42	BENZODIAZEPINES	Diazepam (Valium, Valrelease)
43	BENZODIAZEPINES	Flurazepam (Dalmane)
44	BENZODIAZEPINES	Lorazepam (Ativan)
45	BENZODIAZEPINES	Triazolam

Code	Category	Name
46	BARBITURATES	Phenobarbital (Phenobarbitone, Solfoton)
47	BARBITURATES	Amobarbital (Amylobarbitone, Amytal)
48	BARBITURATES	Secobarbital (Seconal)
50	OTHER SEDATIVES	Glutethimide (Doriden)
51	OTHER SEDATIVES	Methaqualone (Quaalude, Sopor)
52	OTHER SEDATIVES	Other Non-Barbiturate Sedatives
53	BENZODIAZEPINES	Flunitrazepam (Rohypnol)
54	OTHER SEDATIVES	GHB/GBL (Gamma-Hydroxybutyric Acid, Gamma-Butyrolactone)
55	HALLUCINOGENS – PSYCHEDELICS	Ketamine (Ketalar, Ketanest, Ketaset)
56	BENZODIAZEPINES	Clonazepam (Klonopin, Ceberclon, Valpax)
57	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Aerosols
58	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Alkyl Nitrates
59	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Other Solvents
60	OTHER SEDATIVES	Diphenhydramine
61	HALLUCINOGENS – PSYCHEDELICS	Dextromethorphan
62	OPIATES and OPIOIDS	Diphenoxylate (Lomotil)
63	BARBITURATES	Methylphenobarbital (Mephobarbital, Mebaral)
64	BENZODIAZEPINES	Estazolam (ProSom, Eurodin)
65	BENZODIAZEPINES	Bromazepam (Bromazanil)
66	BENZODIAZEPINES	Halazepam (Paxipam)
67	BENZODIAZEPINES	Medazepam (Rudotel)
68	BENZODIAZEPINES	Nitrazepam (Mogadan)
69	BENZODIAZEPINES	Oxazepam (Serax)
70	BENZODIAZEPINES	Prazepam (Centrax)
71	BENZODIAZEPINES	Quazepam (Doral)
72	BENZODIAZEPINES	Temazepam (Restoril)
73	OTHER SEDATIVES	Chloral Hydrate (Somnote, Aquachloral Suppnettes)
74	OTHER SEDATIVES	Eszopiclone (Lunesta)
75	OPIATES and OPIOIDS	Opium
76	BARBITURATES	Barbital
77	BARBITURATES	Butabarbital
78	BARBITURATES	Butalbital
79	BARBITURATES	Pentobarbital (Pentobarbitone)

Code	Category	Name
80	OTHER SEDATIVES	Meprobamate
81	OTHER SEDATIVES	Zaleplon
82	OTHER SEDATIVES	Zolpidem
83	OPIATES and OPIOIDS	Buprenorphine
84	OPIATES and OPIOIDS	Fentanyl
85	OPIATES and OPIOIDS	Levo-Alphaacetylmethadol (LAAM)
86	OPIATES and OPIOIDS	Oxymorphone
87	OPIATES and OPIOIDS	Propoxyphene
88	OPIATES and OPIOIDS	Tramadol
89	STIMULANTS	Benzphetamine
90	STIMULANTS	Dexmethylphenidate
91	STIMULANTS	Diethylpropion
92	STIMULANTS	Khat (Cathinone)
93	STIMULANTS	Lisdexamfetamine
94	STIMULANTS	Mazindol
95	STIMULANTS	Phenmetrazine
96	STIMULANTS	Methcathinone
97	STIMULANTS	Pemoline
98	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Presenting At-Risk
99	NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION	Presenting Substance Abuse Problem, Not Confirmed
1A	STIMULANTS	Phendimetrazine
1B	STIMULANTS	Phentermine
1C	STIMULANTS	Propylhexedrine
1D	STIMULANTS	Nicotine
1E	STIMULANTS	Methamphetamine - Pharmaceutical
1F	STIMULANTS	Caffeine
1G	HALLUCINOGENS – PSYCHEDELICS	1,4-Butanediol
1H	HALLUCINOGENS – PSYCHEDELICS	4-Methoxyamphetamine (PMA)
1I	HALLUCINOGENS – PSYCHEDELICS	4-Methyl-2,5-Dimethoxyamphetamine (DOM)
1J	HALLUCINOGENS – PSYCHEDELICS	5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
1K	HALLUCINOGENS – PSYCHEDELICS	Alpha-Ethyltryptamine
1L	HALLUCINOGENS – PSYCHEDELICS	Dimethyltryptamine (DMT)

Code	Category	Name
1M	HALLUCINOGENS – PSYCHEDELICS	Ibogaine
1N	HALLUCINOGENS – PSYCHEDELICS	Mescaline or Peyote
1O	HALLUCINOGENS – PSYCHEDELICS	Methylenedioxyamphetamine (MDA)
1P	HALLUCINOGENS – PSYCHEDELICS	Psilocybin or Psilocin
1Q	HALLUCINOGENS – PSYCHEDELICS	Salvia Divinorum or Salvinorin A
1R	HALLUCINOGENS – PSYCHEDELICS	Synthetic Cannabinoids
1S	STIMULANTS	Synthetic Cathinones
1T	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Acetone
1U	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Computer Duster
1V	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Cyclohexanone
1W	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Diethyl Ether (Ether)
1X	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Ethyl Acetate
1Y	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	EstyleneGlycol Monomethyl Ether Acetate
1Z	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Freon, Helium or Xenon
2A	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Gasoline, Lighter Fluid, Butane, Kerosene, Propane
2B	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Glue or Other Adhesives
2C	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Hexane
2D	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Isopropanol
2E	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Methyl Ethyl Ketone
2F	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Methyl Isobutyl Ketone
2G	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Nitrous Oxide
2H	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Toluene
2I	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Toluol
2J	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Trichloroethane or Trichloromethane
2K	SOLVENTS/AEROSOLS/NITRATES/FUELS - PSYCHEDELICS	Trichloroethylene
2L	STIMULANTS	Amphetamine and Dextroamphetamine (Damphetamine)
2M	STIMULANTS	Dextroamphetamine (d-amphetamine)
2N	STIMULANTS	Alpha-PVP (Flakka or Gravel)
2O	OPIATES and OPIOIDS	Kratom ((Ketum or Mitragyna Speciosa)
2P	BENZODIAZEPINES	Etizolam (Etilaam, Etizest, Etidev, Etizola, Sedekopan, Pasaden or Depas)
2Q	OTHER SEDATIVES	Ethchlorvynol (Placidyl)
2R	OTHER SEDATIVES	Diphenylhydantoin (Dilantin)
2S	OTHER SEDATIVES	Xylazine

23 FACT/FIT/CAT OCA/Project Code

FACT, FIT, and CAT services must be submitted into FASAMS with an OCA **and** a Project Code effective 6/20/23. Below are OCA's and associated Project Codes for each service tier.

	FACT		FIT		CAT	
	OCA	Project Code	OCA	Project Code	OCA	Project Code
Tier 1	MH073, MH0FT	B5	MS091	A2	MHCAT	B4
Tier 2	MHMDT	B5	MHMDT	A2	MHEBP	B4
Tier 3	N/A	N/A	N/A	N/A	MH000	B4
Tier 4	N/A	N/A	N/A	N/A	MHMDT	B4