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

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## I. Document Revision History

**Table 1. Document Revision History** 

Document Revision History					
Version Number	Effective Date	Revision Date	Description	Author	
12.0	07/01/2017	05/10/2017	◆ Completed Version 12.0	SAMH Data Unit	
12.0	07/01/2017	08/13/2017	<ul> <li>Added back SADIAG (Mandatory for FY15-16 and prior yrs) and MHDIAG (when appropriate for FY15- 16 and prior)</li> </ul>	Sherry Catledge	

#### II. General Policies and Considerations

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

- Contractors report substance abuse admission data for all clients receiving reportable client-specific service events associated with the substance abuse program area.
- A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.
- 3. To determine how Substance Abuse Target Groups are determined, refer to **Tables 4 and 5** under **IV. Substance Abuse Target Group Determination for ICD10 and ICD9 Codes** on pages 6A-11 and 6A-12.
- 4. Pamphlet 155-2 Chapters, Appendices and Forms can be found at: <a href="http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12">http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12</a>

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

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

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

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

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

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

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

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

Table 3. SA ADMSN Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID	1	CHAR(10)	Format: XX-XXXXXXX
(Mandatory Key)			Contractor must be registered in SAMHIS.
			Must match CONTRACTORID in DEMO record.
			structions: Contractor Id - The contractor id is the Federal on Number of the entity which holds a contract with DCF.
SITEID	11		·
(Mandatory)	11	CHAR(2)	<ul><li>Format: XX right justified/zero filled.</li><li>Must be registered in SAMHIS for the PROVIDERID.</li></ul>
(Wandatory)	Desci	intions and In	structions: Site Id - The physical location of the provider where
		es will be provi	
SSN	13	CHAR(9)	Format: XXXXXXXXX
(Mandatory Key)			Must match SSN in DEMO record.
	Desci	riptions and In	structions: Social Security Number - See General Policies and
	Consi	derations on Ad	dding Substance Abuse Admission Records.
CLIENTID	22	CHAR(10)	Left justified/space filled.
	Desci	riptions and In	structions: Client Id - Contractor use only as of 07/01/2015.
CNTYRESID	32	CHAR(2)	Must be between 01 and 67 or 99; right justified/zero filled.
(Mandatory)			structions: County of Residence - Indicate the Florida county in
			es at the time of admission. If unknown or client is homeless, enter
			vider site where the evaluation occurred. Refer to the Florida e in Appendix 5 - Data Code Tables.
GRADE	34	CHAR(2)	Must be 00-08, 24-28, 30-42; right justified/zero filled.
(Mandatory)	Desci	` '	structions: Grade - Indicate the highest educational level completed
	by the	client prior to t	his evaluation. Refer to the Educational Levels (GRADE) Codes 5 – Data Code Tables.
			es effective July 1, 2015.
MARITAL	36	CHAR(1)	Must be 1 through 8.
(Mandatory)		` '	structions: Marital Status - Indicate the client's current marital
			Marital Status Codes Table in Appendix 5 – Data Code Tables.
HLTHSTAT	37	CHAR(1)	Must be 1 through 8.
(Mandatory)		•	structions: Health Status - Indicate the appropriate code for the
	client'	s health status	at evaluation.
		itated	[5] Forgetful
		omatose soriented	[6] Lethargic [7] Other Mental Condition
		epressed	[8] Oriented
PREGTRIM	38	CHAR(1)	Must be 1 through 5.
(Mandatory)	Desci	riptions and In	structions: Pregnancy Trimester - Indicate the client's pregnancy
		at admission:	. ,
	[1] 1 <sup>st</sup>	trimester	[4] Not pregnant or male
	<b>[2]</b> 2n	d trimester	[5] Unknown (Effective 7/1/15)
	<b>[3]</b> 3rd	d trimester	

Field Name	Pos	Type / Size	Edits and Validations			
ADMITYPE	39	CHAR(1)	Must be 1 through 4.			
(Mandatory)	<b>Descriptions and Instructions: Admission Type -</b> Indicate the code that matches the client's type of admission.					
	<ul> <li>[1] Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent</li> <li>[2] Voluntary Incompetent – Not court ordered into treatment; legally incompetent</li> <li>[3] Involuntary Competent – Court ordered into treatment; not deemed legally incompetent</li> <li>[4] Involuntary Incompetent – Court ordered into treatment; legally incompetent</li> </ul>					
DRUGCRT	40	40 CHAR(1) • Must be 0 or 1.				
(Mandatory)		•	structions: Drug Court - Indicate if the client was Drug Court ostance abuse treatment.			
OLUL DIVIEL			] No [1] Yes			
CHILDWEL (Mandatory)	41	CHAR(1)	Must be 0 or 1.			
(mandatory)		welfare system				
		_	] No [1] Yes			
RESIDSTAT	42	CHAR(2)	Must be 01 through 18 or 99; right justified/zero filled.			
(Mandatory)	Enter	the two-digit co	structions: Residential Status - Indicate the residential status.  de that reflects the correct residential setting. Refer to the  Codes Table in Appendix 5 – Data Code Tables.			
DEPCRIMS (Mandatory)	44	CHAR(2)	Must be 00 through 09, 27 or 28 if age at time of admission < 18.			
(Manuatory)			<ul> <li>Must be 00, 10 through 13, 16 through 19, 21 through 26, 28, or 29 if age of at time of admission &gt;= 18.</li> </ul>			
	Descriptions and Instructions: Dependency or Criminal Status - Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) .Refer to Dependency / Criminal Status Codes Table in Appendix 5 – Data Code Tables. If information is insufficient for either adults or children, use 00.					
PROBPRIM (Mandatory)	46	CHAR(2)	<ul> <li>Must be 02 - 20, 22 - 48, 50 - 99,1A - 2P; right justified/zero filled.</li> </ul>			
, , ,	proble <b>Table</b>	em. Refer to the s.	structions: Primary Problem - Indicate the primary substance e Substance Abuse Drug Codes Table in Appendix 5 – Data Code note which is <i>primarily</i> responsible for the client's admission. <u>Do not</u>			
	er	nter the same o	drug for Primary, Secondary and Tertiary fields even if different for the same drug.			
	m	ust be a narcoti	nitted to a methadone maintenance modality, the primary substance ic (heroin, non-prescription methadone, or any other narcotic).			
	to m pr	the reporting cust be the narce escribed metha	ving legally prescribed methadone from another clinic and is admitted linic for dosage adjustment or termination, the primary substance otic for which the client originally received methadone. The adone should not be identified as the client's primary substance under			
	• If	a record is subrecondary or tert	thadone", "other" drug, etc. mitted which has the primary substance as '98' then neither the iary substance should contain a declared drug, i.e., alcohol, heroin			
PROBSEC	48	CHAR(2)	<ul> <li>Must be 02 - 20, 22 - 48, 50 - 97,1A - 2P; right justified/zero filled or spaces</li> </ul>			
	proble	em. Secondary	structions: Secondary Problem - Indicate secondary substance problem must be different than primary problem. Refer to the brug Codes Table in Appendix 5 – Data Code Tables.			

Field Name	Pos	Type / Size	Edits and Validations	
PROBTER	50	CHAR(2)	<ul> <li>Must be 02 - 20, 22 - 48, 50 - 97,1A - 2P; right justified/zero filled or spaces.</li> </ul>	
	Tertia	ry problem mus	structions: Tertiary Problem - Indicate tertiary substance problem.  St be different than the primary or secondary problems. Refer to the brug Codes Table in Appendix 5 – Data Code Tables.	
ROUTPRIM	52	CHAR(1)	<ul> <li>Must be 1 through 5 or space.</li> <li>Mandatory only if PROBPRIM is <i>not</i> equal to 98 or 99.</li> </ul>	
	admir syster	istration or met	structions: Primary Route - Indicate the client's usual route of thod of ingestion of the primary substance of abuse into the client's one route of administration is used, enter the most frequent route for	
	[1] Or [2] Sr	al noking	[3] Inhalation [5] Other [4] Injection (IV or Intra-muscular)	
ROUTSEC	53	CHAR(1)	<ul> <li>Must be 1 through 5 or space.</li> <li>Mandatory only if PROBSEC is not spaces.</li> </ul>	
	admir syster	istration or met	structions: Secondary Route - Indicate the client's usual route of thod of ingestion of the secondary substance of abuse into the client's one route of administration is used, enter the most frequent route for	
	[1] Or [2] Sr	al noking	[3] Inhalation [5] Other [4] Injection (IV or Intra-muscular)	
ROUTTER	54	CHAR(1)	<ul><li>Must be 1 through 5 or space.</li><li>Mandatory only if PROBTER is not spaces.</li></ul>	
	<b>Descriptions and Instructions: Tertiary Route -</b> Indicate the client's usual route of administration or method of ingestion of the tertiary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the tertiary drug.			
	[1] Or [2] Sr	al noking	[3] Inhalation [5] Other [4] Injection (IV or Intra-muscular)	
FREQPRIM	55	CHAR(1)	<ul> <li>Must be 1 through 5 or space.</li> <li>Mandatory only if PROBPRIM is <i>not</i> equal to 98 or 99.</li> </ul>	
			<b>structions: Primary Frequency -</b> Indicate the client's frequency of bstance during the month prior to admission.	
	[1] No Past Month Use [2] 1-3 Times in Past Month [5] Daily [3] 1-2 Times per Week			
FREQSEC	56	CHAR(1)	<ul><li>Must be 1 through 5 or space.</li><li>Mandatory only if PROBSEC is not spaces.</li></ul>	
			structions: Secondary Frequency - Indicate the client's frequency ary substance during the month prior to admission.	
	[2] 1-	Past Month Us Times in Past Times per We	Month [5] Daily	

Field Name	Pos	Type / Size	Edits and Validations	
FREQTER	57	CHAR(1)	<ul> <li>Must be 1 through 5 or space.</li> <li>Mandatory only if PROBTER is not spaces.</li> </ul>	
			structions: Tertiary Frequency - Indicate the client's frequency of ostance during the month prior to admission.	
	[2] 1-:	Past Month Us Times in Past Times per We	Month [5] Daily	
AGEPRIM	58	CHAR (2)	<ul> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li>Mandatory only if PROBPRIM is <i>not</i> equal to 98 or 99.</li> </ul>	
	age a	first use of the client's age at	structions: Age at Primary Substance Usage - Indicate the client's primary substance. The age at first use should be less than or equal admission. The recorded age should reflect willful use. A value of porn with a substance dependence problem.	
AGESEC	60	CHAR (2)	<ul> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li>Mandatory only if PROBSEC is not spaces.</li> </ul>	
			structions: Age at Secondary Substance Usage - Indicate the e of the secondary substance.	
AGETER	62	CHAR (2)	<ul> <li>Must be 00 through 99; right justified/zero filled or spaces.</li> <li>Mandatory only if PROBTER is not spaces.</li> </ul>	
			structions: Age at Tertiary Substance Usage - Indicate the client's tertiary substance.	
STAFFID	64	CHAR(12)	Format: 99-XXXXXXXXX	
(Mandatory)	Descriptions and Instructions: Staff Id - The ID of the staff rendering the services			
	<ul> <li>Positions 1 and 2 must be an educational level code of 01 through 07. Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.</li> <li>Position 3 must be a dash (-).</li> </ul>			
	<ul> <li>Positions 4 through 12 can be any alphanumeric character (left justified/space filled).</li> <li>For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id.</li> <li>For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-FIS000000 or 02-FIS123456).</li> </ul>			
PURPOSE (Mandatory Key)	76	CHAR(1)	<ul> <li>Must be 1 or 2.</li> <li>PURPOSE = 1 will only be accepted for a new client or after an existing client has been discharged.</li> </ul>	
	Descriptions and Instructions: Purpose Code - Indicate the purpose code for this admission record.			
	[1] Initial - For a new client or existing client beginning a new episode of care. If an existing client, the most recent outcome must be a type 3 or 4 or 5 and dated one or more days prior to the new admission.			
	inte	ention of returni	large - For clients who are seen for an assessment only with no ng to the facility. This is normally only one face-to-face contact with ble covered services: 01-Assessment, 11-Intervention, 27-TASC, vention	
EVALDATE (Mandatory Key)	77	CHAR(8)	<ul> <li>Format: YYYYMMDD</li> <li>Must be &gt;= client's date of birth and &lt;= system date.</li> <li>Must be within the begin and end date of the contract in CONTNUM1.</li> </ul>	
	Descriptions and Instructions: Evaluation Date - The date on which the evaluation is conducted			

Field Name	Pos	Type / Size		Edits and Validations	
CHILDPREV	85	CHAR(1)	Must be 0 or 1 if a	ge at admission is < 18. (Mandatory)	
			<ul> <li>Must be 0, 1 or sp.</li> </ul>	ace if age at time of admission is >= 18.	
				ention Status - Indicate if the child is involved	
	in a p	revention progr			
			] No	[1] Yes	
DRUGHARM	86	CHAR(1)		f age at time of admission is < 18.	
			(Mandatory)	space if age at time of admission is >= 18.	
	Dosci	intions and In		iful - Indicate if the client perceives drugs as	
		harmful to their		indi - indicate ii the cheft perceives drugs as	
	[ <b>0</b> ] No		[1] Yes	[3] Unknown	
ALCOHARM	87	CHAR(1)	Must be 0.1 or 3 ir	f age at time of admission is < 18.	
			(Mandatory)	age at time of admission to 4 for	
				space if age at time of admission is >= 18.	
				rmful - Indicate if the client perceives alcohol	
		•	neir overall health.		
	[0] No		[1] Yes	[3] Unknown	
TOBAHARM	88	CHAR(1)	• Must be 0, 1 or 3 (Mandatory)	if age at time of admission is < 18.	
			`	r space if age at time of admission is >= 18.	
	Descriptions and Instructions: Tobacco Harmful - Indicate if the client perceives				
	tobacco as being harmful to their overall health.				
	<b>[0]</b> No	)	[1] Yes	[3] Unknown	
TOBACUSE	89	CHAR(1)		if age at time of admission is < 18.	
			(Mandatory)		
	D			r space if age at time of admission is >= 18.	
	<b>Descriptions and Instructions: Tobacco Usage -</b> Indicate if the client uses tobacco products.				
	[ <b>0</b> ] No		[1] Yes	[3] Unknown	
LEGGUARD		CHAR(1)			
LEGGUARD	90	CHAR(I)	• Must be 1 through (Mandatory)	h 6 if age at time of admission is < 18.	
				h 6 or space if age at time of admission is >=	
			18.		
	Descriptions and Instructions: Legal Guardian - Indicate the child's legal guardian.				
	[1] Pa			[4] Emancipated minor	
		her relative on-relative		<ul><li>[5] State or public agency</li><li>[6] Not applicable</li></ul>	
EMPL			Must be 40, 20, 2		
(Mandatory)	91	CHAR(2)		10, 31, 40, 50, 60, 70 or 81 through 86.	
(Wandatory)	status at evaluation. Refer to the Employment Status Codes Table in				
DIMOGODO	Data Code Tables.				
PINCOSRC	93	CHAR(1)	Must be 1 through		
(Mandatory)	Descriptions and Instructions: Primary Income Source - Indicate the client's primary source of income at the time of evaluation. Refer to the Primary Source of Income Table in Appendix 5 – Data Code Tables.				

Field Name	Pos	Type / Size	Edits and Validations	
INCOPERS	94	CHAR(2)	Must be 00 through 99; right justified/zero filled.	
(Mandatory)			structions: Personal Income - Indicate the annual personal income ed to nearest thousand <i>or</i> select one of the following.	
	[ <b>00</b> ] N	lo income	[98] Income over 98,000 [99] Unknown income	
FAMINC (Mandatory)	96	CHAR(2)	<ul> <li>Must be 00 through 99; right justified/zero filled.</li> <li>FAMINC must be &gt;= INCOPERS.</li> </ul>	
	incom of coo what INCO report	ne (in thousands the choices below was reported for PERS amount to	structions: Family Income - Indicate the annual family (gross) s) rounded to nearest thousand of the client's household or select one w. If there is no known income from other family members, reflect r INCOPERS above. If there is other family income, add it to the to report in FAMINC. Codes 00 and 99 can only be used if that was RS and there is no other family income to report.  [98] Income over 98,000 [99] Unknown income	
WAITDAYS	98	CHAR(3)	Must be 000 through 999 if PURPOSE = 1; right justified/zero	
WAIIDAIG			<ul> <li>filled. (Mandatory)</li> <li>Must be 000 through 999 or spaces if PURPOSE = 2; right justified/zero filled.</li> </ul>	
			<b>structions: Wait Days -</b> Indicate the number of days the client waited y's treatment service programs. For unknown, enter 999.	
POSTPART	101	CHAR(1)	<ul> <li>Must be 0 or 1 if client is female and PURPOSE = 1. (Mandatory)</li> <li>Must be 0, 1, 3 or space if client is female and PURPOSE = 2.</li> <li>Must be space if client is male.</li> </ul>	
	<b>Descriptions and Instructions: Post-Partum Status -</b> Indicate whether client has given birth within the last 91 days. (Changed from 30 days to 91 days as of July 1, 2015)			
	[ <b>0</b> ] No	)	[1] Yes [3] Unknown	
DEPEND	102	CHAR(1)	Must be 0 through 9.	
(Mandatory)	<b>Descriptions and Instructions: Dependents -</b> Indicate the number of dependents. If more than 9, enter 9.			
DEVELOP	103	CHAR(1)	Must be 0 or 1.	
(Mandatory)		riptions and Insopmentally disal	structions: Development Status - Indicate if the client is bled.	
		[0]	] No [1] Yes	
PHYSICAL	104	CHAR(1)	Must be 0 or 1.	
(Mandatory)		riptions and Ins cally disabled.	structions: Physical Disability Status - Indicate if the client is	
			] No [1] Yes	
AMBULAT	105	CHAR(1)	Must be 0 or 1.	
(Mandatory)	Descriptions and Instructions: Ambulatory Status - Indicate if the client is ambulatory.			
VISUAL	106		] No [1] Yes	
(Mandatory)		CHAR(1)	Must be 0 or 1.	
(manuatory)	Desc	_	structions: Vision Status - Indicate if the client is visually impaired.  ] No [1] Yes	

Field Name	Pos	Type / Size	Edits and Validations	
HEARING	107	CHAR(1)	Must be 0 or 1.	
(Mandatory)			structions: Hearing Status - Indicate if the client's hearing is	
	impair		] No [1] Yes	
ENGLISH	108	CHAR(1)	• Must be 0 or 1.	
(Mandatory)		` '	structions: English Status - Indicate if the client's English language	
(manaatory)		erely impaired.	structions. English Status - mulcate if the client's English language	
		[0	] No [1] Yes	
REFERRAL	109	CHAR(2)	Must be 01 through 14, 16 through 25 or 99; right justified/zero	
(Mandatory)			filled.	
			structions: Referral - Indicate the referring agency. Refer to the Descriptions Table in Appendix 5 – Data Code Tables.	
CRIMJUST	111	CHAR (1)	Must be 0, 1, or 3.	
(Mandatory)		. ,	structions: Criminal Justice - Indicate if the client is involved with	
			stem at the time of the admission.	
	<b>[0]</b> No	•	[1] Yes [3] Unknown	
ARREST	112	CHAR(1)	Format: X (space filled)	
			structions: Arrests – No longer used as of July 1, 2015. Use the sition 188 as it has expanded from 1 character to 2 characters.	
IVHIST	113	CHAR(1)	• Must be 0, 1, 3 or space.	
	<b>Descriptions and Instructions: Intravenous History -</b> Code for current or history of intravenous substance use other than previously indicated.			
	<b>[0]</b> No	)	[1] Yes [3] Unknown	
PRIORADM	114	CHAR(1)	Must be 0 through 9 or space.	
		•	structions: Prior Admissions - Enter the number of previous obstance abuse treatment agency.	
PROVINFO	115	CHAR(20)	Left justified/space filled.	
	Descr	iptions and In	structions: Provider Information - Contractor use only.	
ZIP	135	CHAR(5)	• Format: 99999	
(Mandatory)	If the opposite out-of- treatm	client is homele er where the se state zip code.		
TSTAT	140	CHAR(1)	Must be 1 through 3.	
(Mandatory)	Descr	iptions and In	structions: TANF Status - Indicate the client's TANF status.	
		mporary Cash version Family		
FAMSIZE	141	CHAR(1)	Must be 1 through 9.	
(Mandatory)			structions: Indicate the number of persons living in the house. If	
SAPROB	142	CHAR(1)	Must be 0 or 1.	
(Mandatory)			structions: Substance Abuse Problem - Indicate if the client is at coming dependent on alcohol or other substances.	
		[0	] No [1] Yes	

Field Name	Pos	Type / Size	Edits and Validations
PROVIDERID	143	CHAR(10)	Format: XX-XXXXXX
(Mandatory Key)		0(10)	Provider must be registered in SAMHIS.
			Must match PROVIDERID in DEMO record.
		•	structions: Provider Id - The PROVIDERID is the Federal Employer
	Identi	fication Number	r of the entity which provides the service to the client.
SADIAG	153	CHAR(6)	Format: xxx.xx (Mandatory for FY 15-16 or prior years)
			Must be space filled (For FY 16-17 and forward)
		•	structions: Substance Abuse Diagnosis Code (ICD-9) - Indicate
			ubstance abuse diagnosis code.  FY15-16 and prior years.
MHDIAG	159	CHAR(6)	Format: xxx.xx (For FY 15-16 or prior years)
		01 11 (0)	Must be space filled (For FY 16-17 and forward)
	Desci	l riptions and In	structions: Mental Health Diagnosis Code (ICD-9) - Indicate the
			diagnosis. Refer to Appendix 3 – ICD-9 Code Table.
MARCHMAN	165	CHAR(1)	Must be 1 through 4.
(Mandatory)	Desci	riptions and In	structions: Marchman Status - Indicate the type of Marchman Act
	admis		
	[1] Inv	oluntary Asses	ssment [3] Involuntary Assessment and Treatment
	[2] Inv	oluntary Treatr	ment [4] Not applicable
COLLATERAL	166	CHAR(1)	Must be 0, 1 or 3.
(Mandatory)			structions: Collateral Status - Indicate if the client is receiving
			ner person's involvement with substance abuse.  [1] Yes  [3] Unknown
OPIOIDREPLAC	[0] No		
	167	CHAR (1)	Must be 0, 1 or 3.     structions: Opioid Replacement Status - Indicate if the client is on
(Mandatory)			t the time of admission.
	[ <b>0</b> ] No	•	[1] Yes [3] Unknown
VETSTATUS	168	CHAR (1)	Must be 0, 1 or 3.
(Mandatory)		\ /	structions: Veteran Status - Indicate if the client is a veteran of the
(Walidatory)		Armed Services	
	<b>[0]</b> No	)	[1] Yes [3] Unknown
CONTNUM1	169	CHAR(5)	Must be a valid SAMH contract number that is in the Florida
(Mandatory)			Accountability Contract Tracking System (FACTS).
	Desci	riptions and In	structions: Contract Number 1 - Contract under which services may
	be pro	ovided.	,
CONTNUM2	174	CHAR(5)	Format: XXXXX; space filled.
	Desci	riptions and In	structions: Contract Number 2 - No longer used.
CONTNUM3	179	Char (5)	Format: XXXXX; space filled.
		` '	
	Descriptions and Instructions: Contract Number 3 - No longer used.		
MHDIAGNOSIS	184	CHAR(1)	Must be 0 or 1.
(Mandatory)			structions: Mental Health Diagnosis Status - Indicate if the client
	nas a		blem in addition to his or her alcohol or drug use problem.  ] No [1] Yes
		լս	] No [1] Yes

Field Name	Pos	Type / Size	Edits and Validations
SOCIAL	185	CHAR(2)	Must be 01 through 07; right justified/zero filled.
(Mandatory)	<b>Descriptions and Instructions: Social Status -</b> Indicate the number of times the client has attended a self-help program in the 30 days preceding the date of admission.		
	[01] None [04] 8-15 [07] Unknown [02] 1-3 [05] 16-30 [06] Some Attendance		
SCHOOL	187	CHAR(1)	(Frequency unknown)  • Must be 1 through 4.
(Mandatory)	Desci	riptions and In	structions: School Status - Indicate if the client was suspended or within the last 30 days.
	[1] Suspended [3] Suspended and Expelled [4] Not Applicable		
ARREST	188 CHAR(2) • Must be 00 through 96, right justified/zero filled.		
(Mandatory)	<b>Descriptions and Instructions: Arrest Status -</b> Indicate the number of times the client was arrested within the last 30 days.		
SADIAG10	190	CHAR(8)	Must be a valid Substance Abuse ICD-10-CM code.
(Mandatory)	Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-10) - Enter the substance abuse diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). Refer to Appendix 8.		
	Mandatory as of July 1, 2016.		
MHDIAG10	198	CHAR(8)	Must be a valid Mental Health ICD-10-CM code or Spaces.
	menta	al health diagno	structions: Mental Health Diagnosis Code (ICD-10) - Enter the sis code for the client using the code from the International ases (ICD-10-CM). Refer to Appendix 8.

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

#### **IV.A. General Comments**

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

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

Substance Abuse Target Group Codes			
Target Group	Code	If Statement	
ADULT SA		SAAGEADMIS >= 18 And ICD10PRIMARYCODE starts with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19 Or SUBSTANCEPRIMARYCODE is 99 or is between 02 and 61 Or SUBSTANCESECONDARYCODE is 99 or is between 02 and 61 Or SUBSTANCETERTIARYCODE is 99 or is between 02 and 61	

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

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

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