Chapter 6C – Substance Abuse Detox Data Set (SA DETOX)

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I. Document Revision History

Table 1. Document Revision History

			Document Revision History		
Version Number	**Effective Date**	**Revision Date**	**Description**		**Author**
11.0	07/01/2015	04/13/2015	♦ Completed Version 11.0		SAMH Data Unit
11.1	07/01/2015	04/30/2015	♦ Completed Version 11.1 revisions		SAMH Data Unit
11.1.1	07/01/2015	05/29/2015	♦ Completed Version 11.1.1 revisions		SAMH Data Unit
11.1.2	07/01/2015	06/22/2015	♦ Completed Version 11.1.2 revisions		SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	♦ Completed Version 11.1.3 revisions		SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	♦ SADIAG10 is **Mandatory** ♦ SADIAG and MHDIAG – space filled		SAMH Data Unit
11.1.3	07/01/2016	08/24/2016	♦ Removed Target Determination Tables for ICD9 and ICD10		SAMH Data Unit

II. General Policies and Considerations

II.A. Providers Required to Submit Substance Abuse Detox Data

1. Contractors may submit a substance abuse detox record in lieu of the substance abuse admission and discharge records for those individuals who received a detox service.

2. A detox service must be submitted along with the detox outcome and ASAM. If any other service is provided to the client, the substance abuse admission and discharge records are required.

II.B. Adding Substance Abuse Detox Records

1. Contractors must submit a substance abuse detox record upon discharge from a detox service, if the detox submission is made in lieu of the substance abuse admission and discharge records.

2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.

3. To determine how Substance Abuse Target Groups are determined, **refer to Error! Reference source not found..**

    Note: To determine how Substance Abuse Target Groups will be determined when ICD-10 codes become effective, **refer to** Error! Reference source not found.**.**

II.C. Updating Substance Abuse Detox Records

1. A substance abuse detox 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.D. Deleting Substance Abuse Detox Records

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

Table 2. SA DETOX Record Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SSN	11	9	XXXXXXXXX
PURPOSE	20	1	X
BEGDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXX

Warning: Deleting a Substance Abuse Detox record (PURPOSE = 5) will result in the automatic deletion of the associated detox SERV record .

III. Substance Abuse Detox Data File Layout (DETOX)

Table 3. SA DETOX Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
			Descriptions and Instructions: Contractor Id - The contractor ID is the Federal Employer Identification Number of the entity which holds a contract with DCF.
SITEID (Mandatory)	11	CHAR(2)	• Format: XX right justified/zero filled. • Must be registered in SAMHIS for the PROVIDERID.
			Descriptions and Instructions: Site Id - The physical location of the provider where services will be provided.
SSN (Mandatory Key)	13	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in DEMO record.
			Descriptions and Instructions: Social Security Number - See General Policies and Considerations on Adding Substance Abuse Detox Records.
CLIENTID	22	CHAR(10)	• Left justified/space filled.
			Descriptions and Instructions: Client Id - Contractor use only.
CNTYRESID (Mandatory)	32	CHAR(2)	• Must be between 01 and 67 or 99; right justified/zero filled.
			Descriptions and Instructions: County of Residence - Indicate the Florida county in which the client resides at the time of admission. If unknown, or client is homeless, enter the county of the provider site where the evaluation occurred. **Refer to the Florida County Codes Table in Appendix 5 – Data Code Tables.**
GRADE (Mandatory)	34	CHAR(2)	• Must be 00-08, 24-28, 30-42; right justified/zero filled.
			Descriptions and Instructions: **Grade -** Indicate the highest educational level completed by the client prior to this evaluation. **Refer to the Educational Levels (GRADE) Codes Table Appendix 5 – Data Code Tables.** **NOTE:** New code values effective July 1, 2015
MARITAL (Mandatory)	36	CHAR(1)	• Must be 1 through 8.
			Descriptions and Instructions: Marital Status - Indicate the client's current marital status. **Refer to the Marital Status Codes Table in Appendix 5 – Data Code Tables.**
HLTHSTAT (Mandatory)	37	CHAR(1)	• Must be 1 through 8.
			Descriptions and Instructions: **Health Status -** Indicate the appropriate code for the client's health status at evaluation. [1] Agitated [5] Forgetful [2] Comatose [6] Lethargic [3] Disoriented [7] Other Mental Condition [4] Depressed [8] Oriented
PREGTRIM (Mandatory)	38	CHAR(1)	• Must be 1 through 5.
			Descriptions and Instructions: **Pregnancy Trimester -** Indicate the client's pregnancy status at admission: [1] 1st trimester [4] Not pregnant or male [2] 2nd trimester [5] Unknown (Effective 07/01/2015) [3] 3rd trimester

Field Name	Pos	Type / Size	Edits and Validations
ADMITYPE (Mandatory)	39	CHAR(1)	• Must be 1 through 4.
			Descriptions and Instructions: **Admission Type -** Indicate the code that matches the client's type of admission. **[1]** Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent **[2]** Voluntary Incompetent – Not court ordered into treatment; legally incompetent **[3]** Involuntary Competent – Court ordered into treatment; not deemed legally incompetent **[4]** Involuntary Incompetent – Court ordered into treatment; legally incompetent
DRUGCRT (Mandatory)	40	CHAR(1)	• Must be 0 or 1.
			Descriptions and Instructions: Drug Court - Indicate whether or not the client was Drug Court ordered to attend substance abuse treatment. **[0]** No **[1]** Yes
CHILDWEL (Mandatory)	41	CHAR(1)	• Must be 0 or 1.
			Descriptions and Instructions: Child Welfare - Indicate if the client was involved in the child welfare system at admission. **[0]** No **[1]** Yes
RESIDSTAT (Mandatory)	42	CHAR(2)	• Must be 01 through 18 or 99; right justified/zero filled.
			Descriptions and Instructions: Residential Status - Indicate the residential status. Enter the two-digit code that reflects the correct residential setting. **Refer to the Residential Status 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. • Must be 00, 10 through 13, 16 through 19, 21 through 26, 28, or 29 if age of at time of admission >= 18.
			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)	• Must be 02 - 20, 22 – 48, 50 – 97,1A – 2P; right justified/zero filled.

			Descriptions and Instructions: Primary Problem - Indicate the primary substance problem.
			
			      Enter the substance which is *primarily* responsible for the client's admission. Do not use the same Drug Code for PROBSEC or PROBTER.
			• If the client is admitted to a methadone maintenance modality, the primary substance must be a narcotic (heroin, non-prescription methadone, or any other narcotic).
			• If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary substance must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's primary substance under "non-medical methadone", "other" drug, etc.
			
			    Refer to Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables. (Codes 98 and 99 cannot be used for Detox)

PROBSEC	48	CHAR(2)	• Must be 02 - 20, 22 – 48, 50 – 97,1A – 2P; right justified/zero filled or spaces.
			Descriptions and Instructions: Secondary Problem - Indicate secondary substance problem. Do not use the same drug code as used in PROBPRIM. **Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.**

Field Name	Pos	Type / Size	Edits and Validations
PROBTER	50	CHAR(2)	• Must be 02 - 20, 22 – 48, 50 – 97,1A – 2P; right justified/zero filled or spaces.
			Descriptions and Instructions: Tertiary Problem - Indicate the tertiary substance problem. Do not use the same drug code as used in PROBPRIM or PROBSEC. **Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.**
ROUTPRIM **(Mandatory)**	52	CHAR(1)	• Must be 1 through 5.
			Descriptions and Instructions: Primary Route - Indicate the client's usual route of administration or method of ingestion of the primary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the primary drug. **[1]** Oral **[3]** Inhalation **[5]** Other **[2]** Smoking **[4]** Injection (IV or Intra-muscular)
ROUTSEC	53	CHAR(1)	• Must be 1 through 5 or space. • **Mandatory** only if PROBSEC is ***not*** spaces.
			Descriptions and Instructions: Secondary Route - Indicate the client's usual route of administration or method of ingestion of the secondary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the secondary drug. **[1]** Oral **[3]** Inhalation **[5]** Other **[2]** Smoking **[4]** Injection (IV or Intra-muscular)
ROUTTER	54	CHAR(1)	• Must be 1 through 5 or space. • **Mandatory** only if PROBTER is ***not*** spaces.
			Descriptions and Instructions: Tertiary Route - 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]** Oral **[3]** Inhalation **[5]** Other **[2]** Smoking **[4]** Injection (IV or Intra-muscular)
FREQPRIM **(Mandatory)**	55	CHAR(1)	• Must be 1 through 5.
			Descriptions and Instructions: Primary Frequency - Indicate the client's frequency of use of the primary substance during the month prior to admission. **[1]** No Past Month Use **[4]** 3-6 Times per Week **[2]** 1-3 Times in Past Month **[5]** Daily **[3]** 1-2 Times per Week
FREQSEC	56	CHAR(1)	• Must be 1 through 5 or space. • **Mandatory** only if PROBSEC is ***not*** spaces.
			Descriptions and Instructions: Secondary Frequency - Indicate the client's frequency of use of the secondary substance during the month prior to admission. **[1]** No Past Month Use **[4]** 3-6 Times per Week **[2]** 1-3 Times in Past Month **[5]** Daily **[3]** 1-2 Times per Week
FREQTER	57	CHAR(1)	• Must be 1 through 5 or space. • **Mandatory** only if PROBTER is ***not*** spaces.
			Descriptions and Instructions: Tertiary Frequency - Indicate the client's frequency of use of the tertiary substance during the month prior to admission. **[1]** No Past Month Use **[4]** 3-6 Times per Week **[2]** 1-3 Times in Past Month **[5]** Daily **[3]** 1-2 Times per Week

Field Name	Pos	Type / Size	Edits and Validations
AGEPRIM (Mandatory)	58	CHAR (2)	• Must be 00 through 99; right justified/zero filled.
			Descriptions and Instructions: Age at Primary Substance Usage - Indicate the client's age at first use of the primary substance. The age at first use should be less than or equal to the client's age at admission. The recorded age should reflect willful use. A value of zero indicates a newborn with a substance dependence problem.
AGESEC	60	CHAR (2)	• Must be 00 through 99; right justified/zero filled or spaces. • **Mandatory** only if PROBSEC is *not* spaces.
			Descriptions and Instructions: Age at Secondary Substance Usage - Indicate the client's age at first use of the secondary substance.
AGETER	62	CHAR (2)	• Must be 00 through 99; right justified/zero filled or spaces. • **Mandatory** only if PROBTER is *not* spaces.
			Descriptions and Instructions: Age at Tertiary Substance Usage - Indicate the client's age at first use of the tertiary substance.
STAFFID (Mandatory)	64	CHAR(12)	• Format: 99-XXXXXXXXX
			Descriptions and Instructions: Staff Id - The ID of the staff rendering the services • 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.** • Position 3 must be a dash (-). • Positions 4 through 12 can be any alphanumeric character (left justified/space filled). • For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id. • For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-FIS000000 or 02-FIS123456).
PURPOSE (Mandatory Key)	76	CHAR(1)	• Must be 5.
			Descriptions and Instructions: Purpose Code - Indicate that this is a detoxification record. **[5] Detox**
BEGINDATE (Mandatory Key)	77	CHAR(8)	• Format: YYYYMMDD. • Must be >= date of birth and <= system date. • Must be within the begin and end date of the contract in CONTNUM1.
			Descriptions and Instructions: Begin Date - The date on which the detoxification episode began.
ENDDATE (Mandatory Key)	85	CHAR(8)	• Format: YYYYMMDD. • Must be >= BEGINDATE. • Must be <= system date and end date of the contract in CONTNUM1.
			Descriptions and Instructions: End Date - The date on which the detoxification episode ended.
DREASON (Mandatory)	93	CHAR(2)	• Must be 10 or 11.
			Descriptions and Instructions: Discharge Reason - Indicate the reason for discharge. **Refer to the Reason for Discharge Codes Table in Appendix 5 – Data Code Tables.**
PROVINFO	95	CHAR(20)	• Left justified/space filled.
			Descriptions and Instructions: Provider Information - Contractor use only.

Field Name	Pos	Type / Size	Edits and Validations
ZIP (Mandatory)	115	CHAR(5)	• Format: 99999
			Descriptions and Instructions: Client's home/residence US Postal Zip code. If the client is homeless and the zip code is not known, use the zip code of the service provider where the services are provided. If the client is from outside the state, use the out-of-state zip code. If the client is in prison, local jail, a detention or a residential treatment facility and the residence county cannot be obtained, enter the prison, local jail, or detention facility's zip code.
PROVIDERID (Mandatory Key)	120	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match PROVIDERID in DEMO record.
			Descriptions and Instructions: Provider Id - The PROVIDERID is the Federal Employer Identification Number of the entity which provides the service to the client.
REFERRAL (Mandatory)	130	CHAR(2)	• Must be 01 through 14, 16 through 25 or 99; right justified/zero filled.
			Descriptions and Instructions: Referral - Indicate the referring agency. **Refer to the Referral Codes and Descriptions Table in Appendix 5 – Data Code Tables.**
SADIAG	132	CHAR(6)	• Must be space filled.
			Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-9) - Indicate the client's substance abuse diagnosis, if any. **Refer to Appendix 3 – ICD-9 Code Table.**
MHDIAG	138	CHAR(6)	• Must be space filled.
			Descriptions and Instructions: Mental Health Diagnosis Code (ICD-9) - Indicate the client's mental health diagnosis **Refer to Appendix 3 – ICD-9 Code Table.**
MARCHMAN (Mandatory)	144	CHAR(1)	• Must be 1 through 4.
			Descriptions and Instructions: Marchman Status - Indicate the type of Marchman Act admission. **[1]** Involuntary Assessment **[3]** Involuntary Assessment and Treatment **[2]** Involuntary Treatment **[4]** Not applicable
MHDIAGNOSIS	145	CHAR(1)	• Must be 0, 1, or spaces.
			Descriptions and Instructions: Mental Health Diagnosis Status - Indicate if the client has a psychiatric problem in addition to his or her alcohol or drug use problem. **[0]** No **[1]** Yes
VETSTATUS (Mandatory)	146	CHAR (1)	• Must be 0, 1 or 3.
			Descriptions and Instructions: Veteran Status - Indicate if the client is a veteran of the U.S. Armed Services. **[0]** No **[1]** Yes **[3]** Unknown
EMPL (Mandatory)	147	CHAR(2)	• Must be 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86.
			Descriptions and Instructions: Employment - Indicate the client's employment status at evaluation. **Refer to the Employment Status Codes Table in Appendix 5 – Data Code Tables.**
CONTNUM1 (Mandatory)	149	CHAR(5)	• Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
			Descriptions and Instructions: Contract Number 1 - Contract under which services may be provided.
CONTNUM2	154	CHAR(5)	• Format: XXXXX; space filled.
			Descriptions and Instructions: Contract Number 2 - No longer used.

Field Name	Pos	Type / Size	Edits and Validations
CONTNUM3	159	Char (5)	• Format: XXXXX; space filled.
			Descriptions and Instructions: Contract Number 3 - No longer used.
SOCIAL	164	CHAR(2)	• Must be 01 through 07 right justified/zero filled or spaces.
			Descriptions and Instructions: Social Status - 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 **[03]** 4-7 **[06]** Some Attendance (Frequency unknown)
SCHOOL	166	CHAR(1)	• Must be 1 through 4 or spaces.
			Descriptions and Instructions: School Status - Indicate if the client was suspended or expelled from school within the last 30 days. **[1]** Suspended **[3]** Suspended and Expelled **[2]** Expelled **[4]** Not Applicable
ARREST **(Mandatory)**	167	CHAR(2)	• Must be 00 through 96; right justified / zero filled.
			Descriptions and Instructions: Arrest Status - Indicate the number of times the client was arrested within the last 30 days.
SADIAG10 **(Mandatory)**	169	CHAR(8)	• Must be a valid Substance Abuse ICD-10-CM code.
			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.**
MHDIAG10	177	CHAR(8)	• Must be a valid Mental Health ICD-10-CM code or spaces.
			Descriptions and Instructions: Mental Health Diagnosis Code (ICD-10) - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). **Refer to Appendix 8.**