

# GCBH BH-ASO Consolidated Supplemental Transaction Data Dictionary

Effective January 1, 2022



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## INTRODUCTION

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The GCBH ASO Supplemental Transaction Data Dictionary contain information that is required to be submitted by Mental Health (MH) and Substance Use Disorder (SUD) Provider agencies that receive GCBH funding. This document is based on and is intended to follow the guidance as established by HCA/BHA in their Behavioral Health Data System – Data Guide (effective 1/1/2020). This document is specifically intended to be a guide to interpreting and using the data elements and data formats necessary to encode and transmit this information, and is therefore the "Provider View". This data dictionary does not contain information that is unnecessary to this purpose, such as internal processing files or information that does not come from Provider agencies. Unless otherwise noted, this version goes into effect and is required to be used as of the effective date given in the header of this document.

### **Contract Requirement:**

Each transaction has a reporting frequency ranging from "immediately" for crisis services to as long as every 180 days for Case Reviews. It is very important that data be reported at least as often as indicated. It is also very important that errors and warnings reported by the GCBH import process be attended to without delay; corrections are required by contract within 30 days of notification of an error.

### **Data Submission:**

Data is to be submitted in a "flat ASCII" format in which each data element is separated by a <Tab> character from the next. The order of the data elements must be as described in this document. Each logical unit of information is collected into a "record", and multiple records of the same kind are referred to as a "table". The export formats described herein are the import formats required by GCBH, and therefore it is important to adhere to specific rules regarding the information that is transmitted.

Every batch file must contain a header record as the first record. The header record is comprised of the data elements specified in the table in the required transactions section. All fields are required. If a field is to be left blank, an empty tab must be used as a placeholder. Batch files must follow a Windows naming scheme. Agencies must use their Submitter ID as the file extension for uploaded batch files. Agencies that submit on behalf of other providers must use the Submitter ID for the site where the data originated from.

**Padding numeric fields is not required except where indicated in the Validation tables. If you are doing so use spaces, not zeros.**

### **Important reminders:**

- All data should be sent in left-justified ASCII string format.
- Data must be submitted in the order shown.
- All data fields are TAB delimited.
- If a field is named "Blank" (no longer used), an empty tab must be used as a placeholder

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**Validation tables:**

A validation table describes a set of codes that are used to verify information during the import process and to provide descriptive labels for printed reports. Validation table labels are indicated in the "Validation/Notes" column of the Required Transactions tables as a *{descriptive name}* in **BOLD** print. **{Submitter ID}** references the Submitter ID code table in the example below.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
2	Submitter ID	Y	Y	string(20)		<b>{Submitter ID}</b>

- The "Field" heading refers the sequential number of the data element (Field number) in the transaction.

**Data Formats:** Please follow the following formatting guidelines with respect to the data types shown in the "Field size" column.

- Character** Character data, no special formatting necessary, except as provided by contextual syntax
- Logical** True/False data may be sent in either text or digit format, as shown below:  
 True may be sent as T or 1 or Y  
 False may be sent as F or 0 or N
- Date** Dates should be submitted in the following format:  
 CCYYMMDD example: 19990516 for May 16, 1999
- Numeric** Use only digits and a decimal, if appropriate. **DO NOT USE COMMAS.**

**Import Process Notes:**

See the most current GCBH Trading Partner Agreement for the 837P for detailed processing notes.

All batch transactions sent to GCBH’s ASO’s Data System contain a code which indicates a given action to take place. Actions allowed on a given transaction are defined below. Some transactions have only one possible value.

**Maximum character length: 1**

Code	Definition
A	Add a Record. If the record already exists as defined by the transaction's primary key, then replace the existing information with the new information contained in the body.
C	Change a Record. If the record does not already exist based on the transaction's primary key, then add a new record to the file,

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	otherwise update it with the field values presented.
D	Delete. If the record as identified by the transaction's primary key does not exist, then inform the Provider that GCBH has no record to delete.

**DEFINITIONS**

Several Data Elements have [Y, N] or [Y, N, U, R] values. The letters represent:

Y – Yes

N – No

U – Unknown

R – Refused to Answer

Effective Date – The date the information collected became effective.

Submitter ID – Assigned to the Mental Health or Substance Use Disorder agency by the ASO.



**REQUIRED TRANSACTIONS**

This table summarizes all of the transactions that providers can send to GCBH, based on the services they are contracted to perform.

Transaction Name	MH	SUD
Header (000.01)	X	X
Client Demographic (020.08)	X	X
Client Address (022.03)	X	X
ASAM Placement (030.03)		X
Client Profile (035.10)	X	X
Substance Use (036.04)		X
Program Identification (060.06)	X	X
Staff Credentials * (100.07)	X	X
Co-occurring Disorder (121.05)	X	X
Cascade Merge (130.04)		
Cascade Delete (131.04)		
Funding Source (140.02)	X	X
DCR Investigation (160.05)	X	
ITA Hearing (162.05)	X	
Mobile Crisis Response – (165.02)	X	X
Service Episode (170.06)	X	X

\* Staff Credentials is required by GCBH, not by WA State.

**Header 000.01**

Transaction ID 000.01

Guidelines Every batch file must contain a header as an identifier record as the first record in supplemental data transactions (non837x12N EDI) batch files. The header record is comprised of the data elements specified in the table in the required transactions section. All fields are required. If a field is to be left blank, an empty tab must be used as a placeholder. Agencies must use their Submitter ID as the file extension for uploaded batch files. Agencies that submit on behalf of other providers must use the Submitter ID for the site where the data originated from.

Reporting Frequency Every supplemental data transaction submitted

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"000.01"
2	Submitter ID	Y	Y	string(20)		{Submitter ID}
3	Batch Number	Y	Y	string(5)		
4	Batch Date	Y		Date		CCYYMMDD

**Note** This transaction is required as the first record of each supplemental transaction (non 837X12N EDI) batch file and all batches must be submitted for processing in Batch Number order.

ASO-Specific Errors

There are no line-item errors for this transaction. Instead, any errors in 000.01 cause the entire file to be rejected. Please ensure that all required fields are provided and valid as per the transaction specification above.

### Client Demographics 020.08

Transaction ID 020.08

**Guidelines** This is the transaction for full demographic data using the Client Unique ID (CUID). The CUID is used by HCA to link that person’s records across various systems. The elements that constitute a CUID must be successfully processed before any other transaction will be accepted. If “crisis” or pre-intake prevents collection of CUID elements, then the ASO must collect at earliest possible point before submission.

**Reporting Frequency** This transaction must be successfully processed before any other transaction referencing the "Client ID" will be accepted. The client demographic transaction is required at request for service or at intake/assessment and updated upon any and every demographic change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"020.08"
2	Action Code	Y		string(1)		In [A,C]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Effective Date	Y	Y	date		CCYYMMDD
6	First Name	Y		string(35)		
7	Middle Name			string(25)		
8	Last Name	Y		string(60)		
9	Alternate Last Name			string(60)		
10	Social Security Number			string(9)	Leave blank if unknown or refused.	
11	Birthdate	Y		date	If unknown use 29991231	CCYYMMDD
12	Gender	Y		string(2)		{GENDER}
13	Hispanic Origin	Y		string(3)		{HISPANIC ORIGIN}
14	Primary Language			string(3)		{PRIMARY LANGUAGE}
15	Race(s)	Y		string(18)	Up to 6 codes, no delimiters	{RACE}
16	Sexual Orientation	Y*		string(2)		{SEXUAL ORIENTATION}
17	Source Tracking ID			string(40)		

\* For clients under 13 years of age – please report “9 Choosing not to disclose”.

State Errors

- 22120 Date of Birth is not valid, should be 8 digits in format CCYYMMDD
- 22130 Gender Code is invalid. Transaction not posted
- 22131 Gender Code is blank. Transaction not posted.
- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23023 First Name is blank or null. Transaction not posted.
- 23024 Last Name is blank or null. Transaction not posted.
- 23025 Race Code is not valid. Transaction not posted.
- 23026 Race Code is null or blank. Transaction not posted.
- 23027 Hispanic Origin code is not valid. Transaction not posted.
- 23028 Hispanic Origin Code is null or blank. Transaction not posted.
- 23029 Language code is not valid. Transaction not posted.
- 23035 Sexual Orientation Code is invalid. Transaction not posted.
- 23036 Sexual Orientation Code is blank. Transaction not posted.
- 23096 Client ID for Submitter has been voided. Add/Change not posted.
- 24725 Race Code submitted is no longer in use. Please correct and submit again.
- 30040 Date of Birth cannot be beyond current date. Transaction not posted.
- 30106 Invalid Action Code. Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9028 A Consumer Demographic (020) supplemental transaction must be on file before EDI data can be accepted. Transaction not posted.
- 9031 Effective Date is not valid, should be 8 digits in format CCYYMMDD. Transaction not posted.
- 9032 Effective Date is in the future. Transaction not posted.
- 9063 Invalid SSN. Transaction not posted.

**Client Address 022.03**

Transaction ID 022.03

Guidelines Client's physical residential address (i.e. where client lives). Client's address of residency is preferred. If residency not available, submit client's mailing address. If client is homeless or unable to provide a street address, report what is available, including city, county, state or zip code. This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity. If the client is staying at a facility, submit the facility address with the facility flag as Y. Report "XX" for Unknown or "OT" in "STATE" element if client's address of residency is not U.S. This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible.

Reporting Frequency The client transaction is required at request for service or at intake/assessment and updated upon any and every demographic change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"022.03"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Effective Date	Y	Y	date		CCYYMMDD
6	Address Line 1	Y		string(120)		
7	Address Line 2			string(120)		
8	City	Y*		string(50)		
9	County	Y*		string(5)		{COUNTY}
10	State	Y		string(2)		{STATE}
11	Zip Code	Y*		string(10)		Only 0–9 and dash (for +4)
12	Facility Flag	Y		string(1)	Client is staying at a facility	[Y,N]
13	Source Tracking ID			string(40)		

\*Optional if State = "OT" for "Other County"

**State Errors**

23008 Primary key fields cannot be blank or null. Transaction not posted.

23033 Invalid County code. Transaction not posted.

23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.

23311 County code is blank or null. Transaction not posted.

30031 CID has been merged or deleted. Transaction not posted.

30106 Invalid Action Code. Transaction not posted.

ASO-Specific Errors

9001 Submitter ID different from submitter. Transaction not posted.

9003 Incomplete Address: Line 1, City, State and ZIP are required. Transaction not posted.

9031 Effective Date is not valid, should be 8 digits in format CCYYMMDD. Transaction not posted.

9032 Effective Date is in the future. Transaction not posted.

**ASAM Placement 030.03**

Transaction ID 030.03

Guidelines A client’s movement through different levels of care. Required for all substance use disorder clients, including SUD clients receiving Withdrawal Management Services. ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with substance use disorder and co-occurring conditions. ASAM Level Indicated means the ASAM Level as scored on the ASAM placement criteria.

Reporting Frequency Required at assessment, admission and anytime thereafter that it is collected. Not required for SUD services prior to an assessment. Must be collected and reported when there is a level of care change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"030.03"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider NPI	Y	Y	string(10)		{NPI}
6	ASAM Record Key	Y	Y	string(40)		
7	ASAM Assessment Date	Y	Y	date		CCYYMMDD
8	ASAM Level Indicated	Y		string(6)		{ASAM LEVEL}
9	Source Tracking ID			string(40)		

State Errors

- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.
- 30031 CID has been merged or deleted. Transaction not posted.
- 30106 Invalid Action Code. Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9034 Provider NPI is not valid. Transaction not posted.
- 9041 ASAM Assessment Date is not valid, should be 8 digits in format CCYYMMDD. Transaction not posted.
- 9042 ASAM Assessment Date is in future. Transaction not posted.

9043 ASAM Level is missing or invalid. Transaction not posted.



**Client Profile 035.10**

Transaction ID 035.10

Guidelines Additional client characteristics required for all clients. The Effective Date is to be the date the change of information was effective, which may be significantly different from when the information was received. If the exact date is unknown, submit the most accurate information available. Use the 15<sup>th</sup> day of the month when only a month and year are known.

Reporting Frequency This is collected at admission and discharge (as defined in the Service Episode and Program transactions.) Continue to report at least every 90 days or upon change, whichever comes first. If information has not changed, resubmit existing data at the 90 day period.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"035.10"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider Agency NPI	Y	Y	string(10)		
6	Profile Record Key	Y	Y	string(40)		
7	Effective Date	Y	Y	Date		CCYYMMDD
8	Education	Y		string(2)		{EDUCATION}
9	Employment	Y		string(2)		{EMPLOYMENT}
10	Marital Status	Y		string(2)		{MARITAL STATUS}
11	Parenting ***	****		string(1)		In [Y,N]
12	Pregnant	****		string(1)		In [Y,N,U,R]
13	Smoking Status	Y		string(2)		{SMOKING STATUS}
14	Residence	Y		string(2)		{RESIDENCE}
15	School Attendance**	Y		string(1)		In [Y,N,U,R]
16	Self Help Count	*		string(2)		{SELF HELP COUNT}
17	Used Needles Recently	*		string(1)		In [Y,N,U,R]
18	Used Needles Ever	*		string(2)		{NEEDLE USE EVER}

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Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
19	Military Service	Y		string(2)	Report (Yes) regardless of length of military service or if the client was dishonorably discharged.	{MILITARY STATUS}
20	SMI/SED Status	Y		string(2)	Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)	{SMI/SED STATUS}
21	Source Tracking ID			string(40)		

\* Required for Substance Abuse Disorder, optional for Mental Health

\*\* In last three months

\*\*\* Indicates whether a client has dependent children. Dependent children are defined as 17 years of age or younger. "Parenting" indicates some form level of custodial or child support responsibility (i.e. part-time custody or when there is not custody, but parent pays child support).

\*\*\*\* Required for female SUD clients only, optional for all other clients.

- If the Self Help Count field is reported on a mental health record, Co-occurring Mental and SUD must be a 1 Yes, or a warning error will be generated.

State Errors

23008 Primary key fields cannot be blank or null. Transaction not posted.

23010 Invalid Effective Date. Transaction not posted.

23068 Invalid Employment Code. Transaction not posted.

23115 Education Code is invalid.

23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.

30013 Client Profile transaction does not exist for key combination. Delete rejected.

30024 Invalid Residence Code. Transaction not posted.

30027 Education is blank or null. Transaction not posted.

30029 Employment is blank or null. Transaction not posted.

30031 CID has been merged or deleted. Transaction not posted.

30101 Residence is blank or null. Transaction not posted.

30106 Invalid Action Code. Transaction not posted.

30109 Effective Date is in the future. Transaction not posted.

ASO-Specific Errors

9001 Submitter ID different from submitter. Transaction not posted.

9033 Military Service is required. Transaction not posted.

9044 Marital Status is missing or invalid. Transaction not posted.

9045 Parenting is missing or invalid. Transaction not posted.

9046 Pregnant is missing or invalid. Transaction not posted.

9047 Smoking Status is missing or invalid. Transaction not posted.

9048 School Attendance is missing or invalid. Transaction not posted.

9049 Self Help Count is missing or invalid. Transaction not posted.

9050 Used Needles Recently is missing or invalid. Transaction not posted.

9051 Used Needles Ever is missing or invalid. Transaction not posted.

### Substance Use 036.04

Transaction ID 036.04

**Guidelines** A client history of substance specific information. This transaction captures substances that the client is currently on, and does not include any substances client may have started during the course of treatment. Updates are allowed if inaccurate information is reported or not disclosed initially by the client and discovered at a later date. The substances reported are left to the clinician’s judgment. The 3 Substances reported at admission must also be reported at discharge, and at the 90-day updates (whether or not they are still using the substance). The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the counselor; this rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3). The order of the 3 substances must stay the same as that reported at admission. The following must be included for each of the 3 substances being reported:

- AGE AT FIRST USE (report only at admission and upon change)
- FREQUENCY OF USE
- PEAK USE
- METHOD
- DATE LAST USED

If there is no substance 2 or 3, then report “none” for SUBSTANCE (3) and/or SUBSTANCE (2). Also, leave the respective fields AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD, and DATE LAST USED blank. If the substance 2 or 3 is not “none”, then all elements in that substance section are required.

**Reporting Frequency** Must be reported at admission, at least every 90 days, upon change, and at discharge. SUD inpatient providers are not exempt from reporting.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"036.04"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider NPI	Y	Y	string(10)		{NPI}
6	Program ID	Y	Y	string(3)		{PROGRAM ID}
7	Effective Date	Y	Y	date		CCYYMMDD
8	Substance 1	Y		string(2)		{SUBSTANCE}
9	Age At First Use 1	Y		string(2)		{AGE AT FIRST USE}

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Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
10	Frequency Of Use 1	Y		string(2)		{FREQUENCY OF USE}
11	Peak Use 1	Y		string(2)		{PEAK USE}
12	Method 1	Y		string(2)		{METHOD}
13	Date Last Used 1	Y		date		CCYYMMDD
14	Substance 2	Y		string(2)		{SUBSTANCE}
15	Age At First Use 2	*		string(2)		{AGE AT FIRST USE}
16	Frequency Of Use 2	*		string(2)		{FREQUENCY OF USE}
17	Peak Use 2	*		string(2)		{PEAK USE}
18	Method 2	*		string(2)		{METHOD}
19	Date Last Used 2	*		date		CCYYMMDD
20	Substance 3	Y		string(2)		{SUBSTANCE}
21	Age At First Use 3	*		string(2)		{AGE AT FIRST USE}
22	Frequency Of Use 3	*		string(2)		{FREQUENCY OF USE}
23	Peak Use 3	*		string(2)		{PEAK USE}
24	Method 3	*		string(2)		{METHOD}
25	Date Last Used 3	*		date		CCYYMMDD
26	Source Tracking ID			string(40)		

\* Required if the Substance Code corresponding to its set number (i.e. [2, 3]) is other than 1 (“None”)

State Errors

- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.
- 30031 CID has been merged or deleted. Transaction not posted.
- 30106 Invalid Action Code. Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9031 Effective Date is not valid, should be 8 digits in format CCYYMMDD. Transaction not posted.
- 9032 Effective Date is in the future. Transaction not posted.
- 9034 Provider NPI is not valid. Transaction not posted.
- 9052 Substance 1 is missing or invalid. Transaction not posted.
- 9053 Substance 2 is missing or invalid. Transaction not posted.

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- 9054 Substance 3 is missing or invalid. Transaction not posted.
- 9055 Age at First Use, Frequency of Use, Peak Use and Method are required for selected Substance 1. Transaction not posted.
- 9056 Age at First Use, Frequency of Use, Peak Use and Method are required for selected Substance 2. Transaction not posted.
- 9057 Age at First Use, Frequency of Use, Peak Use and Method are required for selected Substance 3. Transaction not posted.
- 9068 If Substance 2 is set to No Substance, Age at First Use, Frequency of Use, Peak Use, Date Last used and Method must be blank.
- 9069 If Substance 3 is set to No Substance, Age at First Use, Frequency of Use, Peak Use, Date Last used and Method must be blank.

**Program Identification 060.06**

Transaction ID 060.06

Guidelines A client identified by the ASO may be enrolled in a special program as identified in the Program ID Element. This transaction will not prevent a client from being in 2 or more different programs at a particular agency or enrolling in programs simultaneously.  
**NOTE:** Program Start Date cannot be populated with a date that is prior to the specific program start dates outlined in the Program ID {PROGRAM ID} table. In other words, the program itself did not exist before that date, so the client's Program Start Date cannot be prior to the existence of the program. Program start date should be the date the client actually started participation in that program.

Reporting Frequency Must be reported at admission or exit of client participation in special mental health programs.  
**Concurrent transactions:** for SUD clients, submit Client profile (035), ASAM Placement (030), and Substance Use (036) transactions with this transaction.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"060.06"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider NPI	Y	Y	string(10)		{NPI}
6	Program ID Key	Y	Y	string(40)		UNIQUE
7	Program ID	Y		string(3)		{PROGRAM ID}
8	Program Start Date	Y		date		CCYYMMDD
9	Program End Date			date		CCYYMMDD
10	Entry Referral Source			string(2)		{ENTRY REFERRAL SOURCE}
11	Program End Reason			string(2)		{PROGRAM END REASON}
12	Source Tracking ID			string(40)		

State Errors

## GCBH Data Dictionary (V20220101)

- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23010 Date is out of range or invalid. Transaction not posted.
- 23081 Date is outside dictionary requirements. Transaction not posted.
- 23088 CID is voided. Transaction not posted.
- 23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.
- 30091 Program Participation End Date is prior to program participation start date. Transaction not posted.
- 30092 Program Participation Start Date is after program participation end date. Transaction not posted.
- 30093 Program ID is invalid. Transaction not posted.
- 30095 Client is currently participating in program submitted. Transaction not posted.

### ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9034 Provider NPI is not valid. Transaction not posted.



**Staff Credentials 100.07**

Transaction ID 100.07

Guidelines The Internal Identifier cannot be a constant for the agency, i.e., each associated individual must have their own unique assigned identifier. Report any and all individuals who are paid in whole or in part with funding from the ASO, or who have an ownership or controlling interest, or other relationship that would benefit them directly or indirectly. Do not report individuals who do not meet these criteria.

Report the individual’s full legal name, including the middle name if it exists. Report the individual’s address of residence. Report a contractor’s physical address on the contract or agreement. Do not report PO boxes. **Report contractors in this transaction only if they are clinical contractors and the required information is available.**

This data is used by the ASO to look up federally excluded individuals monthly for provider agencies as required by contract (OIG check). This lookup conducted by the ASO does not negate the providers’ responsibility to look up new prospective employees before hire. It is also used by the ASO to maintain a list of credentialed providers and their specialties as required by the PIHP contract.

Reporting Frequency Minimum once per month or whenever there is a new association or an existing association changes. Do not delete records at associations end –submit an End date instead.

Field	Name	Required	Key?	Data Type	Description	Validation / Notes
1	Transaction ID	Y		string(6)	100.07	
2	Action code	Y		string(1)	A, C, D	
3	Submitter ID	Y	Y	string(20)	Reporting Unit ID	{SUBMITTER ID}
4	Internal Identifier	Y	Y	string(20)	Internal Identifier	Agency Staff ID
5	Association Type	Y		string(2)	Association type	{ASSOC}
6	Last Name	Y		string(20)	Last Name	Submit full legal name
7	First Name	Y		string(15)	First Name	Submit full legal name
8	Middle Name			string(12)	Middle Name	Submit full legal name

GCBH Data Dictionary (V20220101)

Field	Name	Required	Key?	Data Type	Description	Validation / Notes
9	Address 1			string(30)	Address Line 1	
10	Address 2			string(30)	Address Line 2	
11	City			string(20)	City	
12	State			string(2)	State	
13	ZIP			string(9)	ZIP	
14	DOB	Y		Date	Date of birth	CCYYMMDD
15	Gender	Y		string(1)	Gender	{GENDER}
16	Social Security No.	Y		string(11)	Social Security No.	SSN IS PRE-PROCESSED. All spaces, periods and dashes are stripped.
17	National Provider ID	Conditional		string(10)	National Provider ID	Required for Association Type 01
18	Education	Conditional		string(100)	Highest degree received	Required for Association Type 01
19	Credentials	Conditional		string(10)	Highest credentials under which patient care is delivered	{PROVIDER TYPE} Required for Association Type <u>01</u>
20	Specialty			string(12)	Specialty	{SPEC} – If necessary, string multiple specialties together.
21	Ethnic Specialty	Conditional Specialist		string(12)	List specialties of Ethnic Minority Specialist	{ETHSP} – If necessary, string multiple ethnic specialties together without spaces. Required for Specialty 03
22	Languages			string(12)	Languages spoken fluently	{PRIMARY LANGUAGE} – If necessary, string multiple languages together without spaces. If no language is specified, English will be assumed.
23	Start	Y		Date	Association Start Date	First day of employment with Provider
24	End			Date	Association End Date	Last day of employment with Provider

GCBH Data Dictionary (V20220101)

Field	Name	Required	Key?	Data Type	Description	Validation / Notes
25	Taxonomy	Conditional				Enter the provider taxonomy code if they have a Provider Type = "01" in the Credentials field.

**Co-occurring Disorder 121.05**

Transaction ID 121.05

Guidelines Co-occurring disorder screening and assessment.

Reporting Frequency Required at assessment for all clients aged 13 and above.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"121.05"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider NPI	Y	Y	string(10)		{NPI}
6	GAIN-SS Date	Y	Y	date		CCYYMMDD
7	Screen Assessment Indicator	Y	Y	string(1)		Assessment = A; GAIN-SS Screening = S; Both = B
8	IDS Screening Score			string(2)		{SCREENING SCORE}
9	EDS Screening Score			string(2)		{SCREENING SCORE}
10	SDS Screening Score			string(2)		{SCREENING SCORE}
11	Assessment Quadrant Value			string(2)		{CO-OCCURRING DISORDER ASSESSMENT}
12	Source Tracking ID			string(40)		

State Errors

23008 Primary key fields cannot be blank or null. Transaction not posted.

23010 Date is out of range or invalid. Transaction not posted.

23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.

30031 CID has been merged or deleted. Transaction not posted.

30083 Screening Score is invalid, missing or inappropriately present based on indicator.

30084 Assessment Quadrant Value is invalid or inappropriately present based on indicator. Transaction not posted.

30105 Gains Screening Assessment Indicator Invalid, Transaction not posted.

30106 Action Code Invalid, Transaction not posted.

ASO-Specific Errors

GCBH Data Dictionary (V20220101)

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9034 Provider NPI is not valid. Transaction not posted.
- 9073 Combined Assessment/Screening required if IDS or EDS, and SDS are two or more. Transaction not posted.

**Cascade Merge 130.04**

Transaction ID 130.04

Guidelines This transaction will void a Client ID and bar its use in the future. A Client ID is voided when the Contractor has established two different identifiers for a single person. The Contractor must identify the Client ID to be voided and also identify the Client ID to reference in its place.

This transaction will only process with a valid Submitter ID and valid Client IDs. The Client ID to Void cannot have been previously voided, and the Client ID to Void and the Client ID to Keep cannot be the same. All fields are required. **There is no action code in this transaction.**

Reporting Frequency TBD

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"130.04"
2	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
3	Client ID to Void	Y	Y	string(20)	The client ID to be merged	
4	Client ID to Keep	Y		string(20)	The destination client ID to be merged into	

State Errors

- 22007 Client ID to Keep cannot be blank or null. Transaction not posted.
- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.
- 23306 Client ID to Void for Contractor has been previously voided.
- 23313 Client ID to Void and Client ID to Keep are equal. Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9030 Merge would cause duplicate records by primary key. Transaction rejected.

**Cascade Delete 131.04**

Transaction ID 131.04

Guidelines This transaction allows for the mass deletion of non-encounter records for a given client. This is referred to as a "Full Cascade Delete." This type of delete will remove all non-encounter information about a client. Once processed, the Client ID will be voided and not available for future processing. This type of delete requires the authorization of the Provider Agency Administrator and ASO. The Provider Agency Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to the ASO for approval. This authorization must contain the reason for the deletes, the number of deletes that will be processed, a timeframe when the delete transactions will be submitted, and a contact for coordinating the actual processing of these delete transactions. Upon approval by the ASO, the Provider Agency Administrator will be contacted and a time frame will be coordinated for the actual processing of this transaction. **There is no action code in this transaction.**

Reporting Frequency As needed.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(20)		"131.04"
2	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
3	Client ID	Y	Y	string(20)	The Client ID to be deleted	

State Errors

23008 Primary key fields cannot be blank or null. Transaction not posted.

23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.

23306 Client id for Contractor has been previously voided.

30042 Full Cascade Delete requires prior HCA authorization. Transaction not posted.

ASO-Specific Errors

9001 Submitter ID different from submitter. Transaction not posted.

**Funding 140.02**

Transaction ID 140.02

Guidelines This transaction documents the type of funding or support the client has and other funding information. The 140.01 version will be accepted with effective date 3/9/2022 and earlier; the 140.02 version will be accepted with effective date starting 3/10/2022 and later.

Reporting Frequency This is collected at admission and discharge and update upon change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"140.02"
2	Action Code	Y		string(1)		[A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Effective Date	Y	Y	date		CCYYMMDD
6	Block Grant Funding	Y	Y	string(2)		{BLOCK GRANT FUNDING}
7	Type of Funding	Y		string(2)		{TYPE OF FUNDING}
8	Source of Income	Y		string(2)		{SOURCE OF INCOME}
9	Source Tracking Id			string(40)		

State Errors

ASO-Specific Errors



**DCR Investigation 160.05**

Transaction ID 160.05

Guidelines A Designated Crisis Responder (DCR) is the only person who can perform an ITA investigation that results in a detention and revocation. A crisis worker who is not a DCR can initiate this investigation but in order for a detention to take place, it is mandated (RCW 71.05 for adults, RCW 71.34 for children 13 and over) that the DCR investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a DCR. *Do not report investigative findings of the crisis worker unless the crisis worker is also a DCR.*

The intent of this transaction is to record DCR investigations only. Activities performed by a DCR including crisis intervention, case management, or other activities, while important are not collected by this transaction. Each ASO determines which specific actions come under an investigation. The HCA recommended criteria for when a DCR activity becomes an “investigation” is when the decision to investigate has been made and the DCR reads the person his/her rights. The trigger is reading the person his/her rights.

This transaction identifies all investigations by the DCR, even if the DCR is also classified as a crisis worker. An investigation can result in: a detention, which is 120 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary inpatient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the “Involuntary Treatment Investigation” service modality, is expected to be received in an 837P Encounter transaction.

Reporting Frequency **This transaction reporting frequency is within 24 hours of the provider receiving this information due to the importance of this data. This is an exception to the standard contract terms for data reporting timeliness. Also requires an 020.08 for the individual.**

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"160.05"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}

GCBH Data Dictionary (V20220101)

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
4	Client ID	Y	Y	string(20)		
5	Investigation Start Date	Y	Y	date		CCYYMMDD
6	Investigation Start Time	Y	Y	string(4)		HHMM
7	Investigation County	Y		string(5)		{COUNTY}
8	Investigation Outcome	Y		string(2)		{INVESTIGATION OUTCOME}
9	Detention Facility NPI			string(10)		{NPI}
10	Legal Reason For Detention/Commitment	Y		string(4)	Up to 4 codes, no delimiters	{LEGAL REASON}
11	Return to Inpatient / Revocation Authority			string(2)		{RETURN TO INPATIENT}
12	DCR Agency NPI	Y		string(20)		{NPI}
13	Investigation Referral Source	Y		string(2)		{INVESTIGATION REFERRAL SOURCE}
14	Investigation End Date	Y		date		CCYYMMDD
15	Source Tracking ID			string(40)		

**Note** There are some code value dependencies based on the Investigation Outcome (required). The following table attempts to clarify those dependencies.

Investigation Outcome* CODE Meaning		Legal Reason for Detention/Commitment* (Up to 4 Characters)	Return to Inpatient / Revocation Authority	Inpatient NPI
1	Initial detention – ITA MH; Detention to a Mental Health facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1, 2021, and after)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient Mental Health Services	Z	9	Blank/Null
3	Referred to Voluntary Inpatient Mental Health Services	Z	9	Required
4	Return to Inpatient Facility/filed revocation petition	A-D or X at least one required	1 or 2 Required	Required

GCBH Data Dictionary (V20220101)

Investigation Outcome* CODE Meaning		Legal Reason for Detention/Commitment* (Up to 4 Characters)	Return to Inpatient / Revocation Authority	Inpatient NPI
5	Filed Petition Recommending LRA Extension	A-D or X at least one required	9	Blank/Null
6	Referred to Non-mental Health Community Resources	Z	9	Blank/Null
7	Initial Detention – ITA SUD; Detention to Secure Detox facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1, 2021, and after)	A-D or X at least one required	9	Required
9	Other	Z	9	Blank/Null
10	Referred to Acute Detox	Z	9	Blank/Null
11	Referred to Sub Acute Detox	Z	9	Blank/Null
12	Referred to Sobering Unit	Z	9	Blank/Null
13	Referred to Crisis Triage	Z	9	Blank/Null
14	Referred to Substance Use Disorder Intensive Outpatient Program	Z	9	Blank/Null
15	Referred to Substance Use Disorder Inpatient Program	Z	9	Blank/Null
16	Referred to Substance Use Disorder Residential Program	Z	9	Blank/Null
17	No detention – E&T provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null
18	No detention – Unresolved medical issues	A-D or X at least one required	9	Blank/Null
19	Non-emergent detention petition filed	Z	9	Blank/Null
20	Did not require MH or SUD services	Z	9	Blank/Null
22	Petition filed for Outpatient evaluation	A-D or X at least one required	9	Blank/Null
23	Filed petition recommending AOT extension	Z	9	Blank/Null

GCBH Data Dictionary (V20220101)

Investigation Outcome* CODE Meaning		Legal Reason for Detention/Commitment* (Up to 4 Characters)	Return to Inpatient / Revocation Authority	Inpatient NPI
24	No detention – Secure Withdrawal Management and Stabilization provisional acceptance did not occur within	Z	9	Blank/Null

State Errors

- 23003 Submitter ID is unknown. Transaction not posted.
- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23010 Date is out of range or invalid. Transaction not posted.
- 23088 CID is voided. Transaction not posted
- 23098 Record does not exist. Delete rejected.
- 23154 Facility NPI Number not valid for Inpatient facility. Transaction not posted.
- 23155 Invalid Return to Inpatient/Revocation Authority Code.
- 23305 Client Demographic transaction not found for Contractor ID, CID. Transaction not posted.
- 23310 Investigation Outcome code is invalid. Transaction not posted.
- 30001 Investigation Outcome required. Transaction not processed
- 30031 CID has been merged or deleted. Transaction not posted.
- 30038 Invalid Investigation County Code. Transaction not processed.
- 30039 Invalid Legal Reason for Detention/Commitment. Transaction not posted.
- 30106 Action Code Invalid, Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9058 DCR Agency NPI invalid. Transaction not posted.
- 9059 Investigation Referral Source invalid. Transaction not posted.
- 9060 Investigation End Date is not valid, should be blank or 8 digits in format CCYYMMDD. Transaction not posted.

**ITA Hearing 162.05**

Transaction ID 162.05

**Guidelines** This transaction documents each hearing under the Involuntary Treatment Act filed in a specific county. This excludes filings at a state hospital. If multiple hearings are held for the same person on the same day, record the decision of the court for the most recent hearing. If no decision is made at a hearing and the case is continued to another day, do not record the result of that hearing. Record only those hearings where a court makes a decision, such as to commit, revoke, conditionally release, or dismiss.

It is the responsibility of the ASO, where the investigation occurred, to ensure that if they report an investigation resulting in a detention, where a petition for a hearing also occurred for that client, that the associated ITA Hearing is also reported to HCA. The ITA Hearing transaction should be submitted by the ASO in which the hearing occurred (ie: which hospital, E&T, or facility the client was detained to should be the location for the ITA hearing). This may be different than the ASO who reported the ITA Investigation.

**Reporting Frequency** This transaction reporting frequency is within 24 hours of the provider receiving this information due to the importance of this data. This is an exception to the standard contract terms for data reporting timeliness. Also requires an 020.08 for the individual.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"162.05"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Hearing Date	Y	Y	date		CCYYMMDD
6	Hearing Outcome	Y		string(2)		{HEARING OUTCOME}
7	Detention Facility NPI			string(10)	<b>Required if client ordered to inpatient</b> Same as that used in the DCR Investigation transaction	{NPI}
8	Hearing County	Y		string(5)		{COUNTY}
9	Source Tracking ID			string(40)		

**Note** There are some code value dependencies based on the Hearing Outcome (required). The following table attempts to clarify those dependencies.

Hearing Outcome CODE meaning	Definition	Facility NPI
0 Dismissed	Dismissal by a court order	

GCBH Data Dictionary (V20220101)

Hearing Outcome CODE meaning		Definition	Facility NPI
1	14 Day MH Commitment	Court order for up to 14 days treatment	Required
2	90 Day MH Commitment	Court order for up to 90 days treatment	Required
3	180 Day MH Commitment	Court order for up to 180 days treatment	Required
4	90 Day MH LRA	Court order for 90 days of Less Restrictive Treatment	
5	180 Day MH LRA	Court order for 180 days of Less Restrictive Treatment	
6	Agreed to Voluntary Treatment	Person agrees to voluntary treatment	
7	Revoke LRA	Court order revocation of a LRA court order	Required
8	Reinstate LRA	Discharge of person on the original LRA order	
9	5 Day Commitment under Joel's Law	Court order for 120 hours Treatment from a Joel's law petition	Required
10	Dismissal of petition filed under Joel's Law	Court order dismissing a Joel's law petition	
12	90 Day Assisted Outpatient Treatment Order	Court order for 90 days Assisted Outpatient Treatment	
14	14 Day SUD Commitment	After 4/1/18 court order for 14-day SUD Treatment	Required
15	90 Day SUD Commitment	Nonexistent order	Required
16	180 Day SUD Commitment	Nonexistent order	Required
17	90 Day SUD revocation	After 4/1/18 court order for revocation of a 90-day SUD LRA order	Required
18	180 Day SUD revocation	Nonexistent order	Required
19	90 Day SUD LRA	Court order for 90 days of less restrictive alternative order for SUD treatment	
20	180 Day SUD LRA	Nonexistent order	
21	90 Day MH Subsequent Commitment	Court ordered MH extension for up to 90 days treatment	Required
22	180 Day MH Subsequent Commitment	Court ordered MH extension for up to 180 days treatment	Required
23	90 Day MH LRA Extension	Court ordered MH extension for up to 90 days of Less Restrictive Treatment	
24	180 Day MH LRA Extension	Court ordered extension for up to 180 days of	

GCBH Data Dictionary (V20220101)

Hearing Outcome CODE meaning		Definition	Facility NPI
		Less Restrictive Treatment	
25	90 Day SUD Subsequent Commitment	Court ordered SUD extension for up to 90 day treatment	Required
26	180 Day SUD Subsequent Commitment	Court ordered SUD extension for up to 180 day treatment	Required
27	90 Day SUD LRA Extension	Court order for 90 days of less restrictive alternative order for SUD treatment	
28	180 Day SUD LRA Extension	Court order for 180 days of less restrictive alternative order for SUD treatment	
29	180 Day Assisted Outpatient Treatment Order	Court order for 180 days	

**References:**

**REVOCAION - Outpatient Treatment or Care - Conditional Release - Procedures for Revocation** – See RCW 71.05.340

**PETITION - Petition for Initial Detention** - See RCW 71.05.160

**Petition for Involuntary Treatment or Alternative Treatment** - See RCW 71.05.240

**Petition for Additional Confinement** - See RCW 71.05.290

**Petition for Release** – See RCW 71.05.360(13)

**DETENTION - Detention of Mentally Disordered Persons for Evaluation and Treatment** - See RCW 71.05.150

**Detention Period for Evaluation and Treatment** - See RCW 71.05.180

**COMMITMENT ORDER - Definitions** - As provided in RCW 71.05.020(24)

**INVESTIGATION** - See RCWs: 71.05.150, 71.05.153, 71.05.160, 71.05.201, 71.05.203, 71.05.750, 71.05.760

State Errors

23003 Submitter ID is unknown. Transaction not posted.

23008 Primary key fields cannot be blank or null. Transaction not posted.

GCBH Data Dictionary (V20220101)

- 23010 Date is out of range or invalid. Transaction not posted.
- 23088 CID is voided. Transaction not posted
- 23098 Record does not exist. Delete rejected.
- 23305 Client Demographic transaction not found for Submitter ID, CID. Transaction not posted.
- 30003 Hearing Outcome Code is invalid. Transaction not posted.
- 30004 Invalid Hearing County Code. Transaction not posted.
- 30005 Invalid NPI number for E&T Center, CLIP facility or Hospital. Transaction not posted.
- 30071 Invalid NPI for Detention Facility.
- 30072 Hearing Outcome is invalid for Submitter
- 30073 Hearing Outcome is invalid for Detention Facility.
- 30106 Action Code Invalid, Transaction not posted.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.



**Mobile Crisis Response 165.02**

Transaction ID	165.02
Guidelines	This transaction documents mobile crisis response.
Reporting Frequency	Only collected for persons involved in Mobile Crisis Response.

Mobile Crisis Response are community services provided to individuals experiencing, or are at imminent risk of experiencing, a behavioral health (BH) crisis. The goals of these services are engagement, symptom reduction, and stabilization. Mobile Crisis Response is intended to:

- De-escalate crisis situations.
- Relieve the immediate distress of individuals experiencing a crisis situation.
- Reduce the risk of individuals in a crisis situation doing harm to themselves or others; and
- Promote timely access to appropriate services for those who require ongoing mental health or co-occurring mental health and substance abuse services. Mobile crisis response (on-site, in-person)
- Mobile crisis response follow-up.
- Telehealth Service (virtual, in-person, excludes crisis call center responses)
- Telehealth follow-up

Only submit this transaction if there is a mobile crisis response encounter. Start collecting effective 10/1/21; start reporting by 1/1/22. The 165.01 version will be accepted with effective date 11/30/21 and earlier; the 165.02 version will be accepted with effective date starting 12/1/21 and later.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"165.02"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Mobile Crisis Response Type	Y	Y	string(2)		{CRISIS RESPONSE TYPE}
6	Event Start Date	Y	Y	date		CCYYMMDD
7	Event Start Time	Y	Y	string(4)	Time values use a 24-hour clock.	HHMM
8	Mobile Crisis Response Referral Source	Y		string(2)		{CRISIS RESPONSE REFERRAL SOURCE}
9	Response Time	Y		string(2)		{CRISIS RESPONSE TIME}

GCBH Data Dictionary (V20220101)

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
10	Needs Interpreter	Y		string(2)		{NEEDS INTERPRETER}
11	Time of Dispatch	N		string(4)	Time values use a 24-hour clock.	HHMM
12	Time of Arrival/Time of Telehealth Encounter	Y		string(4)		HHMM
13	Presenting Problem	Y		string(4)		{PRESENTING PROBLEM}
14	Co-Responder Involvement	Y		string(2)		{CO-RESPONDER INVOLVEMENT}
15	Mobile Crisis Response Outcome	Y		string(2)		{MOBILE CRISIS RESPONSE OUTCOME}
16	Referral Given	Y		string(40)		{REFERRAL GIVEN}
17	Event End Date	Y		Date		CCYYMMDD
18	Event End Time	Y		string(4)		HHMM
19	Source Tracking ID	N		string(40)		
20	County	Y		string(5)		{COUNTY}
21	MCR Agency NPI	Y		string(10)		
22	MCR Servicing Provider NPI	Y		string(10)		

State Errors

ASO-Specific Errors

**Service Episode 170.06**

Transaction ID 170.06

Guidelines This transaction is to be used to identify a time period in which a client is served by a Provider Agency, based on their contracting ASO’s authorization to pay for those services within a particular service modality. SAMHSA is requiring states to report “client level” data annually, so that outcomes can be compared from one year to the next. This requires each state to be able to identify:

- New clients admitted and discharged during the reporting period
  - (change in outcome will be measured from admission to the time of discharge);
- Continuing clients at the beginning and discharged during the reporting period
  - (change in outcome will be measured from the beginning of reporting period to the time of discharge);
- New clients who remain on in the caseload at the end of the reporting period
  - (change in outcome will be measured from admission to the end of the reporting period);
- Continuing clients at the beginning and end of the reporting period
  - (change in outcome will be measured from the beginning to the end of reporting period).

This transaction, along with the program ID transaction, is the way for ASO’s to report outpatient treatment episodes of care in a way that allows HCA to meet their SAMHSA reporting requirements.

Reporting Frequency For routine outpatient services paid for by the ASO, upon authorization and upon disposition. Service episode is optional if it is not mental health outpatient and not in the Program ID list.

Reporting burden will always fall on the ASO providing service(s). Therefore, when clients are provided service(s) outside their assigned ASO, the responsibility for reporting this data is that of the ASO providing the service(s).

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		string(6)		"170.06"
2	Action Code	Y		string(1)		In [A,C,D]
3	Submitter ID	Y	Y	string(20)		{SUBMITTER ID}
4	Client ID	Y	Y	string(20)		
5	Provider NPI	Y	Y	string(10)		{NPI}
6	Episode Record Key	Y	Y	string(40)	Uniquely identifies each episode	
7	Service Episode Start Date	Y		date		CCYYMMDD
8	Service Episode End Date			date		CCYYMMDD

GCBH Data Dictionary (V20220101)

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
9	Service Episode End Reason			string(2)		{SERVICE EPISODE END REASON}
10	Service Referral Source	Y		string(2)		{SERVICE REFERRAL SOURCE}
11	Date of Last Client Contact			date		
12	Date of First Appointment	Y		date		
13	Medication-Assisted Opioid Therapy	Y		string(2)		{MEDICATION ASSISTED OPIOID THERAPY}
14	Source Tracking ID			string(40)		

State Errors

- 23003 Submitter ID is unknown. Transaction not posted.
- 23008 Primary key fields cannot be blank or null. Transaction not posted.
- 23305 Client Demographic transaction not found for Contractor ID, CID. Transaction not posted.
- 30031 CID has been merged or deleted. Transaction not posted.
- 30089 Discharge Reason code is invalid. Transaction not posted.
- 30106 Action Code is invalid. Transaction not posted.
- 30112 Start Date is in future. Transaction not posted.
- 30113 End Date is in future. Transaction not posted.
- 30114 Start Date is missing. Transaction not posted.
- 30115 End Date is prior to Start Date. Transaction not posted.
- 30116 End Date is NOT NULL but Discharge Reason is NULL. Transaction not posted.
- 30117 End Date is NULL but Discharge Reason is NOT NULL. Transaction not posted.
- 30119 End Date is NOT NULL but is not a valid date.

ASO-Specific Errors

- 9001 Submitter ID different from submitter. Transaction not posted.
- 9034 Provider NPI is not valid. Transaction not posted.
- 9062 Service Referral Source is missing or invalid. Transaction not posted.

## VALIDATION TABLES

Table Name	MH	SUD
{AGE AT FIRST USE}		X
{ASAM LEVEL INDICATED}		X
{ASSOC}	X	X
{AUTHORIZATION DECISION}	X	X
{BLOCK GRANT FUNDED SERVICES}	X	X
{COUNTY}	X	X
{CO-RESPONDER INVOLVEMENT}	X	X
{CO-OCCURRING DISORDER ASSESSMENT}	X	X
{CRISIS RESPONSE REFERRAL REASON}	X	X
{CRISIS RESPONSE REFERRAL SOURCE}	X	X
{CRISIS RESPONSE TIME}	X	X
{CRISIS RESPONSE TYPE}	X	X
{EDUCATION}	X	X
{EMPLOYMENT}	X	X
{ENTRY REFERRAL SOURCE}	X	X
{ETHSP}	X	X
{FACILITY CODE}	X	X
{FREQUENCY OF USE}		X
{GENDER}	X	X
{HEARING OUTCOME}	X	
{HISPANIC ORIGIN}	X	X

GCBH Data Dictionary (V20220101)

Table Name	MH	SUD
{INTERPRETER NEEDED}	X	
{INVESTIGATION OUTCOME}	X	
{INVESTIGATION REFERRAL SOURCE}	X	
{LEGAL REASON}	X	
{MARITAL STATUS}	X	X
{MEDICATION ASSISTED OPIOID THERAPY}	X	X
{METHOD}		X
{MILITARY STATUS}	X	X
{MOBILE CRISIS RESPONSE OUTCOME}	X	X
{MOBILE CRISIS REFERRAL SOURCE}	X	X
{NEEDLE USE EVER}		X
{NEEDS INTERPRETER}	X	X
{NPI}	X	X
{PEAK USE}		X
{PRESENTING PROBLEM}	X	X
{PRIMARY LANGUAGE}	X	X
{PROGRAM END REASON}	X	X
{PROGRAM ID}	X	X
{PROVIDER TYPE}	X	X
{RACE}	X	X
{REFERRAL GIVEN}	X	X
{RESIDENCE}	X	X
{RETURN TO INPATIENT}	X	
{SCREENING SCORE}	X	X
{SELF HELP COUNT}	X	X

GCBH Data Dictionary (V20220101)

Table Name	MH	SUD
{SERVICE EPISODE END REASON}	X	X
{SERVICE REFERRAL SOURCE}	X	X
{SEXUAL ORIENTATION}	X	X
{SMI/SED STATUS}	X	X
{SMOKING STATUS}	X	X
{SOURCE OF INCOME/SUPPORT}	X	X
{SPEC}	X	X
{STATE}	X	X
{SUBMITTER ID}	X	X
{SUBSTANCE}		X
{TYPE OF FUNDING SUPPORT}	X	X

**{AGE AT FIRST USE}**

Used in – 036.04 Substance Abuse

Code Definition

- 0 Client born with substance abuse disorder resulting from in-utero exposure
- 1-98 Age at first use, in years
- 99 Not applicable

- Only reported for SUD clients
- Reported if a substance is selected.
- Reported at admission, discharge, and updated every 90 days or upon change whichever occurs first.

**{ASAM LEVEL INDICATED}**

Used in – ASAM Placement 030.03

Indicates the level of care that the counselor recommends for the client

- Required at admission and anytime thereafter that it is collected
- Required for all SUD clients including SUD clients receiving Withdrawal Management Services

Code	Adolescent	Adult	Definition
0			Place holder for people who are truly not at any risk
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
1-WM (Level of Withdrawal Management (WM) for Adults)	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM without Extended On-Site Monitoring	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
2-WM (Level of Withdrawal Management (WM) for Adults)	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM with Extended On-Site Monitoring	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of services/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours clinical services/week
3.2-WM (Level of Withdrawal Management (WM) for Adults)	This service is generally connected to additional adolescent focused youth services and is not a stand-alone	Clinically Managed Residential WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery



GCBH Data Dictionary (V20220101)

Code	Adolescent	Adult	Definition
	level of care.		
3.3	This level of care not designated for adolescent populations	Clinically Managed Population Specific High Intensity Residential Services	24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3. 16 hour/day counselor ability
3.7-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Monitored Inpatient WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24-hour nursing care daily physician care for severe, unstable problems in Dimension 1, 2, or 3. Counseling available to engage patient in treatment
4-WM (Level of Withdrawal Management (WM) for Adults	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Managed Intensive WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability
OTP (LEVEL 1)	Some OTPs not specified for adolescent populations.	Opioid Treatment Program (LEVEL 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

**{ASSOC}**

Used in – Staff Credentials 100.06

Indicates the type of association or relationship between the provider agency or company and the individual.

<u>Code</u>	<u>Definition</u>
01	Clinical / Professional staff (including peer counselors) that have direct contact with clients
02	Other provider agency staff that may either have indirect or no contact with clients
03	County Commissioner
04	Contractor

### {AUTHORIZATION DECISION}

Used in – Authorization 023.03

Indicates ASO decision regarding authorization for treatment. Indicates whether the client meets the medical necessity and was authorized for services by the BH-ASO. Authorization decision does not determine which CPT/HCPC codes may be sent and processed by ProviderOne.

<u>Code</u>	<u>Definition</u>
1	Authorized for Substance Use Disorder
2	Authorized for Mental Health
3 *	Authorized for Mental Health and authorized for Substance Use Disorder
4	No authorization required as no services following intake were requested
5	Denied/Doesn't meet medical necessity

- Required for all clients at intake/assessment and whenever authorization status changes.

If the client is authorized to receive Substance User Disorder and Mental Health services in separate authorization requests then report each under a separate transaction.

(\* GCBH does not do combined authorizations at this time. Please report each under a separate transaction.)

### {BLOCK GRANT FUNDED SERVICES}

Used in – Funding 140.02

This field specifies if any of the services and supports clients received were paid for by the SAMHSA Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). Able to submit two values one for use of MHBG, one for SABG.

<u>Code</u>	<u>Definition</u>
1	Yes MHBG used to pay for services and supports
3	Yes SABG used to pay for services and supports
5	None Block Grant funding does not apply
6	SABG Covid Enhancement
7	SABG ARPA (American Rescue Plan Act of 2021)
8	MHBG Covid Enhancement
9	MHBG ARPA (American Rescue Plan Act of 2021)
97	Unknown, individual client value does not apply
98	Not collected

- For the first year, reporting is recommended, and may be required in future years.
- Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.
- Use code 98 (Not Collected) if the state does not collect this data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.
- If this field is reported using code 01 (yes, MHBG used to pay for services and supports), then the SMI/SED Status field in Client Profile 035.10 must either be reported using code 1 (SMI) or code 2 (SED).
- If this field is reported using code 01 (yes, MHBG used to pay for services and supports), All Service Settings throughout the Reporting Period field (C-15) cannot be reported using code 00001 (State Psychiatric Hospital).

### {CO-RESPONDER INVOLVEMENT}

Used in – Mobile Crisis Response 165.02

Law enforcement co-responder was present at the scene.

<u>Code</u>	<u>Definition</u>
1	Yes
2	No
Y	Yes
N	No

- Only one option allowed

**{COUNTY}**

Used in – Client Address 022.03

DCR Investigation 160.05

ITA Hearing 162.05

Mobile Crisis Response 165.02

<b>Code</b>	<b>County</b>		<b>Code</b>	<b>County</b>
40050	Unknown or out of state		53039	Klickitat
53001	Adams		53041	Lewis
53003	Asotin		53043	Lincoln
53005	Benton		53045	Mason
53007	Chelan		53047	Okanogan
53009	Clallam		53049	Pacific
53011	Clark		53051	Pend Oreille
53013	Columbia		53053	Pierce
53015	Cowlitz		53055	San Juan
53017	Douglas		53057	Skagit
53019	Ferry		53059	Skamania
53021	Franklin		53061	Snohomish
53023	Garfield		53063	Spokane
53025	Grant		53065	Stevens
53027	Grays Harbor		53067	Thurston
53029	Island		53069	Wahkiakum
53031	Jefferson		53071	Walla Walla
53033	King		53073	Whatcom
53035	Kitsap		53075	Whitman
53037	Kittitas		53077	Yakima

- "40050 Unknown or out of state" is not valid to use in the DCR Investigation 160.05, ITA Hearing 162.05, or 165.02 transactions.

**{CO-OCCURRING DISORDER ASSESSMENT}** - Indicates the Co-occurring Assessment quadrant values.

Used in – Co-Occurring Disorder 121.05

<u>Code</u>	<u>Definition</u>
1	Less severe mental health disorder/Less severe substance use disorder
2	More severe mental health disorder/Less severe substance disorder
3	Less severe mental health disorder/More severe substance disorder
4	More severe mental health disorder/More severe substance disorder
9	No Co-occurring treatment need

- Required at intake/assessment for all clients only if the client screens high (2 or higher) on either the IDS or EDS, and on SDS.

**{CRISIS RESPONSE REFERRAL REASON}**

Used in – Mobile Crisis Response 165.02

Indicates the reason for the referral for an ITA investigation

<u>Code</u>	<u>Definition</u>
01	Mental Health
02	Substance Use Disorder
03	Co-Occurring
04	Other

- Only one option allowed.

**{CRISIS RESPONSE REFERRAL SOURCE}**

Used in – Mobile Crisis Response 165.02

Indicates the source of the referral for a mobile crisis

response.

<u>Code</u>	<u>Definition</u>
05	<b>Family</b> – Spouse, parent, child, sibling
06	<b>Hospital</b>
07	<b>Professional</b> – Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services
08	<b>Care Facility</b> – Assisted Living, adult family homes, nursing homes, behavioral health residential settings, rehabilitation facility
09	<b>Legal Representative</b> – The person with legal responsibility over/for the individual
10	<b>School</b> – primary, secondary, or post-secondary school
11	<b>Social Service Provider</b>
12	<b>Law Enforcement</b>
13	<b>Community</b> – Landlord, business, neighbors
14	<b>Other</b>

- Only collected for persons being investigated under the Involuntary Treatment Act

### {CRISIS RESPONSE TIME}

Used in – Mobile Crisis Response 165.02

The timeframe in which an MCR team needs to respond to an individual in crisis once a referral for MCR services occurs.

<u>Code</u>	<u>Definition</u>	<u>Detail</u>
1	Urgent	Urgent crises are moderate to serious risk and require a 24-hour response.
2	Emergent	An emergent crisis is an extreme risk and requires a 2-hour response time.
3	Routine/Follow-up	Routine/Follow-up care occur after crisis response services are provided.

- Only one option allowed.

### {CRISIS RESPONSE TYPE}

Used in – Mobile Crisis Response 165.02

Indicates the type of mobile crisis response

<u>Code</u>	<u>Definition</u>
01	Mobile Crisis Response
02	Mobile Crisis provided via Telehealth

- Only one option allowed.

### {EDUCATION}

Used in – Client Profile 035.10

- Indicates the highest educational achievement of the client.

<u>Code</u>	<u>Definition</u>
1	No formal schooling
2	Nursery school, pre-school, head start
3	Kindergarten, Less than one school grade
4	Grade 1
5	Grade 2
6	Grade 3
7	Grade 4
8	Grade 5
9	Grade 6
10	Grade 7
11	Grade 8
12	Grade 9
13	Grade 10
14	Grade 11
15	Grade 12 (Indicates client is completing fourth year of high school, and does not have a high school diploma or GED)
16	High School Diploma or GED (Indicates client has high school diploma or GED, but no college)
17	1st Year of College/University (Freshman)
18	2nd Year of College/University (Sophomore) or Associate Degree
19	3rd Year of College/University (Junior)

GCBH Data Dictionary (V20220101)

- 20 4th Year of College (Senior) (Indicates client is in their fourth year of college)
- 21 Bachelor's Degree (Indicates client has bachelor's degree, but no graduate school)
- 22 Graduate or professional school – includes Master's and Doctoral degrees, medical school, law school, etc.
- 23 Vocational School – includes business, technical, secretarial, trade or correspondence courses which provide specialized training for skilled employment
- 97 Unknown

- Required for all clients at admission, discharge, and updated every 90 days.
- Only one option allowed.
- Report the current grade level. If it is summer after completion of a grade level, report the next grade level.

**{EMPLOYMENT}**

Used in – Client Profile 035.10

– Indicates the client's current employment or primary daily activity as per Washington Administrative Code 458-20-267. If the client engages in multiple employment or daily activities, report the highest level of employment or activity.

Code	Definition
01	<b>FULL TIME</b> – works at least 35 hours per week; includes members of the Armed Forces, and clients in full-time Supported Employment
02	<b>PART TIME</b> – works less than 35 hours per week; includes clients in part-time Supported Employment
03	<b>UNEMPLOYED</b> – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days
05	<b>EMPLOYED – FULL TIME/PART TIME</b> – full time or part time status cannot be ascertained
Use the appropriate valid code for the specified classification of a person who is 'Not in the Labor Force,' defined as not employed and not actively looking for work during the past 30 days (i.e. people not interested to work or people who have been discouraged to look for work).	
14	HOMEMAKER
24	STUDENT
34	RETIRED
44	DISABLED
64	OTHER REPORTED CLASSIFICATION (e.g. volunteers)
74	SHELTERED/NON-COMPETITIVE EMPLOYMENT
84	NOT IN THE LABOR FORCE-CLASSIFICATION NOT SPECIFIED



96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

- Required for all clients at admission, discharge, at least every 90 days or upon change whichever comes first.
- Only use Code 98 if unable to collect because crisis phone service or pre-intake service was provided

**{ENTRY REFERRAL SOURCE}**

Used In – Program Identification 060.06

Indicates the client’s primary referral source to treatment.

<u>Code</u>	<u>Definition</u>
1	Individual (includes Self-referral / Family)
2	Alcohol/Drug Abuse Provider
4	Other Health Care Provider
6	School (Educational)
7	Employer/Employer Assistance Program (EAP)
8	Court / Criminal Justice/DUI/DWI
9	Other Community Referral
97	Unknown

- Required for all clients.
- Choose the primary referral source in to the special program.

**{ETHSP}** – Ethnic Minority Specialist Types.

Used in – Staff Credentials 100.06

<u>Code</u>	<u>Definition</u>
01	Hispanic
02	American Indian / Alaskan Native

03 Asian / Pacific Islander  
04 African American

{**FACILITY CODE**} – Also known as CMS’s Place of Service Codes. ([https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html))

<b>Place of Service Code(s)</b>	<b>Place of Service Name</b>	<b>Place of Service Description</b>
01	Pharmacy**	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (Effective October 1, 2003)
02	Unassigned	N/A
03	School	A facility whose primary purpose is education. (Effective January 1, 2003)
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (Effective January 1, 2003)
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (Effective January 1, 2003)
09	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. (Effective January 1, 2006)
10	Unassigned	
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.

GCBH Data Dictionary (V20220101)

Place of Service Code(s)	Place of Service Name	Place of Service Description
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (Effective October 1, 2003)
14	Group Home*	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). (Effective October 1, 2003)
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. (Effective January 1, 2003)
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (Effective January 1, 2008)
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)
18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
19	Off Campus- Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. (Effective January 1, 2003)
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus- Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)

GCBH Data Dictionary (V20220101)

Place of Service Code(s)	Place of Service Name	Place of Service Description
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (Effective October 1, 2003)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a

GCBH Data Dictionary (V20220101)

Place of Service Code(s)	Place of Service Name	Place of Service Description
	Facility	24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with Intellectual Disabilities but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (Effective October 1, 2003)
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.

GCBH Data Dictionary (V20220101)

Place of Service Code(s)	Place of Service Name	Place of Service Description
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

\* Revised, effective April 1, 2004.

\*\* Revised, effective October 1, 2005

**{FREQUENCY OF USE} -**

Used in – Substance Use 036.04

Indicates the most common method the client uses to administer a specific substance in the last 30 days.

<u>Code</u>	<u>Definition</u>
1	No Use In The Past Month
2	1-3 Times In Past Month
3	4-12 Times In Past Month
4	13 Times In Past Month
5	Daily
6	Not Applicable
7	Not Available

- Only reported for SUD clients.
- Reported if a substance is selected.
- Reported at admission, discharge, and updated every 90 days or upon change whichever comes first.

### {GENDER}

Used in – Client Demographics 020.08

- Indicates a person’s self-identified gender.

Code	Value	Definition
1	Female	
2	Male	
4	Transgender	Gender identity differs from the sex they were assigned at birth
5	Intersex	Person born with characteristics of both
7	Transgender female	Designated male at birth but identifies as female: Code as male
8	Transgender male	Designated female at birth but identifies as male: Code as female
97	Unknown	Unknown
98	Refused	Person refused to answer

- required for all clients
- only one option allowed
- collected per requirements of Demographics transaction (020.08)

### {HEARING OUTCOME}

Used in – ITA Hearing 162.05

Indicates the outcome of an Involuntary Treatment Act court hearing. Indicates the type of commitment, if any, as a result of a court order. No distinction is made between initial commitments/LRA and extensions. If the court orders a time period other than available in the code table, round up to the nearest time period.

**Special Note for Codes 7 and 8:** 11/09/2016: DBHR: RCW 71.05.320(7) allows a Less Restrictive Order for up to one year. There will be future changes as a result of this. Considered changes are that code 7 Revoke LRA, will be two different codes for “Revoke 90 Day LRA” and “Revoke 180 Day LRA”. The same is needed for Code 8 Reinstate LRA, to become ‘Reinstated 90 LRA’ and ‘Reinstate 180 LRA’.

Code      Definition



0	Dismissed
1	14 Day MH Commitment
2	90 Day MH Commitment or extension
3	180 Day MH Commitment or extension
4	90 Day MH LRA
5	180 Day MH LRA
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA
9	5 Day Commitment under Joel's Law
10	Dismissal of petition filed under Joel's Law
12	90 Day Assisted Outpatient Treatment Order
14	14 Day SUD Commitment
15	90 Day SUD Commitment (Nonexistent order)
16	180 Day SUD Commitment (Nonexistent order)
17	90 Day SUD revocation
18	180 Day SUD revocation (Nonexistent order)
19	90 Day SUD LRA
20	180 Day SUD LRA (Nonexistent order)
21	90 Day MH Subsequent Commitment
22	180 Day MH Subsequent Commitment
23	90 Day MH LRA Extension
24	180 Day MH LRA Extension
25	90 Day SUD Subsequent Commitment
26	180 Day SUD Subsequent Commitment
27	90 Day SUD LRA Extension
28	180 Day SUD LRA Extension
29	180 Day Assisted Outpatient Treatment Order

- Only reported for clients who received an Involuntary Treatment Act hearing.

**{HISPANIC ORIGIN}**

Used in – Client Demographics 020.08

Indicates the Hispanic origin of the client (e.g. Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race). Hispanic denotes a place of origin or cultural affiliation rather than a race (i.e. a person can be both white and Hispanic or black and Hispanic and so on).

<u>Code</u>	<u>Definition</u>
000	Hispanic - Specific Origin Unknown
709	Cuban
722	Mexican
727	Puerto Rican
799	Other Specific Hispanic (e.g., Chilean, Salvadoran, Uruguayan)
998	Not of Hispanic Origin
999	Unknown

- Required for all clients at intake and assessment and whenever status changes.
- only one option allowed.

**{INTERPRETER NEEDED}**

Used in – Mobile Crisis Response 165.02

Defines whether an interpreter was needed during the event

<u>Code</u>	<u>Definition</u>
1	Yes
2	No

**{INVESTIGATION OUTCOME}**

Used in – DCR Investigation 160.05

Indicates the outcome of a DCR investigation

Code Definition

- 1 Initial Detention – ITA MH; Detention to MENTAL HEALTH facility under the Involuntary Treatment Act, RCW 71.05 (72 hours initial detentions *before* January 1, 2021; 120-hour initial detentions *starting* January 1, 2021).
- 2 Referred to voluntary Outpatient mental health services.
- 3 Referred to voluntary Inpatient mental health services.
- 4 Returned to Inpatient facility/filed revocation petition.
- 5 Filed petition recommending LRA extension.
- 6 Referred to non-mental health community resources.
- 7 Initial Detention – ITA SUD; Detention to Secure Detox facility under the Involuntary Treatment Act, RCW 71.05 (72 hours initial detentions *before* January 1, 2021; 120-hour initial detentions *starting* January 1, 2021, and after).
- 9 Other
- 10 Referred to acute detox.
- 11 Referred to sub-acute detox.
- 12 Referred to sobering unit.
- 13 Referred to crisis triage.
- 14 Referred to SUD intensive outpatient program.
- 15 Referred to SUD inpatient program.
- 16 Referred to SUD residential program.
- 17 No detention – E&T provisional acceptance did not occur within statutory timeframes
- 18 No detention – Unresolved medical issues
- 19 Non-emergent detention petition filed
- 20 Did not require MH or SUD services
- 22 Petition filed for outpatient evaluation
- 23 Filed petition recommending AOT extension
- 24 No detention – Secure Withdrawal Management and Stabilization provisional acceptance did not occur within statutory timeframes

- Code '1' if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2,3, or code 10-16).
- Only collected for persons being investigated under the Involuntary Treatment Act.
- Note: The contractor may change outcome of detention if the outcome of detention is for another AOT (assisted outpatient treatment) – if outcome changes, the contractor would send an update record.

**{INVESTIGATION REFERRAL SOURCE}**

Used in – DCR Investigation 160.05

Indicates the source of the referral for an ITA investigation

<u>Code</u>	<u>Definition</u>
1	<b>Family</b> – Spouse, parent, child, sibling
2	<b>Hospital</b>
3	<b>Professional</b> – Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services
4	<b>Care Facility</b> – Assisted Living, adult family homes, nursing homes, behavioral health residential settings, rehabilitation facility
5	<b>Legal Representative</b> – The person with legal responsibility over/for the individual
6	<b>School</b> – primary, secondary, or post-secondary school
7	<b>Social Service Provider</b>
8	<b>Law Enforcement</b>
9	<b>Community</b> – Landlord, business, neighbors
10	<b>Other</b>

- Only collected for persons being investigated under the Involuntary Treatment Act

**{LEGAL REASON}**

Used in – DCR Investigation 160.05

Identifies the basic reason for detaining a person for 72 hours or committing a person to inpatient treatment or a less restrictive alternative (LRA) under the Involuntary Treatment Act, RCW 71.05 for adults and RCW 71.34 for children over 13 and over (Children under 13 may not be detained through ITA process). If more than one reason applies, select all that apply.

<u>Code</u>	<u>Definition</u>
A	Dangerous to self.
B	Dangerous to others.
C	Gravely disabled.
D	Dangerous to property.
X	Revoked for reasons other than above.
Z	NA - person was not involuntarily detained under ITA.

- Up to 4 options may be submitted per detention.
- Only collected for persons being investigated under the Involuntary Treatment Act

### {MARITAL STATUS}

Used in – Client Profile 035.10

Indicates the current marital status of the client

#### Code Definition

1	Single or Never married (Includes clients who are single or whose only marriage was annulled)
2	Now married or Committed Relationship (Includes married couples, those living together as married, living with partners, or cohabitating)
3	Separated (Includes married clients legally separated or otherwise absent from spouse because of marital discord)
4	Divorced (Includes clients who are not in a relationship and whose last relationship was a marriage dissolved by judicial declaration)
5	Widowed (Includes clients who are not in a relationship and whose last relationship was a marriage and their spouse died)
97	Unknown

- Only one option allowed
- Required for all clients and collected at admission, discharge, and updated every 90 days.

### {MEDICATION ASSISTED OPIOID THERAPY}

Used in – Service Episode 170.06

This field identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client's treatment plan.

<u>Code</u>	<u>Definition</u>
1	Inhalation
2	Injection
3	Oral
7	Unknown
8	Not collected

- Only reported for SUD clients

- Reported if a substance is selected
- Reported at admission, discharge, and updated every 90 days or upon change whichever occurs first.

### {METHOD}

Used in – Substance Use 036.04

Indicates the most common method the client uses to administer a specific substance

<u>Code</u>	<u>Definition</u>
1	Inhalation
2	Injection
3	Oral
4	Other
5	Smoking

- Only reported for SUD clients
- Reported if a substance is selected
- Reported at admission, discharge, and updated every 90 days or upon change whichever occurs first.

### {MILITARY STATUS}

Used in – Client Profile 035.10

Indicates if the client has ever served as an active member in the US military.

<u>Code</u>	<u>Definition</u>
1	Yes
2	No
3	Refuse
4	Unknown

- Only one option allowed
- Required for all clients and collected at admission, discharge, and updated every 90 days.
- Report code 1 (Yes) regardless of length of service or if the client was dishonorably discharged.

**{MOBILE CRISIS RESPONSE OUTCOME}**

Used in – Mobile Crisis Response 165.02

The outcome(s) of the MCR encounter. Select only one option.

<u>Code</u>	<u>Definition</u>
1	Routine Follow-up completed (May include referrals)
2	Stabilized no additional services needed (Stabilized no follow up needed)
3	Stabilized with follow up recommended (Either MCR follow up or referral given for independent follow-up)
4	Transport to crisis triage/stabilization (Transport provided by MCR or other support team to crisis/triage).
5	Transport to community hospital (includes ER; Transport provided by MCR or other support team to community hospital, voluntarily by individual).
6	Police/911 (Case handed off to police or 911).
7	DCR for ITA evaluation/investigation Authorization (Case handed off to DCR)
8	Unable to locate caller (MCR responder unable to meet with individual as person had departed from the agreed upon location).
97	Other (Transport to shelters; homeless, domestic violence, etc.; or other safe location, voluntarily by individual or other selections not covered.

- Only one option allowed

**{MOBILE CRISIS RESPONSE REFERRAL SOURCE}**

Used in – Mobile Crisis Response 165.02

Indicates the source of the referral for an MCR.

<u>Code</u>	<u>Definition</u>
1	Family or Friend: Spouse, parent, child, sibling
2	Hospital
3	Professional (Physicians, BH Treatment Providers, etc.)
4	Care Facility (Assisted living facilities, Adult Family Homes, Nursing Homes, BH Residential Setting, etc.).
5	Legal Representative: The person with legal responsibility over/for the individual
6	School: Post-secondary School (Community College, University, Trade School).
7	Social Service Provider (Department of Social and Health Services, Housing providers, Adult Protective Services).
8	Law Enforcement

9	Community: Landlord, business, neighbor
10	Self-Referral
11	Crisis Call Center Referral
12	Designated Crisis Responder
97	Other

- Only one option allowed

### {NEEDLE USE EVER}

Used in – Client Profile 035.10

Indicates if the client has ever used needles to inject illicit or unprescribed drugs.

<u>Code</u>	<u>Definition</u>
1	Continuously
2	Intermittently
3	Rarely
4	Never
97	Unknown
98	Refused to Answer

- Required field for all SUD clients; optional for MH clients.
- Collected at admission, discharge, and updated every 90 days.

### {NEEDS INTERPRETER}

Used in – Mobile Crisis Response 165.02

Defines whether an interpreter was needed during the event.

<u>Code</u>	<u>Definition</u>
1	Yes
2	No
Y	Yes



N No

- Only one option allowed

**{NPI}**

Used in – ASAM Placement 030.03  
Substance Use 036.04  
Program Identification 060.06  
Co-Occurring Disorder 121.05  
DCR Investigation 160.05  
Mobile Crisis Response 165.02  
Service Episode 170.06

Indicates the agency’s National Provider Identifier obtained through federal registration via ProviderOne.

The list of NPIs is maintained by HCA and NPIs can be looked up here: <https://npiregistry.cms.hhs.gov/>

**{PEAK USE}**

Used in – Substance Use 036.04

Indicates the highest monthly use pattern in the twelve months preceding admission.

<u>Code</u>	<u>Definition</u>
1	No Use
2	1-3 Times In A Month
3	4-12 Times In A Month
4	13 or More Times In A Month
5	Daily
6	Not Applicable

- Required for SUD clients.
- Reported at admission.

**{PRESENTING PROBLEM}**

Used in – Mobile Crisis Response 165.02

The nature of the behavioral health crisis determined by the MCR provider.

<u>Code</u>	<u>Definition</u>
1	Mental Health
2	Substance Use Disorder
3	Co-Occurring (Mental Health and Substance Use Disorder)
97	Other

- Only one option allowed

**{PRIMARY LANGUAGE}**

Used in – Client Demographics 020.08 and Staff Credentials 100.06

Indicates the primary speaking language of the client as used in the home if that language is not English. Code values are based on ISO639, and are in alignment with values used within the ProviderOne system. The BHDG Supplemental Data Guide v. 5.0 has a much more comprehensive list in *Appendix G: Primary Language Code List* starting on page 209. Alternatively, you can also reference [https://www.loc.gov/standards/iso639-2/php/code\\_list.php](https://www.loc.gov/standards/iso639-2/php/code_list.php) for additional language codes.

Code	Definition	Code	Definition	Code	Definition
jpn	Japanese	hun	Hungarian	hin	Hindi
kor	Korean	rus	Russian	ara	Arabic
spa	Spanish	rum	Romanian	chi	Other Chinese Not Cantonese or Mandarin
vie	Vietnamese	pol	Polish	dut	Dutch
lao	Lao	gre	Greek	guj	Gujarati
khm	Cambodian; Central Khmer	tir	Tigrigna	ita	Italian
chi	Mandarin	amh	Amharic	nai	Lakota Sioux
hmn	Hmong	fin	Finnish	may	Malay
smo	Samoan	per	Farsi	mar	Marathi
tgl	Tagalog	cze	Czech	nor	Norwegian
fre	French	nai	Yakama	ukr	Ukrainian
ger	German	sal	Salish	und	Other Languages
sgn	American Sign Language	nai	Puyallup	eng	English
chi	Cantonese	tha	Thai		

- Required for all clients at intake and assessment and whenever status changes.

**{PROGRAM END REASON}** - Indicates the primary reason the client is being discharged from treatment

Used in – Program Identification 060.06

<u>Code</u>	<u>Definition</u>
1	Treatment Completed
2	Left against advice, including dropout
3	Terminated by facility
4	Transferred to another SA treatment or Mental Health program
5	Incarcerated
6	Death by Suicide
7	Death <b>NOT</b> by Suicide
8	Other
9	Lost to Contact
10	Administrative Closure

- *“Lost Contact”* are outpatient clients who did not get back to the provider agency and are not able to be contacted.

- *“Left against advice, including dropout”* is a termination of treatment initiated by the client without the provider agency’s concurrence.

- *“Terminated by facility”* is a termination of treatment services that is initiated by the provider agency in response to a client’s continued violation of the agency’s established rules or in response to a client’s inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.).

- Required for all clients when an end date is reported in the Service Episode transaction

**{PROGRAM ID}**

Used in – Program Identification 060.06

Indicates the program in which a client is enrolled.

Code	Value
1	<b>PACT Program for Assertive Community Treatment: David Reed &amp; Can half-pact and pact be combined, or are they tracked as two different programs?</b> The Program for Assertive Community Treatment (PACT) is an evidence-based practice for people with the most severe and persistent mental illnesses, with active symptoms and impairments, and who have not benefited from traditional outpatient programs. PACT is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. PACT teams are either “full teams” serving up to 100 individuals, or “half-teams” serving up to 50 individuals.
2	<b>Chemical Dependency Disposition Alternative committable (CDDA COMM):</b> This program is concerning mental health and chemical dependency treatment for juvenile offenders. Committable youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a treatment option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.
3	<b>Chemical Dependency Disposition Alternative locally sanctioned (CDDA LS):</b> This program is concerning mental health and chemical dependency treatment for juvenile offenders. Locally sanctioned youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a local supervision option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA.
10	<b>Children’s Evidenced Based Pilot:</b> Children’s services is expected to receive a grant, and definition will be provided at a later date if grant is received.
11	<b>Jail Services:</b> Jail-based transitional mental health services for incarcerated individuals. State funds only. Includes services to individuals who have been referred by jail staff. These individuals are incarcerated and have been diagnosed with a mental illness or identified as in need of mental health services. Services can include transition services to persons with mental illness to expedite and facilitate their return to the community. Services include referrals for intake of persons who are not enrolled in community mental health services but who meet priority groups as defined in RCW 71.24. The Contractor must conduct mental health intake assessments for these persons and when appropriate provide transition services prior to their release from jail.

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Code	Value
19	<p><b>Functional Family Therapy:</b> A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and the family. The phases are engagement, motivation, assessment, behavior change, and generalization</p>
20	<p><b>Illness Self-Management/Illness Management &amp; Recovery:</b> Illness Self-Management (also called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.</p>
21	<p><b>Integrated Dual Disorders Treatment:</b> Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.</p>
23	<p><b>Multi-systemic Therapy:</b> MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes</p>
25	<p><b>Supported Housing:</b> Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.</p>
26	<p><b>Therapeutic Foster Care:</b> Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.</p>

GCBH Data Dictionary (V20220101)

Code	Value
28	<p><b>Wraparound with Intensive Services (WISe):</b>                      A range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school or with peers requiring:</p> <ul style="list-style-type: none"> <li>• The involvement of the mental health system and other child-serving systems (i.e. Juvenile justice, child-protection/welfare, special education, developmental disabilities),</li> <li>• Intensive care collaboration and</li> <li>• Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement.</li> </ul> <p>WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community based services and mobile crisis outreach services based on the individual’s need and the cross system care plan* developed by the Child and Family Team. Care is integrated in a way that ensures that youth are served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization and community integration to ensure that youth and families can live successfully in their homes and communities.  <i>*Cross System Care Plan: An individualized, comprehensive plan created by a Child/Family Team that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement the official treatment plan that each system maintains in the client record.</i></p>
29	<p><b>Housing and Recovery through Peer Services (HARPS):</b>                      Services intended to support individuals in the housing of their choice, with leases in their name. Services are focused on assisting the individual to achieve stability and maintain their tenancy, including engagement and care coordination for the individual’s whole health and rehabilitative needs to live independently in the community. Identifying housing options, contacting prospective landlords, scheduling interviews, assisting with applications, and assistance with subsidy applications and supporting the individual once housed in collaboration with or on behalf of an individual. Mediate landlord-tenant, roommate, and neighbor issues. Skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific.  <i>Note: Active only for Grays Harbor, North Sound, and Spokane ASOs.</i></p>
30	<p><b>Supported Employment Program:</b>                      Services that support individuals with behavioral health issues, who desire to be employed in the community. Services follow the principles of the SAMHSA evidence based practice also known as Individual Placement and Support.</p> <ul style="list-style-type: none"> <li>• Competitive employment is the goal.</li> <li>• Supported Employment is integrated with treatment.</li> <li>• Eligibility is based on the individual’s choice; people are not excluded because of their symptoms or current substance usage.</li> <li>• Attention to the individual’s job preferences.</li> <li>• Benefits counseling is important.</li> <li>• Rapid job search after the individual expresses their desire to work.</li> <li>• Job development through the development of employer relationships.</li> <li>• Time-unlimited support.</li> </ul>
31	<p><b>Ticket to Work Program:</b></p>

GCBH Data Dictionary (V20220101)

Code	Value
	The development of an individual work plan that supports a person with their employment goals and assigns the individual's Ticket to the Social Security approved HCA Employment Network. Individuals can receive TTW services simultaneously with other services from any behavioral health program.
32	<b>TANF Supported Employment:</b> TANF Supported Employment Pilot Project Supported Employment pilot project for TANF population in North Sound Mental Health Administration ASO.
34	<b>CJTA (DC):</b> Substance Use Disorder treatment funded through the Criminal Justice Treatment Account. Drug CourtCriminal Justice Treatment Account (CJTA) (RCW 70.96A, RCW 70.96A.055: Drug Courts, RCW 2.28.170; Drug Courts) and Drug Court funding. Drug court funding is provided to the following counties Clallam, Cowlitz, King, Kitsap, Pierce, Skagit, Spokane, and Thurston/Mason. The Contractor must ensure the provision of substance use disorder treatment and support services detailed below and in accordance with RCW 70.96A and RCW 2.28.170.
35	<b>CJTA (NDC):</b> Criminal Justice Treatment Account Non-drug Court
36	<b>Diversion Program:</b> To improve the state's forensic mental health system, a prosecutor uses their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The client/defendant is referred for a mental health, substance abuse, or developmental disability assessment to determine the appropriate service needs of the client/defendant. The intent is to divert misdemeanor and low level felony defendants from incarceration and hospitalization, into needed behavioral health treatment. Note: Active only for King, Great Rivers, Greater Columbia, and Spokane as of May 16, 2016.
37	<b>Roads to Community Living (RCL):</b> The purpose of the "Roads to Community Living" (RCL) project is to examine how best to successfully help people with complex, long-term care needs transition from institutional to community settings. Grant funds provide services for each participant in preparation for their move and for their first year following transition.
38	<b>New Journeys:</b> New Journeys Coordinated Specialty Care (CSC) model for Transition Age Youth, ages 15-25, experiencing First Episode Psychosis (FEP). This early intervention approach offers real hope for clinical and functional recovery. Core components of CSC model include: <ul style="list-style-type: none"> <li>• Utilizing a coordinated team approach to provide intensive services</li> <li>• Assertive community outreach and education</li> <li>• Low-dosage medications</li> <li>• Psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training)</li> <li>• Skills training</li> <li>• Co-occurring substance use disorder counseling</li> <li>• Supported employment and education</li> <li>• Case management</li> <li>• Family psychoeducation</li> <li>• Primary Care Coordination</li> <li>• Peer support</li> <li>• 24 hour/day and 7 day/week crisis line</li> </ul>



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Code	Value
	<p>New Journeys Admission Criteria:</p> <ul style="list-style-type: none"> <li>a. Age range: 15–25 years.</li> <li>b. Must live in King, Mason, Thurston, or Yakima County.</li> <li>c. Diagnoses: schizophrenia, schizoaffective and schizophreniform disorders, delusional, disorder, psychosis not otherwise specified (NOS).</li> <li>d. Duration of psychotic symptoms &gt; 1 week and &lt; 2 years.</li> <li>e. IQ over 70.</li> <li>f. Symptoms not known to be caused by a medical condition or drug use.</li> </ul>
39	<p><b>BEST:</b> The Becoming Employed Starts Today (BEST) project is designed to transform service delivery through promoting sustainable access to evidence-based Supported Employment. BEST provides consumers with meaningful choice and control of employment and support services. BEST utilizes Peer Counselors, reduces unemployment and supports the recovery and resiliency of individuals with serious mental illness including co-occurring disorders.</p> <p>The Health Care Authority (HCA) secured the \$3.9 million federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The grant will provide services to 450 people over five years. North Central MCO and its provider Grant Mental Health and Columbia River Mental Health in Clark County are implementing the (BEST) project. Individuals with behavioral health issues, who desire to be employed, can access an approach to vocational rehabilitation known as Supported Employment (SE). This evidence-based practice adopted by SAMHSA assists individuals to obtain competitive work in the community and provides the supports necessary to ensure their success in the workplace.</p>
42	<p><b>Peer Bridger Program – Hospital &amp; Community</b> This program ID is used to enroll individuals who are receiving peer bridger services. These services are provided under the BHASO contract and can be provided in the state hospitals or local inpatient settings.</p>
43	<p><b>Peer Respite</b> This program ID is associated with the Governor’s Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. See HG1394 (2019)</p>
44	<p><b>Intensive Residential Teams</b> This program ID is associated with the Governor’s Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. It is intended to provide intensive services to individuals enrolled in ALTA adult family homes or assisted living facilities.</p>
45	<p><b>Intensive Behavioral Health Facilities</b> This program ID is associated with the Governor’s Plan to transition individuals out of the state hospitals or divert individuals from entering inpatient settings. See HG1394 (2019)</p>
51	<p><b>Substance Use Disorder – Outpatient:</b> Individual and group treatment services of varying duration and intensity according to a prescribed plan. ASAM Level 1: less than 9 hours per week (adults) less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies.</p>
52	<p><b>Substance Use Disorder – Intensive Outpatient:</b> Intensive Outpatient: A concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 2.1: 9 or more hours per week (adults) 6 or more hours per week (adolescents) to treat multidimensional instability.</p>
54	<p><b>Substance Use Disorder – Intensive Inpatient:</b></p>

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Code	Value
	A 24-hour care concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 3.3-3.7: Hours of treatment service to be defined by program and individual treatment plan to treat multidimensional instability.
55	<b>Substance Use Disorder – Long Term Residential:</b> A program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health. ASAM level 3.1: 24 hour structured program with available personnel; at least 5 of clinical services/week (WAC 388-877B-0270 defines services as a minimum of 2 hours each week individual or group counseling and minimum of 2 hours each week education regarding alcohol, other drug and addiction).
56	<b>Substance Use Disorder – Recovery House:</b> A program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. (WAC 388-877B-0270 defines Recovery House services as 4 hours of individual, group counseling and education per week).
57	<b>Substance Use Disorder – Withdrawal Management (aka Detox):</b> Chemical dependency detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with American Society of Addiction Medicine Criteria level Withdrawal Management (WM)-3.2-3.7.
58	<b>Substance Use Disorder – Opiate Substitution:</b> Services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These programs must also meet outpatient treatment service requirements.
59	<b>Substance Use Disorder – Housing Support Services</b> Provide housing support services for women who are pregnant, postpartum, or parenting, and for their children, in drug and alcohol-free residences for up to 18 months. Housing support services are classified as support services rather than treatment.

Required for MH and SUD clients who are enrolled in a special program.

- A client can be enrolled in more than one program at a time.
- Codes 51 – 58 capture service modalities for SUD clients and are required at admission, upon change, and at discharge.

The organizations with access to Diversion Program are King, Great Rivers, Greater Columbia, and Spokane as of May 16, 2016.

{**PROVIDER TYPE**} - Identifies the professional level of a specific outpatient service provider. A behavioral health practitioner may provide services within their scope of practice in accordance with their Department of Health credentials and granted by rule. The Provider Type reported shall be for the highest allowable credential for the agency staff who actually rendered the encounter.

**Used in - Encounter Reporting (Outpatient Services 837P)**

HCA Code	HCA Description
01	RN/LPN
02	ARNP/PA
03	Psychiatrist/MD
04	MA/PhD
05	Below Master's Degree
06	BHRH Credentialed Certified Peer Counselor
08	N/A
09	Bachelor Level w/Exception/Waiver
10	Master Level w/Exception/Waiver
12	Other (Clinical Staff)
14	Non-DBHR Credentialed Certified Peer Counselor
15	Medical Assistant – Certified
16	PharmD
20	Chemical Dependency Professional
21	Chemical Dependency Professional Trainee

**{RACE}**

Used in – Client Demographics 020.08

Indicates the race(s) the client identifies as. Race categories are based on the US Department of Health and Human Services implementation collection standards for race and ethnicity with the addition of 3 categories: Cambodian, Laotian, and Middle Eastern.

Code Definition

010 White  
 021 American Indian/ Alaskan Native  
 031 Asian Indian  
 032 Native Hawaiian  
 033 Other Pacific Islander

034	Other Asian
040	Black or African American
050	Other Race
604	Cambodian
605	Chinese
608	Filipino
611	Japanese
612	Korean
613	Laotian
660	Guamanian or Chamorro
801	Middle Eastern
999	Unknown

- Required for all clients at intake/assessment and whenever status changes
- Select one or more categories. If a person selects more than 1 code, enter each one in sequence up to 3.
- If client does not identify with any of the coded races then code '050' for Other Race
- If information is not available or unknown then code '999'.

### {REFERRAL GIVEN}

Used in – Mobile Crisis Response 165.02

Specific referrals made (exclude services for which the individual was directly transported (e.g. crisis stabilization, E&T, ITA, SBC, etc., which should be entered in MCR Outcome)). Information was given to the individual for the individual to independently follow up.

<u>Code</u>	<u>Definition</u>
01	Referred to Substance Use Disorder and Mental Health services
02	Non-Behavioral Health Community Services
03	Forensic Projects for Assistance in Transition from Homelessness (F-PATH)
04	Forensic Housing and Recovery through Peer Services (F-HARPS)
05	Traditional HARPS
06	Traditional PATH
07	Other housing resources

08	Adult Protective Services
09	EBT/ABD (Food/Cash Benefits)
10	Educational Assistance
11	Employment Assistance
12	Home and Community Services
13	Job Training
14	Medical Insurance Services
15	Dental Care
16	SSI/SSDI
17	Veteran's Administration (VA) Services
18	Voluntary Inpatient Behavioral Health Services
19	Alternative Housing Supports (Shelter, Drop-in Center, etc.)
20	Food Bank
21	No referrals given

- Select all that apply; concatenate the selected values.

### {RESIDENCE}

Used in – Client Profile 035.10

Indicates client's primary residence over the last thirty days preceding date of collection.

<u>Code</u>	<u>Definition</u>
1	<b>HOMELESS WITHOUT HOUSING:</b> Person has no fixed address; includes homeless, shelters
2	<b>FOSTER HOME/FOSTER CARE:</b> Individual resides in a foster home. A foster home is a home that is licensed by county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.
3	<b>RESIDENTIAL CARE:</b> Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities
4	<b>CRISIS RESIDENCE:</b> A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
5	<b>INSTITUTIONAL SETTING:</b> Individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care

may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or state hospital.

- 6 **JAIL/CORRECTIONAL FACILITY:** Individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison.
- 7 **PRIVATE RESIDENCE (Adults):** This category reflects the living arrangement of adult clients where "independent"/"dependent" status is unknown. Otherwise, use "independent living"/"dependent living" as appropriate.
- 8 **INDEPENDENT LIVING (Adults):** This category describes adult clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.
- 9 **DEPENDENT LIVING (Adults):** For adults only: this category describes adult clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for daily living assistance
- 10 **PRIVATE RESIDENCE (Children):** For children only: use this code for all children living in a private residence regardless of living arrangement.
- 11 **OTHER RESIDENTIAL STATUS**
- 12 **HOMELESS WITH HOUSING:** Individual does not have a fixed regular nighttime residence and typically stays ("couch surfs") at the home of family or friends.
- 97 **UNKNOWN**

- Required for all clients.
- Use 'Unknown' if a particular situation does not fit in one of the categories.
- Codes for 'PRIVATE RESIDENCE – adult only', 'DEPENDENT LIVING', and 'INDEPENDENT LIVING' should be used for adult clients only (age 18 and over).
- Children/Adults who live in family foster homes and therapeutic foster homes should use 'FOSTER HOME/FOSTER CARE' and **NOT** 'PRIVATE RESIDENCE'.
- Although reported every 90 days, the living situation indicates where the client was the majority of the time in the preceding 30 days. It is optional to report this element on a more frequent basis in order to capture a change in residence.

### {RETURN TO INPATIENT}

Used in – DCR Investigation 160.05

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b).

**NOTE:** This element is specific to returning a client under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria

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used for person on LRA being returned to inpatient treatment. Use code '9' for all cases where the person is placed on LRA or not committed.

### Code Definition

- 1 DCR determined detention during course of investigation per RCW 71.05.340(3)(a).
- 2 Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids.
- 9 N/A.

- Only collected for persons being investigated under the Involuntary Treatment Act

### {SCREENING SCORE}

Used in – Co- Occurring Disorder 121.05

The IDS, EDS, and SDS scores produced upon completion of the co-occurring disorders screening process using the GAIN-SS tool.

### Code Definition

- 0 Score of 0
- 1 Score of 1
- 2 Score of 2
- 3 Score of 3
- 4 Score of 4
- 5 Score of 5
- 8 Refused
- 9 Unable to Complete

- When reporting the outcome of a completed screening, a value between 0 and 5 must be provided for the score
- Use 8 to indicate the client refuses to participate in the specific scale
- Use 9 to indicate the client is unable to complete the specific scale
- Must attempt to screen all individuals ages thirteen (13) and above through the use of HCA/DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### {SELF HELP COUNT}

Used in – Client Profile 035.10

Indicates the average number of times in a week the client has attended a self-help program in the thirty days preceding the date of collection. Includes attendance of AA, NA, and other self-help/mutual support groups focused on recovery from SUD and dependence.

Code Definition

1	No attendance
2	Less than once a week
3	About once a week
4	2 to 3 times per week
5	At least 4 times a week
6	Not Collected
97	Unknown

- Required for clients receiving SUD services; optional for clients receiving MH services.
- Collected at admission, discharge, and updated every 90 days.
- For admission records, the reference period is 30 days prior to admission.
- For discharge records, the reference period is 30 days prior to discharge.

**{SERVICE EPISODE END REASON}**

Used in – Service Episode 170.06

Indicates the primary reason the client is being discharged from treatment

Code Definition

01	Treatment Completed
02	Dropout
03	Terminated by facility
04	Transferred client showed
05	Incarcerated
06	Death by Suicide
07	Death <b>NOT</b> by Suicide
08	Other
09	Lost to Contact



10	Administrative Closure
14	Transferred Client no show
24	Transferred to non SSA or SMH facility
34	Discharge from SH
96	Not applicable
97	Unknown
98	Not collected

- *“Lost Contact”* are outpatient clients who did not get back to the provider agency and are not able to be contacted.
  - *“Left against advice, including dropout”* is a termination of treatment initiated by the client without the provider agency’s concurrence.
  - *“Terminated by facility”* is a termination of treatment services that is initiated by the provider agency in response to a client’s continued violation of the agency’s established rules or in response to a client’s inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.).
  - *“Not applicable”* should only be used when submitting a Mental Health update record.
- Required for all clients when an end date is reported in the Service Episode transaction

**{SERVICE REFERRAL SOURCE}**

Used in – Service Episode 170.06

Indicates the client’s primary referral source to treatment.

<u>Code</u>	<u>Definition</u>
1	Individual (includes self-referral / Family)
2	Alcohol/Drug Abuse Provider
4	Other Health Care Provider
6	School (Educational)
7	Employer/Employer Assistance Program (EAP)
8	Court / Criminal Justice/DUI/DWI
9	Other Community Referral
97	Unknown

- Required for all clients.
- Choose the primary referral source to the service episode.

**{SEXUAL ORIENTATION}**

Used In – Client Demographics 020.08

Indicates a person’s voluntarily stated sexual orientation

Code	Value	Definition
1	Heterosexual	Attraction to persons of the opposite sex
3	Gay/Lesbian/Queer/Homosexual	Attraction to persons of the same sex.
4	Bisexual	Term for women and men whose sexual/affectional identity is oriented to members of both the same and opposite sex.
5	Questioning	Term generally used for adolescents who may be in the process of becoming more comfortable with their sexual orientation identification. Usually describes a youth who may be exploring identifying as gay/lesbian in a culture that generally assumes identification as heterosexual.
9	Choosing not to disclose	Use when an individual is uncomfortable or unwilling to disclose their sexual orientation.

- Only one option allowed
- Required for all clients at intake/assessment and whenever status changes.
- Do not collect for individuals under age 13.

**{SMI/SED STATUS}**

Used In – Client Profile 035.10

Indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the state definition. Use the most recent available status at the end of the reporting period.

Serious Mental Illness (SMI): Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM

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equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

Serious Emotional Disturbance (SED): Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

Note: The above definitions are the current Federal definitions. HCA expects that MCOs, BH ASOs and their providers will use the appropriate DSM 5 and/or ICD 10 diagnostic coding conventions.

<u>Code</u>	<u>Definition</u>
1	SMI
2	SED
3	At risk for SED
4	Not SMI or SED
97	Unknown
98	Refused to answer

- Community-based and state hospital or other inpatient populations.
- Use code 4 (Not SMI or SED) if the client has not been found eligible for SMI or SED services.
- Use code 97 (Unknown) for client undergoing evaluation for SMI or SED eligibility pending any decision.
- Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
- Use code 98 (Not Collected) if the state does not collect these data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.

### VALIDATION:

- If this field is blank or contains an invalid value, the value will be changed to 9 (Invalid Data) and a non-fatal data edit violation error will be generated..
- When client's age is 17 years or younger, code 1 cannot be used or a non-fatal data edit violation error will be generated.

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- When client's age is 18 years or older, code 2 and 3 cannot be used or a non-fatal data edit violation error will be generated. Exception: codes 2 or 3 may be used for young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's children mental health system.
- SMI/SED Status field cannot use codes 2 or 3 for clients over age 22 (>22) and cannot use code 1 for clients under age 17; can use any code for clients between age 17 and 22.
- When MHBG Funded Services = 1, SMI/SED Status (C-08) must either = 1 or 2

### {SMOKING STATUS}

Used In – Client Profile 035.10

Indicates a client's smoking status. In this case vaping is not considered a form of smoking.

<u>Code</u>	<u>Definition</u>
1	Current smoker
2	Former smoker
3	Never smoked
97	Unknown
98	Refused to answer

- Required for all clients and collected at admission, discharge, and updated every 90 days.
- Only one option allowed

### {SOURCE OF INCOME/SUPPORT}

Used in – Funding 140.02

Identifies the client's principal source of financial support. For children under 18, this field indicates the parents' primary source of income/support.

<u>Code</u>	<u>Definition</u>
1	Wages/Salary
2	Public Assistance
3	Retirement/Pension
4	Disability
20	Other

21	None
97	Unknown
98	Not collected

- Reporting of this field is recommended for both substance use and mental health clients. States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable. Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value
- If the state collects a subset of the categories, clients not fitting the subset should be coded as 98 Not collected. For example, if the state collects only 02 Public assistance, all other categories of Source of Income/Support should be coded as 98 Not collected.

**{SPEC}**

Used in – Staff Credentials 100.06  
 Indicates types of Specialists.

<u>Code</u>	<u>Definition</u>
01	Child Mental Health Specialist
02	Geriatric Mental Health Specialist
03	Ethnic Minority Mental Health Specialist
04	Disability Mental Health Specialist
05	WISe Qualified Staff
06	Youth Chemical Dependency Professional

**{STATE}**

Used in – Client Address 022.03

Staff Information 100.06

Code	State	Code	State	Code	State
AL	Alabama	KY	Kentucky	OH	Ohio
AK	Alaska	LA	Louisiana	OK	Oklahoma
AZ	Arizona	ME	Maine	OR	Oregon
AR	Arkansas	MD	Maryland	PA	Pennsylvania
CA	California	MA	Massachusetts	PR	Puerto Rico
CO	Colorado	MI	Michigan	RI	Rhode Island
CT	Connecticut	MN	Minnesota	SC	South Carolina
DE	Delaware	MO	Missouri	SD	South Dakota
DC	District of Columbia	MT	Montana	TN	Tennessee
FL	Florida	NE	Nebraska	TX	Texas
GA	Georgia	NV	Nevada	UT	Utah
HI	Hawaii	NH	New Hampshire	VT	Vermont
ID	Idaho	NJ	New Jersey	VA	Virginia
IL	Illinois	NM	New Mexico	WA	Washington
IN	Indiana	NY	New York	WV	West Virginia
IA	Iowa	NC	North Carolina	OT	Other Country
KS	Kansas	ND	North Dakota		

- For addresses from other countries, select OT and other address field elements can be left blank

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**{SUBMITTER ID}** – Assigned to all agencies by the ASO. This ID is required for all transactions sent to the ASO. *Italicized and underlined sites* are pending integration contracts

Submitter ID	Agency	MH	SUD
146500	ABHS – Chehalis (Secure Detox)		X
096700	ABHS – Cozza (Secure Detox)		X
158400	ABHS - Specialty Services II (Port Angeles)		X
177400	ABHS - Specialty Services III (Port Angeles)		X
134200	ABHS – Spokane		X
137	Blue Mountain Counseling	X	X
038775	Bridges E&T	X	
038771	Comprehensive Healthcare – Yakima	X	
038371	Comprehensive Healthcare – Ellensburg	X	
038211	Comprehensive Healthcare – Pasco	X	
038711	Comprehensive Healthcare – Walla Walla	X	
<b>211260301</b>	<b>GCBH ASO</b>	X	X
073	Lourdes Counseling Center (LCC)	X	X
200428	Lourdes Counseling Center – Crisis	X	X
177600	Lourdes Counseling Center – Desert Hope (Detox)		X
025202	Lourdes Counseling Center – OP SUD		X
174000	Merit Resource Services –Ellensburg		X
200470	Merit Resource Services – Kennewick		X

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Submitter ID	Agency	MH	SUD
014100	Merit Resource Services –Sunnyside		X
014101	Merit Resource Services –Toppenish		X
083200	Merit Resource Services – Wapato		X
107800	Merit Resource Services – Yakima		X
19055	New Alliance E&T	X	
063	Palouse River Counseling Center	X	X
003	Quality Behavioral Health – Asotin	X	X
004	Quality Behavioral Health – Garfield	X	X
038777	Selah E&T	X	
038776	Two Rivers Landing	X	

**{SUBSTANCE}**

Used in – Substance Use 036.04. Indicates the specific substance(s) or substance category(s) that the client is being seen for.

<u>Code</u>	<u>Definition</u>
1	None
2	Alcohol
3	Cocaine/Crack
4	Marijuana/Hashish
5	Heroin
6	Other Opiates And Synthetics
7	PCP-phencyclidine
8	Other Hallucinogens
9	Methamphetamine



10	Other Amphetamines
11	Other Stimulants
12	Benzodiazepine
13	Other non-Benzodiazepine Tranquilizers
14	Barbiturates
15	Other Non-Barbiturate Sedatives or Hypnotics
16	Inhalants
17	Over-The-Counter
18	Oxycodone
19	Hydromorphone
20	MDMA (ecstasy, Molly, etc.)
21	Other

- Required field for all clients receiving SUD services.
- Reported at admission, discharge, and updated every 90 days or upon change whichever comes first.
- A Substance (except for “None”) cannot be selected more than once.
- The same substance(s) must be included in the report at admission, every 90 days, and at discharge. The purpose of this is to detect how frequency and method of use change for the 3 substances between admission and discharge. If substance 2 & 3 were originally reported as null, these can be updated in the course of treatment, and must be the same substances reported at discharge.
- May have different substances for different programs. Substances do not have to be consistent across all programs.

### {TYPE OF FUNDING SUPPORT}

Used in – Funding 140.02

Indicates the type pf funding support for clients.

<u>Code</u>	<u>Definition</u>
01	Medicaid only
02	Medicaid and non-Medicaid sources
03	Non-Medicaid only
97	Unknown
99	Not collected

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- For the first year reporting is recommended, and may be required in future years. Report type of funding support each client had throughout the reporting period.
- Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value
- Use code 98 (Not Collected) if the state does not collect this data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.

**CHANGE LOG**

**2022-01-01** – Many changes to match the BHDS Supplemental Data Guide.

- 1) Transactions that incremented their transaction number: 100.07 Staff transaction (effective 1/1/22), 140.02 Funding transaction (effective 3/10/22), and 165.02 Mobile Crisis Response transaction (effective 12/2/21).
- 2) Removed 023.02 transaction (effective 5/27/21).
- 3) Source tracking ID added to two transactions (030.06, 035.10). These tracking IDs can be blank when reporting to GCBH, but there needs to be a tab/placeholder for it on that transaction if a value is not submitted.
- 4) 100.07 Staff transaction – added taxonomy field.
- 5) 140.02 Funding transaction – (effective 3/10/22) Changed Block Grant Funding to be part of the primary key (so it also moved it from field 8 to field 6).
- 6) 160.05 Investigation transaction – changed the description of ‘1’ and ‘7’ to be in line with the change in legislation from a 72-hour hold to 120-hour hold. Changed the “Inpatient NPI” for the Investigation Outcome ‘7’ from “Blank/Null” to “Required”.
- 7) 162.05 Hearing transaction – added edits on Detention Facility NPI; value required if client was detained to IP in the correlating 160 Investigation transaction, required to match that transaction. Removed Hearing Outcome value 11; added valued 29.
- 8) 165.02 Mobile Crisis Response transaction – added as a new transaction, changed Crisis Response Time” to a 2-character string that edits against a table.
- 9) Program ID table: removed values 40, 41; added to descriptions for values 42-45, 59.
- 10) Added edit tables: Co-Responder Involvement, Crisis Response Time, Crisis Response Type, Mobile Crisis Response Outcome, Mobile Crisis Response Referral Source, Needs Interpreter, Presenting Problem, and Referral Given.

**2020-01-01** – Many changes to match the State Data Dictionary.

- 11) All transactions (except the staff transaction) incremented their transaction number.
- 12) Source tracking ID added to several transactions (020.08, 022.03, 036.04, 060.06, 121.05, 140.02, 160.05, 162.05, 170.06). These tracking IDs can be blank when reporting to GCBH, but there needs to be a tab/placeholder for it on that transaction if a value is not submitted.
- 13) 022.03 – added “facility code” field, source tracking ID.
- 14) 035.10 – added “SMI/SED” field, values for Military Status are changed.
- 15) New transaction added – 140.02 Funding.’1’
- 16) 170.06 – added fields: Date of last client contact, Date of first appointment, Medication-assisted opioid therapy, source tracking ID.
- 17) *Added DRAFT 165.02 Mobile Crisis Response transaction for provider information only on what is coming from the State – GCBH is not currently collecting this.*
- 18) Block Grant Funded Services table: new table added.
- 19) Employment table: expanded some descriptions, added clarification on when to use/update this value.

- 20) Entry Referral Source table: added value 84.
- 21) Investigation Outcome table: removed value 21 per the State Guide.
- 22) Medication Assisted Opioid Therapy table: new table added.
- 23) Military Status table: changed values from Y, N, U, R to 1, 2, 3, 4 per the State Guide.
- 24) Program ID table: removed value 15, added values 43, 44, 45.
- 25) Service Episode End Reason table: changed all values to be the same as the State Guide.
- 26) Service Referral Source table: removed values 3, 5; updated the description for several other values.
- 27) SMI/SED Status table: new table added
- 28) Source of Income/Support table: new table added
- 29) Type of Funding Support table: new table added

**2018-02-06** – Many changes to match the Salish and State Data Dictionaries.

- 1) 160.04 – Updates to table values and dependencies for investigations to match the State Data Dictionaries.
- 2) 162.03 – Updates to table values for ITA Hearings to match the State Data Dictionaries.
- 3) Changing references from “DMHP” and “Designated Mental Health Professional” to “DCR” and “Designated Crisis Responder”; changing references from CD to SUD.
- 4) Added allowable values to 035.09 School Attendance.
- 5) Removed references to Record Key in the 030.02 ASAM Placement and 035.09 Client Profile transactions since the BHO Clearinghouse system does not accept those fields.
- 6) Added “eng” as an option for Primary Language if providers want to send it.
- 7) Removed providers:
  - a. Daybreak Youth Services – Vancouver
  - b. SeaMar Renancer (Seattle)
  - c. SeaMar Tacoma Treatment Center (Tacoma)
  - d. SeaMar Turning Point (Seattle)
  - e. SeaMar Visions (Bellingham)
  - f. Seadrunar
  - g. The Healing Lodge – Cedar
  - h. The Healing Lodge – Pelpalwichiya
  - i. The Healing Lodge – Sage
  - j. Triumph Treatment Services – Parkway Place
  - k. Triump Treatment Services – Sage House & MBH
- 8) Added providers:
  - a. Barth Clinic

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- b. Daybreak Youth Services – RWC Center (Brush Prairie)
- c. Lourdes OP SUD
- 9) Updated Provider Type to remove 11 Designated MHP and 22 Designated Chemical Dependency Professional, and add 16 PharmD.
- 10) Added transaction numbers to the headers so they will appear in the TOC.
- 11) Format changes to repeat header rows on tables, table format continuity, font changes to be more consistent throughout the DD.

**2017-03-24** - Several changes so that our Data Dictionary matches Salish Data Dictionary to ensure the data sent to GCBH will be properly processed and accepted by the data system we use in our separate environments. A few of the changes deal with string length differences though two of them deal with changing version numbers for specific transactions types.

- 1) 121.03 - Corrected version number to match. (changed from 121.04 to 121.03)
- 2) 162.03 - Corrected version number to match. (changed from 162.04 to 162.03)
- 3) 023.02 – Authorization Decision Date is NOT a key element.
- 4) 170.05 – Service Referral Source Element IS required
- 5) String length (SL) changes are highlighted in yellow they are:
  - a. 020.07 – Gender SL => (2); Sexual Orientation SL => (1)
  - b. 035.09 – Smoking Status SL => (2)

**2017-01-12** – Many Changes.

### **TRANSACTION CHANGES:**

- 1) 020.07 (client demographics) – Updated revision number from 020.06
  - a) 020.07 (client demographics) – Effective Date element no longer a ‘key’ element
  - b) 020.07 (client demographics) – Last Name String Length value set to 40
  - c) 020.07 (client demographics) – Alternate Last Name String Length value set to 40
  - d) 020.07 (client demographics) – Social Security Number String Length value set to 9
  - e) 020.07 (client demographics) – Military Service Element remove. Relocated to 035.09 (Client Profile) Transaction
  - f) 020.07 (client demographics) – Primary Language no longer required element. String Length value set to 3.
  - g) 020.07 (client demographics) – Race(s) String Length value set to 18
- 2) 022.02 (client address) – Updated revision number from 022.01
  - a) 022.02 (client address) – Effective Date element no longer a ‘key’ element
  - b) 022.02 (client address) – Address Line 1 String Length value set to 55.
  - c) 022.02 (client address) – Address Line 2 String Length value set to 55.
  - d) 022.02 (client address) – City no longer required element. String Length value set to 30.
  - e) 022.02 (client address) – County no longer required element.

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- f) 022.02 (client address) – State is now a required element.
- g) 022.02 (client address) – Zip Code no longer required element.
- 3) 023.02 (authorization) – Updated revision number from 023.01
  - a) 023.02 (authorization) – Authorization ID now also a ‘key’ element
  - b) 023.02 (authorization) – Authorization ID now also a ‘key’ element
  - c) 023.02 (authorization) – Authorization Start Date no longer required element
- 4) 030.02 (asam placement) – Updated revision number from 030.01
  - a) 030.02 (asam placement) – ASAM Record Key will be generated by BHO Clearinghouse. Providers do not need to submit this element.
  - b) 030.02 (asam placement) –ASAM level indicated string length value set to 6.
- 5) 035.09 (client profile) – Updated revision number from 035.08
  - a) 035.09 (client profile) – Provider Agency NPI is now a ‘key’ element.
  - b) 035.09 (client profile) – Profile Record Key will be generated by BHO Clearinghouse. Providers do not need to submit this element.
  - c) 035.09 (client profile) – Military service was moved from 020.01 and is a required element.
- 6) 036.03 (substance use) – Updated revision number from 036.01
  - a) 036.03 (substance use) – Program ID now required AND also is a ‘key’ element
  - b) 036.03 (substance use) – Effective date is now a ‘key’ element.
- 7) 060.05 (program identification) – Updated revision number from 060.03
  - a) 060.05 (program identification) – Program ID Key element added. It is both required and a ‘key’ element.
  - b) 060.05 (program identification) – Program ID is no longer a ‘key’ element
  - c) 060.05 (program identification) – Program Start Date is no longer a ‘key’ element
  - d) 060.05 (program identification) – Entry Referral source now references the {ENTRY REFERRL SOURCE} Validation Table.
  - e) 060.05 (program identification) – Program End Reason now references the {Program End Reason} Validation Table.
- 8) 100.05 (Staff Credentials) – Corrected description reference for field 1 from 100.04 to 100.05
- 9) 121.04 (Co-occurring Disorder) – Updated revision number from 121.03
- 10) 160.04 (DMHP Investigation) – Updated revision number from 160.03
  - a) 160.04 (DMHP Investigation) – Return to Inpatient / Revocation Authority is now a required element
  - b) 160.04 (DMHP Investigation) – DMHP Agency NPI is now a required element
  - c) 160.04 (DMHP Investigation) – Investigation Referral Source is now a required element
  - d) 160.04 (DMHP Investigation) – Investigation End Date is now a required element
  - e) 160.04 (DMHP Investigation) – Investigation Outcome CODE Meaning
    - i) Added: 22 – Petition filed for Outpatient evaluation
    - ii) Added: 23 – Filed petition recommending AOT extension.

- 11) 162.04 (ITA Hearing) – Updated revision number from 162.03
  - a) 162.04 (ITA Hearing) –Detention Facility NPI no longer a required element. (*NOTE – It **IS** required if client ordered to inpatient*)
- 12) 170.05 (Service Episode) – Updated revision number from 170.02
- 13) 170.05 (Service Episode) – Service Episode End Reason now references the {SERVICE EPISODE END REASON} Validation Table.

**VALIDATION TABLE CHANGES:**

- 1) {ASAM LEVEL} renamed to {ASAM LEVEL INDICATED}
- 2) {DISCHARGE REASON} table renamed to {SERVICE EPISODE END REASON} and relocated alphabetically.
- 3) {ENTRY REFERRAL SOURCE} table added.
- 4) {PROGRAM END REASON} table added.
- 5) {SERVICE EPISODE MODALITY} table deleted.
- 6) UNIVERSAL wording change: Added “*or upon change whichever occurs first.*” to the recurring phrase, “- Reported at admission, discharge, and updated every 90 days”. New phrase is, “- **Reported at admission, discharge, and updated every 90 days or upon change whichever occurs first.**”
- 7) {FREQUENCY OF USE} – Added “*in the last 30 days*” to the description line.
  - a) {FREQUENCY OF USE} – added code: 7 – Not Available
- 8) {GENDER} – added code: 7 – Transgender Female Designated male at birth but identifies as female: Code as male.
  - a) {GENDER} – added code: 8 – Transgender Male Designated female at birth but identifies as male: Code as female.
  - b) {GENDER} – added code: 97 – Unknown Unknown
  - c) {GENDER} – added code: 98 – Refused Person refused to answer
- 9) {HEARING OUTCOME} – Added “Indicates the outcome of an Involuntary Treatment Act court hearing” at the beginning of the descriptive paragraph.
  - a) {HEARING OUTCOME} – Added “Special Note for Codes 7 and 8” and the paragraph following this title.
- 10) {INVESTIGATION REFERRAL SOURCE} – added definitional wording to codes and their titles.
- 11) {NEEDLE USE EVER} added: 97 Unknown
  - a) {NEEDLE USE EVER} added: 98 Refused to Answer
- 12) {PRIMARY LANGUAGE} – Complete rework of this table with description referencing the ISO standard and alignment to ProviderOne.
- 13) {PROGRAM END REASON} – referenced by 060.05 (Program Identification) and virtually identical to {SERVICE EPISODE END REASON}
- 14) {PROGRAM ID} added Codes and descriptions for 37 – 59.
- 15) {PROGRAM ID} Clarification that codes 51 – 58 are for SUD.
- 16) {PROVIDER AGENCY ID} Added and removed provider agencies to maintain current contracted provider list.
- 17) {RESIDENCE} added code 12 (HOMELESS WITH HOUSING) and definition
- 18) {SCREENING SCORE} added clarification regarding screening for ages 13 and older (last hyphenated item)
- 19) {SERVICE EPISODE EDN REASON} – added code 10 and definition.

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- 20) {SERVICE EPISODE EDN REASON} – removed code 97 (unknown)
- 21) {SEXUAL ORIENTATION} – Provided definitions for code values.
  - a) {SEXUAL ORIENTATION} – clarified do not collect for under age 13.
- 22) {SMOKING STATUS} added 97 Unknown
- 23) {SMOKING STATUS} added 98 Refused to Answer
- 24) {SUBSTANCE} – added clarifying language in 4<sup>th</sup> & 5<sup>th</sup> hyphenations

**2016-09-30** – Intermediate update to GCBH Native Data Dictionary.

- 1) Updated {PROVIDER AGENCY ID} - Updated list of Providers to include: ABHS – Specialty Services III; Lourdes – Crisis; Lourdes – Desert Hope.

**2016-08-16** – Intermediate update to the GCBH Native Data Dictionary. Specific additions / changes include:

- 1) 020.06 (client demographics) - Additional wording in the guidelines section and description wording for Military Service.
- 2) 022.01 (client address) - Additional wording in the guidelines section and validation / notes for zip code.
- 3) 035.08 (Client Profile) – Addition documentation on requirements for ‘Parenting’ element.
- 4) 100.05 (Staff Credentials) – Increased “Internal Identifier” data element from string(6) to string (20). Updated revision from .04 to .05.
- 5) 121.03 (Co-occurring Disorder) – Reporting frequency defined.
- 6) 160.03 and 162.03 – Clarified reporting frequency and urgency to report within 24 hours.
- 7) VALIDATION TABLE – Added {FACILITY CODE} and {ETHSP} to the table.
- 8) {ETHSP} – Added Ethnic Minority Specialist Types validation table
- 9) {PRIMARY LANGUAGE} – added clarification to leave blank if English is primary language
- 10) {PROGRAM ID} - Added program 36 – Diversion Program
- 11) {PROVIDER AGENCY ID} – Updated list of Provider Agencies
- 12) {SERVICE EPISODE MODALITY} – Removed Code 3 as it was removed from the State Data Dictionary

**2016-04-14** – Multiple corrective changes and additions. These changes are highlighted in Yellow in the draft version.

- 1) Added Native 100.04 (Staff Credentials) transaction type to required transactions;
- 2) Added {ASSOC} and {SPEC} validation tables for use by Native 100.04 transaction type;
- 3) Added clarifying language for {NPI} validation table;
- 4) **RED HIGHLIGHTED** and updated text regarding ‘zero’ padding of numeric fields;
- 5) Added error codes 9028 and 9063 to Client Demographics (020.06);



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6) Added error code 30031 to multiple transaction types;

7) Updated String values in several transaction types to reflect consistency and accurate ranges.

**2016-03-22** – 1) Update {PROVIDER AGENCY ID} Validation table for new SUD providers and their ID's.

**2016-03-18** – 1) Added error codes 9068 and 9069 to Substance Use (Transaction 036.01) per update from Developer of our data system

**2016-03-15** – 1) Corrected typos in {RACE} where preceding '0' were missing for 31,32, 33, & 34. Also code 604 was listed as 6041; 2) Corrected string length (from 5 – 10) for Provider NPI in the 121.03 transaction; 3) Corrected string length (from 2 to 5) for Investigation County Code in 160.03; 4) Corrected string length (from 5 – 20) for Provider Agency ID in 121.03, 130.03, and 131.03; 5) Corrected string length (from 60 to 40) for Alternate\_Last\_Name for 020.05; and 6) Corrected duplicated field numbering in 035.08 (The fields are in correct order, but two of them were numbered 11).