



# **Thurston Mason BH-ASO myAvatar Data Dictionary and File Import Specifications**

Version 1.3 | Released 6/30/2021

## REVISION HISTORY

See Revision History Detail supplemental document for additional details regarding the revision history.

Name	Date	Reason for Changes	Version
Lois Kim	6/30/2021	For MCT Referral Data Collection requirements effective 7/1/2021: Add additional Investigation Type, Investigation Outcome, and Investigation Referral Source codes; Add business rules for DCR/MCT throughout Crisis Investigation fields. Add Investigation Outcomes related to Law Enforcement declining to assist.	1.3
Lois Kim	4/12/2021	Add OHRSTM PM system specific dictionary codes for Olympic Health & Recovery Services BHA only. Update Entry Referral Source, Investigation Outcome, Referral Type dictionaries per HCA BHDG changes. Add new Guarantor codes. Add new Investigation Referral Source and Referral Organization codes.	1.2
Lois Kim	1/1/2020	Finalized data dictionary for the new BH-ASO requirements.	1.1

# Contents

Activity Number.....	7
Additional Comments.....	8
Admission Legal Status.....	9
Age at First Use 1   Age at First Use 2   Age at First Use 3.....	10
Alias (Alternate Last Name).....	11
Amount 1   Amount 2   Amount 3.....	12
Assessment Type.....	13
Attending Practitioner.....	14
Authorization Number.....	15
Authorization Type.....	16
Block Grant Funded Services.....	17
Classification.....	18
Client Address – City.....	19
Client Address – County.....	20
Client Address – State.....	21
Client Address – Street.....	22
Client Address – Street 2.....	23
Client Address – Zip Code.....	24
Client ID.....	25
Clinically Recommended.....	26
Comments.....	27
Communication Preference.....	28
Coverage Effective Date.....	29
Coverage Expiration Date.....	30
Date of Assignment.....	31
Date of Birth (DOB).....	32
Date of Last Use 1   Date of Last Use 2   Date of Last Use 3.....	33
Date Terminated.....	34
Detained.....	35
Dimension 1 – Acute Intoxication/Withdrawal Potential.....	36
Dimension 2 – Biomedical Conditions/Complications.....	37
Dimension 3 – Biomedical Conditions/Complications.....	38
Dimension 4 – Readiness to Change.....	39
Dimension 5 – Relapse/Continued Use Potential.....	40
Dimension 6 – Recovery Environment.....	41
Discharge Legal Status.....	42
Discipline.....	43
Dispatch Date.....	44
Dispatch Time.....	45
DMHP.....	46
Does Anyone in Your Family Have a Substance Abuse Problem.....	47
Due Date.....	48
EBP Data.....	49
Education.....	50
Effective Date.....	51

Eligibility Verified.....	52
Employment .....	53
Entry Referral Source.....	54
Episode Number .....	55
Ethnicity.....	56
External Disorder Screening EDS Score .....	57
Facility Flag (Is this a Facility Address?).....	58
Financial Class.....	59
First Accepted Appointment .....	60
First Offered Appointment .....	61
Frequency of Use 1   Frequency of Use 2   Frequency of Use 3 .....	62
Gender – Client.....	63
Gender – Staff.....	64
Grade Level (Education) .....	65
Gross Monthly Amount .....	66
Guarantor Number .....	67
Hearing Outcome .....	68
Highest Degree .....	69
Hispanic Origin.....	70
Hospital Placement   Hearing Placement .....	71
Impairment Kind 1.....	72
Income Date .....	73
Income Indicator .....	74
Income/Payment Source.....	75
Initial or Continuing Authorization.....	76
Internal Disorder Screening IDS Score.....	77
Investigation County.....	78
Investigation End Date .....	79
Investigation End Time .....	80
Investigation Outcome .....	81
Investigation Referral Source .....	85
Investigation Start Date.....	88
Investigation Start Time .....	89
Investigation Type .....	90
Language   Primary Language .....	91
Level of Urgency .....	92
License Expiration Date .....	93
License Number.....	94
Living Situation (Residence) .....	95
Location .....	97
Location and Dates of Treatment.....	98
Marital Status .....	99
Matrix Quadrant Value.....	100
Medication Assisted Opioid Therapy.....	101
Method 1   Method 2   Method 3.....	102
Military Service.....	103
Movement Date .....	104
Movement Time .....	105
Movement Type .....	106
Name – Client .....	107

Name – Staff .....	108
Name – Subscriber’s .....	109
Needle Used Ever .....	110
Number of Dependents .....	111
Parenting Under Age 18 .....	112
Peak Use 1   Peak Use 2   Peak Use 3 .....	113
Phone - Home .....	114
Phone - Mobile .....	115
Plan Level Number .....	116
Practitioner Category .....	118
Practitioner Category for Coverage .....	120
Practitioner ID .....	121
Pregnant .....	122
Priority Code .....	123
Program End Reason .....	124
Registration Date (Date Hired) .....	125
Referral In Or Out .....	126
Referral Organization .....	127
Referral Type .....	129
Reporting Unit ID .....	130
Return to Inpatient/Revocation Authority .....	131
RSN Reporting Unit ID (RSN ID for EDI) .....	132
School Attendance .....	133
SED .....	134
Self Help Count .....	136
Service Code .....	137
Service Level .....	138
Sex .....	139
Sexual Orientation .....	140
SMI .....	141
SMI/SED Status .....	142
Smoking Status .....	143
Social Security Number (SSN) .....	144
Specialized Program ID .....	145
Specialties .....	146
State Licensed .....	147
Submit Practitioner Information to RSN .....	148
Submit to CMLS .....	149
Subscriber Policy Number .....	150
Substance 1   Substance 2   Substance 3 .....	151
Substance Disorder Screening SDS Score .....	153
Tool Indicated .....	154
Treated for Substance Abuse Problem in the Past .....	155
Type of Admission .....	156
Type of Assessment .....	157
Type of Diagnosis .....	158
Type of Discharge .....	159
Type of Funding .....	161
Type of License .....	162
Type of Transfer .....	163

Used Needle Recently (30 days)..... 164

**Section 2: myAvatar File Import Specification..... 165**

Thurston Mason BH-ASO Summary of Avatar PM File Imports ..... 166

PENRL – Practitioner Enrollment & Supplemental Practitioner Demographics..... 168

PCAT – Practitioner Category/Taxonomy..... 172

PTERM – Practitioner Termination..... 173

PLICE – Practitioner License Information ..... 174

CMOVE – Admission (Outpatient), Admission, Discharge, Program Transfer, Inpatient Additional Information, Update Client Data, Legal Status ..... 175

CATTP – Attending Practitioner..... 180

CDEMO – Client Profile (formerly Additional Client Demographics) ..... 181

CFEGU – Financial Eligibility: Guarantor Selection ..... 185

CFEPL – Financial Eligibility: Customize Plan ..... 188

CGAIN – GAIN – Short Screener ..... 190

CMATX – Co-occurring Matrix ..... 191

CFCON – Consumer First Contact..... 192

CREFE – Consumer Referral..... 193

CAUTH – Authorization Request ..... 195

DDIAG – Diagnosis ..... 197

CSVCS – Client Charge Input..... 209

CCRIS – Crisis Investigation..... 211

CITAC – ITA Court Hearing..... 213

CSPC2 – WSRC Specialized Program..... 214

SUBSU – Substance Use Data ..... 215

ASAMP – ASAM Placement Criteria..... 219

CCPLN – Consumer Crisis Plan ..... 221

CINCO – Consumer Income ..... 224

## Activity Number

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary

Data Type Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_billing_history	activity_no (10)	625.03 Outpatient Services	CSVCS

### Definitions:

A unique identifying number assigned by the system to each posted service.

### Business Rules:

### Dictionary:

## Additional Comments

Effective: 1/1/2020

Required N  
 Nulls Yes  
 PM Dictionary N/A

Data Type Alpha-Numeric

MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
ss_history_auth_request	comments (256)	600.01 Consumer Service Authorization Request	CAUTH

### Definitions:

Field is for annotations related to an authorization request. Used to communicate information to the BH-ASO pertaining to the authorization request.

### Business Rules:

### Dictionary:



## Admission Legal Status

Effective: 1/1/2020

**Required** Conditional  
**Nulls** Yes  
**PM Dictionary** Client (132)

**Data Type** Alpha-Numeric

**MSO Dictionary** Site Specific Member  
 (50010)

Table	Fields (length)	Transaction	File Import
history_legal_status	legal_status_code (10) legal_status_value	540.03 Consumer Admission and Exit	CMOVE

### Definitions:

The legal status at admission or at update of the client – either voluntary or involuntary (ITA)

### Business Rules:

- Only required and processed for admission movement.
- “S – Single Bed Certification” for use by Mental Health Inpatient Providers only

### Dictionary:

Code	Definition	Extended Value for 837I
I	Involuntary	8
V	Voluntary	2
S	Single Bed Certification	2

## Age at First Use 1 | Age at First Use 2 | Age at First Use 3

Effective: 1/1/2020

<b>Required</b>	1 – Yes; 2, 3 – C	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	1 – No; 2, 3 – Yes	<b>MSO Dictionary</b>	SS Member (50912)
<b>PM Dictionary</b>	Custom CWS (50112)		

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	age_at_first_use_1_code (10) age_at_first_use_1_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	age_at_first_use_2_code (10) age_at_first_use_2_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	age_at_first_use_3_code (10) age_at_first_use_3_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU

### Definitions:

Indicates the age at which the client first used the specific substance.

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge. SUD residential (inpatient) providers are not exempt from reporting. SUD withdrawal management/detox providers are exempt.
- “Age at First Use 1” requires a selection.
- “Age at First Use 2” and “Age at First Use 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.
- Must be less than or equal to the client’s age.

### Dictionary:

BH-ASO Code	Definition	State Code
0	Client born with a substance use disorder resulting from in-utero exposure	0
1-98	Age At First Use, in years	1-98
99	Not applicable	99

## Alias (Alternate Last Name)

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
patient_demographic_history	client_alias (40) client_alias_2 (40) client_alias_3 (40) client_alias_4 (40) client_alias_5 (40) client_alias_6 (40) client_alias_7 (40) client_alias_8 (40) client_alias_9 (40) client_alias_10 (40)	500.02 Consumer Demographics	CMOVE

### Definitions:

Another name by which the client is known.

### Business Rules:

- List name as follows: Last name **no space**, comma First Name SPACE Middle Initial or name. EXAMPLE: **SMITH,JOAN MARIE** or **SMITH,JOAN M**
- Do not put any other information in any of the name fields. These fields are for names only. For example do not put billing information (Kaiser), relationships (father), maiden names, etc. in any of these fields.
- Do not use any punctuation: periods, quotes, apostrophes etc. Use alpha characters only. The ONLY exception is that you can use a hyphen in the last name. EXAMPLE: **SMITH-JONES,SUSAN R** or **SMITH-JONES,SUSAN ROSE**
- The format for Jr. (junior) and Sr. (senior) is last name, comma, first name, space, middle initial, space Jr. or Sr. EXAMPLE: **JOHNSON,JEFFREY J JR**

### Dictionary:

N/A

## Amount 1 | Amount 2 | Amount 3

Effective: 1/1/2020

**Required** 1 – Yes; 2, 3 – C  
**Nulls** 1 – No; 2, 3 – Yes  
**PM Dictionary**

**Data Type** Alpha-Numeric

**MSO Dictionary**

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	amount_1 (40)	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	amount_2 (40)	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	amount_3 (40)	710.01 Substance Use Data	SUBSU

### Definitions:

The amount reported by the client.

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge. SUD residential (inpatient) providers are not exempt from reporting. SUD withdrawal management/detox providers are exempt.
- “Amount 1” required.
- “Amount 2” and “Amount 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.

### Dictionary:

## Assessment Type

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50067)
<b>PM Dictionary</b>	Client (31032.10)		

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	ss_diagnosis_dict_1_code (10) ss_diagnosis_dict_1_value	605.03 Consumer ICD10 Assessment	DDIAG

### Definitions:

The type of assessment performed.

### Business Rules:

### Dictionary:

BH-ASO Code	Definition
98	Other
A	Assessment Update
B	Assessment Only
C	At Admission
D	At Discharge
E	No Assessment Done
F	Crisis Response Assessment
G	One-Time Psychiatric Eval
H	180 Days
I	90 Days
J	365 Days
K	Change in Authorization
L	Prior to Admission
M	Diagnosis Reconciliation
N	RFS Only

## Attending Practitioner

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
history_attending_practitioner	attend_clinician_code (9) attend_clinician_value	565.01 Consumer Attending Practitioner	<a href="#">CATTP</a>

### Definitions:

Identifies the attending practitioner by providing a link to the Practitioner Name, using the Unique Practitioner ID.

### Business Rules:

- For clients that have received an intake, the case manager is the Attending Practitioner.
- For clients that have not received an intake, the Crisis Staff or other Clinical Staff is the Attending Practitioner.
- Select the criteria for the search by:
  - activating the “Name/ID Number” radio button or the “Unique Practitioner ID” radio button
  - enter either the practitioner’s last name (or first portion of the last name), the ID number, or the Unique Practitioner ID number
  - then click on the “Process Search” button
  - the drop down field automatically populates with search results
  - if there is more than one result, select the appropriate practitioner

### Dictionary:

N/A

## Authorization Number

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_auth_request	auth_number (10)	600.01 Consumer Service Authorization Request	CAUTH

### Definitions:

Agency-specific, unique number assigned to the authorization request. Depending on specific system configuration, this number may be system-generated or may be assigned by agency.

### Business Rules:

- Client must have a guarantor selected in Financial Eligibility

### Dictionary:

N/A

## Authorization Type

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50215)  
**Data Type** Alpha-Numeric  
**MSO Dictionary**

Table	Fields (length)	Transaction	File Import
ss_history_auth_request	auth_type_code (10) auth_type_value	600.01 Consumer Service Authorization Request	CAUTH

### Definitions:

A code denoting the type of services and/or level of care authorized.

### Business Rules:

- Authorization is required for all post-intake/assessment outpatient services
- Please contact your ASO for specific authorization types that are allowable under your contract

### Dictionary:



## Block Grant Funded Services

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50635)
<b>PM Dictionary</b>	SS Client (50635)	<b>MSO Dictionary</b>	SS Member (50464)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	block_grant_funding_code block_grant_funding_value	525.01 Consumer Income	CINCO

### Definitions:

This field specifies if any of the services and supports client received were paid for by the SAMHSA Mental Health Block Grant (MHBG) and/or Substance Abuse Block Grant (SABG).

### Business Rules:

- Can submit two records – one for use of MHBG, one for SABG
- Report if the client received any services or supports paid for by the MHBG or SABG at any time throughout the reporting period.

### Dictionary:

BH-ASO Code	Definition
1	Yes – MHBG used to pay for services and supports
2	No – MHBG funds were not used
3	Yes – SABG used to pay for services and supports
4	No – SABG funds were not used
97	Unknown
98	Not Collected

## Classification

Effective: 1/1/2020

**Required** Y  
**Nulls** N  
**PM Dictionary** Client (1805)
 
**Data Type** Alpha-Numeric  
**MSO Dictionary**

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	classification_code (10) classification_value	605.03 Consumer ICD10 Assessment	DDIAG

### Definitions:

Indicates the classification of the diagnosis. Classification will be used mainly for reporting purposes and for sorting diagnosis records in the grid. Options available are determined by the DSM Registry setting. When DSM-IV, options are Axis I, Axis II or Axis III. When DSM-5 or no DSM, options are Medical, Mental Health, Substance Abuse and Environmental.

### Business Rules:

- If “Ranking” is “1-Primary”, “Classification” cannot be “6-Environmental” or “5-Medical”.
- Only report Substance Abuse or Mental Health classifications for ASO clients.

### Dictionary:

BH-ASO Code	Definition
4	Mental Health
5	Medical
6	Environmental
7	Substance Abuse

## Client Address – City

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	N		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_city (20)	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

City of service recipient’s address.

### Business Rules:

- Zip Code Field will auto-populate City, County, and State Fields. If dictionary needs to be modified, agency will contact the BH-ASO.
- Client Address to be captured at Request for Service and updated at Intake, if necessary.
- If client is homeless, report “HOMELESS” in the Street field and the approximate city, state, or zip code. In the case of residence in a tent in the woods, report closest City, State, and Zip.
- If unknown, report “UNKNOWN” in the Street field and report the City, State, and Zip of the Agency.
- The same Business Rules for “Client Address” fields apply to the “Mailing Address” and “Confidential Address” fields.

### Dictionary:

N/A

## Client Address - County

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	N		
<b>PM Dictionary</b>	Client (93)	<b>MSO Dictionary</b>	Member (36)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_county_code (10) address_county_value	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

A code indicating the county in which the service recipient resides.

### Business Rules:

- Zip Code Field will auto-populate City, County, and State Fields. If dictionary needs to be modified, agency will contact the BH-ASO.
- For a BH-ASO-funded service recipient that resides in another county, list the county in which they reside.
- The same Business Rules for “Client Address” fields apply to the “Mailing Address” and “Confidential Address” fields.

### Dictionary:

Code	Description
53001	Adams
53003	Asotin
53005	Benton
53007	Chelan
53009	Clallam
53011	Clark
53013	Columbia
53015	Cowlitz
53017	Douglas
53019	Ferry
53021	Franklin
53023	Garfield
53025	Grant
53027	Grays Harbor
53029	Island
53031	Jefferson
53033	King
53035	Kitsap
53037	Kittitas
53039	Klickitat

Code	Description
53041	Lewis
53043	Lincoln
53045	Mason
53047	Okanogan
53049	Pacific
53051	Pend Oreille
53053	Pierce
53055	San Juan
53057	Skagit
53059	Skamania
53061	Snohomish
53063	Spokane
53065	Stevens
53067	Thurston
53069	Wahkiakum
53071	Walla Walla
53073	Whatcom
53075	Whitman
53077	Yakima
40050	Unknown or Out of State

## Client Address - State

Effective: 1/1/2020

Required Y  
 Nulls N  
 PM Dictionary N/A

Data Type Alpha-Numeric

MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_state (2)	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

The state in which the service recipient currently resides.

### Business Rules:

- Zip Code Field will auto-populate City, County, and State Fields. If dictionary needs to be modified, agency will contact the BH-ASO.
- The same Business Rules for “Client Address” fields apply to the “Mailing Address” and “Confidential Address” fields.

### Dictionary:

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

## Client Address – Street

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	N		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_street_1 (40)	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

Enter the address that best fits the service recipient’s most typical (i.e., most frequent) living arrangement for the previous 30 days.

### Business Rules:

- Client Address to be captured at Request for Service and updated at Intake, if necessary.
- If client is homeless, report “HOMELESS” in the Street field and the approximate city, state, or zip code. In the case of residence in a tent in the woods, report closest City, State, and Zip.
- If unknown, report “UNKNOWN” in the Street field and report the City, State, and Zip of the Agency.
- Do not use periods, quotes, or other non-alpha-numeric characters such as (\*%), etc. in the address fields
- Example; If the address is 143 Third Avenue North East, enter the address in the Admit screen as 143 3<sup>rd</sup> AVE NE
- The same Business Rules for “Client Address” fields apply to the “Mailing Address” and “Confidential Address” fields.
- Standard abbreviations are as follows:

### Dictionary:

Full Spelling	Enter Standard Address Abbreviation
Avenue	AVE
Boulevard	BLVD
Circle	CIR
Court	CT
Drive	DR
Highway	HWY
North East	NE (Use the same principal for all directions, use no spaces and no periods)
Place	PL
Road	RD
Route	RTE
Street	ST
Way	WY

## Client Address – Street 2

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Y		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_street_2 (40)	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

Enter the address that best fits the service recipient’s most typical (i.e., most frequent) living arrangement for the previous 30 days.

### Business Rules:

- Do not use periods, quotes, or other non-alpha-numeric characters such as (\*%), etc. in the address fields
- Example; If the address is 143 Third Avenue North East, enter the address in the Admit screen as 143 3<sup>rd</sup> AVE NE
- The same Business Rules for “Client Address” fields apply to the “Mailing Address” and “Confidential Address” fields.
- Standard abbreviations are as follows:

### Dictionary:

Full Spelling	Enter Standard Address Abbreviation
Avenue	AVE
Boulevard	BLVD
Circle	CIR
Court	CT
Drive	DR
Highway	HWY
North East	NE (Use the same principal for all directions, use no spaces and no periods)
Place	PL
Road	RD
Route	RTE
Street	ST
Way	WY

## Client Address – Zip Code

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Zip
<b>Nulls</b>	N		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	address_zip (10)	520.02 Consumer Address 022.03 Client Address	CDEMO

### Definitions:

Zip code associated with client's street address.

### Business Rules:

- Zip Code Field will auto-populate City, County, and State Fields. If dictionary needs to be modified, agency will contact the BH-ASO.
- Not configured for Canadian Postal Codes.
- Not configured for Zip Plus + 4. Format NNNNN.
- If client is homeless, report "HOMELESS" in the Street field and the approximate city, state, or zip code. In the case of residence in a tent in the woods, report closest City, State, and Zip.
- If unknown, report "UNKNOWN" in the Street field and report the City, State, and Zip of the Agency.
- The same Business Rules for "Client Address" fields apply to the "Mailing Address" and "Confidential Address" fields.

### Dictionary:

N/A



## Client ID

Effective: 1/1/2020

Required Y Data Type Alpha-Numeric  
 Nulls No  
 PM Dictionary N/A MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	PATID (9)	810.01 ASAM Placement Criteria	ASAMP
history_attending_practitioner	- " -	540.03 Consumer Admission and Exit	<a href="#">CATTP</a>
ss_history_auth_request	- " -	600.01 Consumer Service Authorization Request	<a href="#">CAUTH</a>
ss_history_crisis_investigation	- " -	640.03 Crisis Investigation	<a href="#">CCRIS</a>
ss_history_patient_demog	- " -	020.08 Client Demographics	<a href="#">CDEMO</a>
ss_history_first_contact	- " -	515.02 Consumer First Contact	<a href="#">CFCON</a>
billing_guar_data	- " -	N/A	<a href="#">CFEGU</a>
billing_guar_data	- " -	N/A	<a href="#">CFEPL</a>
ss_gain_short_screener	- " -	121.05 GAIN - Short Screener 121.05 Co-Occurring Disorder	<a href="#">CGAIN</a>
ss_history_ita_hearing	- " -	650.03 ITA Court Hearing	<a href="#">CITAC</a>
ss_co_occurring_matrix	- " -	121.05 Co-Occurring Matrix 121.05 Co-Occurring Disorder	<a href="#">CMATX</a>
episode_history view_episode_summary_admit view_episode_summary_discharge	- " -	540.03 Consumer Admission and Exit 170.06 Service Episode	<a href="#">CMOVE</a>
ss_history_consumer_ref	- " -	545.01 Consumer Referral	<a href="#">CREFE</a>
ss_wsc_specialized_prog	- " -	060.06 WSC Specialized Program	CSPC2
ss_billing_tx_history	- " -	625.03 Outpatient Services	<a href="#">CSVCS</a>
client_diagnosis_record	- " -	605.03 Consumer ICD10 Assessment	<a href="#">DDIAG</a>
ss_history_sub_use_data	- " -	710.01 Substance Use DAta	<a href="#">SUBSU</a>

### Definitions:

A PM database number that uniquely identifies each consumer.

### Business Rules:

- Data in this field is populated by a search.
- Select the criteria for the search by:
  - activating one of the radio buttons (“Name/ID Number,” “Facility Chart Number,” “Unique Client ID,” “Claim Number,” “Social Security Number,” “Alias,” or “Soundex”)
  - enter the appropriate search phrase (name, ID, etc)
  - then click on the “Process Search” button
  - the drop down field automatically populates with search results (the client’s name and ID)

### Dictionary:

N/A

## Clinically Recommended

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Custom CWS (50215)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (51115)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	tool_indicated_code (10) tool_indicated_value	810.01 ASAM Placement Criteria 030.03 ASAM Placement	ASAMP

### Definitions:

ASAM level recommended by the assessing clinician. May differ from “Tool Indicated” ASAM Level.

### Business Rules:

- If change in Placement Level, then a new ASAM Placement Criteria form must be submitted.
- “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA)

### Dictionary:

Code	OHRSTM PM Only Code	Definition
0	A	(A)LEVEL 0-Individual Not At Any Risk
0.5	B	(B)LEVEL 0.5
1	C	(C)LEVEL 1
1-WM	D	(D)LEVEL 1-WM
2-WM	E	(E)LEVEL 2-WM
2.1	F	(F)LEVEL 2.1
2.5	G	(G)LEVEL 2.5
3.1	H	(H)LEVEL 3.1
3.2-WM	I	(I)LEVEL 3.2-WM
3.3	J	(J)LEVEL 3.3
3.5	K	(K)LEVEL 3.5
3.7	L	(L)LEVEL 3.7
3.7-WM	M	(M)LEVEL 3.7-WM
4	N	(N)LEVEL 4
4-WM	O	(O)LEVEL 4-WM
OTP	P	OTP (LEVEL 1) Opioid Treatment Program (Level 1)

## Comments

Effective: 1/1/2020

Required C  
 Nulls Yes  
 PM Dictionary

Data Type Alpha-Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	comments (999)	710.01 Substance Use Data	SUBSU

### Definitions:

Free text field to record information regarding the consumer’s family substance abuse problem history as reported by the consumer.

### Business Rules:

- If “Yes” is selected in the “Does Anyone in Your Family....” field, then the “Comments” field becomes required.
- If “Yes” is selected in the “Does Anyone in Your Family....” field **and** the Assessment Type is **not** Admission or Assessment Only, agencies may report “N/A” this free text field. The narrative is only required once per episode.

### Dictionary:

## Communication Preference

Effective: 1/1/2020

Required N  
 Nulls Y  
 PM Dictionary Client (104)

Data Type Alpha-Numeric  
 MSO Dictionary SS Member (50456)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	communication_pref_code (10) communication_pref_value	500.02 Consumer Demographics	CDEMO

### Definitions:

The client's preferred means of communication.

### Business Rules:

N/A

### Dictionary:

BH-ASO Code	Definition
1	Email
2	Regular Mail
3	Home Phone
4	Work Phone
5	Cell Phone
6	Do Not Contact
7	Text

## Coverage Effective Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	N		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_emp_data	cov_effective_date (8)	505.01 Consumer Medicaid Eligibility	CFEGU

### Definitions:

The date the client's coverage begins.

### Business Rules:

- Use the Request for Service date or Admission date if there is no Request for Service Date.
- If the insurance coverage is effective at the time of the admission, this date should equal the admission date.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Coverage Expiration Date

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Date
<b>Nulls</b>	Y		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_emp_data	cov_expiration_date (8)	505.01 Consumer Medicaid Eligibility	CFEGU

### Definitions:

The date the client's coverage ends.

### Business Rules:

- If the insurance coverage is effective at the time of discharge, this date should equal the discharge date.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Date of Assignment

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
history_attending_practitioner	pract_assignment_date (8)	565.01 Consumer Attending Practitioner	CATTP

### Definitions:

This is the date the client is assigned to a practitioner.

### Business Rules:

N/A

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Date of Birth (DOB)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
staff_current_demographics	date_of_birth (8)	410.01 Staff Demographics	<a href="#">PENRL</a>
patient_current_demographics	date_of_birth (8)	500.02 Consumer Demographics 020.08 Consumer Demographics	<a href="#">CMOVE</a>

### Definitions:

The staff date of birth in Practitioner Enrollment or the client date of birth in Client Admission.

### Business Rules:

- Required entry. If unknown, contact BH-ASO to request assistance with locating a valid DOB. If valid DOB cannot be obtained after exhausting all options, use "1/1/1900" as DOB (DOB is a required data element for encounter submissions).
- Note that the goal for all clients is accurate and complete reporting for this field, as it is a primary identifier for the client in data submissions and reporting for local, State, and Federal requirements.
- This date-text field is formatted to only accept date style entries and prevents invalid entries.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year



## Date of Last Use 1 | Date of Last Use 2 | Date of Last Use 3

Effective: 1/1/2020

<b>Required</b>	1 – Yes; 2, 3 – C	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	1 – No; 2, 3 – Yes	<b>MSO Dictionary</b>	SS Member (50912)
<b>PM Dictionary</b>	Custom CWS (50112)		

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	date_of_last_use_1 (10)	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	date_of_last_use_2 (10)	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	date_of_last_use_3 (10)	710.01 Substance Use Data 036.03 Substance Use	SUBSU

### Definitions:

Indicates the date that client last used a specific substance.

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge. SUD residential (inpatient) providers are not exempt from reporting. SUD withdrawal management/detox providers are exempt.
- “Date of Last Use 1” requires a selection.
- “Date of Last Use 2” and “Date of Last Use 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.
- Must be less than or equal to the date on which it is being reported.
- Date last used must be greater than the client’s birthdate or Age of First Use.

### Dictionary:

## Date Terminated

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
staff_termination_history	termination_date (8)	410.01 Staff Demographics	PTERM

### Definitions:

The practitioner/staff member termination date.

### Business Rules:

- This date-text field is formatted to only accept date style entries and prevents invalid entries.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

# Detained

Effective: 1/1/2020

**Required** N  
**Nulls** Yes  
**Data Type** Alpha-Numeric  
**PM Dictionary** SS Client (50133) \*Locked\*  
**MSO Dictionary** SS Member (50361)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	detained_code (10) detained_value	640.03 Crisis Investigation	CCRIS

### Definitions:

Code indicating if the client was detained under the Involuntary Treatment Act.

### Business Rules:

- This field is inactive unless the "Investigation Outcome" field is marked "1 – Detention to MH Facility" or "4 – Returned to Inpatient facility/filed revocation petition".
- **DCR/ITA:** Required for DCR Investigations as described under "Definitions".
- **MCT:** Not to be used by Mobile Crisis Teams. Leave Blank.

### Dictionary:

CODE	DEFINITION
Y	Yes
N	No

## Dimension 1 – Acute Intoxication/Withdrawal Potential

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50208)	<b>MSO Dictionary</b>	SS Member (51108)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim1_acute_intoxica_code (10)	810.01 ASAM Placement Criteria 030.03 ASAM Placement Criteria	ASAMP

### Definitions:

Dimension 1 of ASAM as defined by the American Society of Addiction Medicine.

### Business Rules:

- Entry is required.

### Dictionary:

CODE	DEFINITION
Level 1	(Level 1) Outpatient Services
Level 2	(Level 2) Intensive Outpatient Services
Level 3.2	(Level 3.2) Clinically Managed Residential
Level 3.7	(Level 3.7) Medically Monitored Inpatient
Level 4	(Level 4) Medically Managed Intensive Inpatient
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Detoxification services indicated

## Dimension 2 – Biomedical Conditions/Complications

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50209)	<b>MSO Dictionary</b>	SS Member (51109)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim2_biomedical_cnd_code (10)	810.01 ASAM Placement Criteria	ASAMP

### Definitions:

Dimension 2 of ASAM as defined by the American Society of Addiction Medicine.

### Business Rules:

- Entry is required.

### Dictionary:

CODE	DEFINITION
Level 0.5	(Level 0.5) Early Intervention/Education – Alcohol and Other Drug Information
Level 1	(Level 1) Outpatient Services
Level 2.1	(Level 2.1) Intensive Outpatient Services
Level 2.5	(Level 2.5) Partial Hospitalization Services
Level 3.1	(Level 3.1) Clinically Managed Low-Intensity Residential Services
Level 3.3	(Level 3.3) Clinically Managed High-Intensity Residential Services (Adult Only)
Level 3.5	(Level 3.5) Clinically Managed High-Intensity (Adult) OR Medium-Intensity (Adolescent) Services
Level 3.7	(Level 3.7) Medically Monitored Intensive (Adult) OR High-Intensity (Adolescent)
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Treatment Services Recommended

## Dimension 3 – Biomedical Conditions/Complications

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50210)	<b>MSO Dictionary</b>	SS Member (51110)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim3_emotional_cond_code (10)	810.01 ASAM Placement Criteria	ASAMP

### Definitions:

Dimension 3 of ASAM as defined by the American Society of Addiction Medicine.

### Business Rules:

- Entry is required.

### Dictionary:

CODE	DEFINITION
Level 0.5	(Level 0.5) Early Intervention/Education – Alcohol and Other Drug Information
Level 1	(Level 1) Outpatient Services
Level 2.1	(Level 2.1) Intensive Outpatient Services
Level 2.5	(Level 2.5) Partial Hospitalization Services
Level 3.1	(Level 3.1) Clinically Managed Low-Intensity Residential Services
Level 3.3	(Level 3.3) Clinically Managed High-Intensity Residential Services (Adult Only)
Level 3.5	(Level 3.5) Clinically Managed High-Intensity (Adult) OR Medium-Intensity (Adolescent) Services
Level 3.7	(Level 3.7) Medically Monitored Intensive (Adult) OR High-Intensity (Adolescent)
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Treatment Services Recommended

## Dimension 4 – Readiness to Change

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50211)	<b>MSO Dictionary</b>	SS Member (51111)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim4_readiness_chng_code (10)	810.01 ASAM Placement Criteria	ASAMP

**Definitions:**

Dimension 4 of ASAM as defined by the American Society of Addiction Medicine.

**Business Rules:**

- Entry is required.

**Dictionary:**

CODE	DEFINITION
Level 0.5	(Level 0.5) Early Intervention/Education – Alcohol and Other Drug Information
Level 1	(Level 1) Outpatient Services
Level 2.1	(Level 2.1) Intensive Outpatient Services
Level 2.5	(Level 2.5) Partial Hospitalization Services
Level 3.1	(Level 3.1) Clinically Managed Low-Intensity Residential Services
Level 3.3	(Level 3.3) Clinically Managed High-Intensity Residential Services (Adult Only)
Level 3.5	(Level 3.5) Clinically Managed High-Intensity (Adult) OR Medium-Intensity (Adolescent) Services
Level 3.7	(Level 3.7) Medically Monitored Intensive (Adult) OR High-Intensity (Adolescent)
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Treatment Services Recommended

## Dimension 5 – Relapse/Continued Use Potential

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50212)	<b>MSO Dictionary</b>	SS Member (51112)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim5_relapse_cntuse_code (10)	810.01 ASAM Placement Criteria	ASAMP

**Definitions:**

Dimension 5 of ASAM as defined by the American Society of Addiction Medicine.

**Business Rules:**

- Entry is required.

**Dictionary:**

CODE	DEFINITION
Level 0.5	(Level 0.5) Early Intervention/Education – Alcohol and Other Drug Information
Level 1	(Level 1) Outpatient Services
Level 2.1	(Level 2.1) Intensive Outpatient Services
Level 2.5	(Level 2.5) Partial Hospitalization Services
Level 3.1	(Level 3.1) Clinically Managed Low-Intensity Residential Services
Level 3.3	(Level 3.3) Clinically Managed High-Intensity Residential Services (Adult Only)
Level 3.5	(Level 3.5) Clinically Managed High-Intensity (Adult) OR Medium-Intensity (Adolescent) Services
Level 3.7	(Level 3.7) Medically Monitored Intensive (Adult) OR High-Intensity (Adolescent)
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Treatment Services Recommended



## Dimension 6 – Recovery Environment

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	Custom CWS (50213)
<b>PM Dictionary</b>	Custom CWS (50213)	<b>MSO Dictionary</b>	SS Member (51113)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	dim6_recovery_envir_code (10)	810.01 ASAM Placement Criteria	ASAMP

### Definitions:

Dimension 6 of ASAM as defined by the American Society of Addiction Medicine.

### Business Rules:

- Entry is required.

### Dictionary:

CODE	DEFINITION
Level 0.5	(Level 0.5) Early Intervention/Education – Alcohol and Other Drug Information
Level 1	(Level 1) Outpatient Services
Level 2.1	(Level 2.1) Intensive Outpatient Services
Level 2.5	(Level 2.5) Partial Hospitalization Services
Level 3.1	(Level 3.1) Clinically Managed Low-Intensity Residential Services
Level 3.3	(Level 3.3) Clinically Managed High-Intensity Residential Services (Adult Only)
Level 3.5	(Level 3.5) Clinically Managed High-Intensity (Adult) OR Medium-Intensity (Adolescent) Services
Level 3.7	(Level 3.7) Medically Monitored Intensive (Adult) OR High-Intensity (Adolescent)
Level OTP	(Level OTP) Opioid/MAT Treatment Services
None	(None) No Treatment Services Recommended

## Discharge Legal Status

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary N/A

Data Type Alpha-Numeric

MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
history_legal_status	legal_status_code (10) legal_status_value	540.03 Consumer Admission and Exit	CMOVE

### Definitions:

The legal status at discharge of the client – either voluntary or involuntary (ITA).

### Business Rules:

### Dictionary:

Code	Definition	Extended Value for 837I
I	Involuntary	8
V	Voluntary	2

# Discipline

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**Data Type** Alpha-Numeric  
**PM Dictionary** Staff File (75)  
**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
staff_current_demographics	discipline_code (20) discipline_value	N/A	<a href="#">PENRL</a>

**Definitions:**

System-required field.

**Business Rules:**

- Required field needed to file new enrollment on “adds”.
- Default to “99 – Unknown”

**Dictionary:**

CODE	DEFINITION
99	Unknown

# Dispatch Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	dispatch_date	640.03 Crisis Investigation	CCRIS

**Definitions:**

The date the DCR or Mobile Crisis Response Team was dispatched.

**Business Rules:**

- This date-text field is formatted to only accept date style entries and prevents invalid entries (MMDDYYYY)

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

# Dispatch Time

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	dispatch_time	640.03 Crisis Investigation	CCRIS

**Definitions:**

The time of day that the DCR or Mobile Crisis Response Team was dispatched.

**Business Rules:**

**Dictionary:**

Format	
HH:MM AM or HH:MM PM	
Definition	
HH	Hour (01-12)
MM	Minutes (00-59)

## DMHP

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	staff_id	640.03 Crisis Investigation	CCRIS

### Definitions:

The staff member (practitioner) responding to the ITA investigation (DCR) or crisis intervention (MCT).

### Business Rules:

- **DCR/ITA:** The DCR performing the ITA investigation.
- **MCT:** The practitioner, whether Mobile Crisis Team responder or DCR, who was dispatched to provide the crisis intervention service as a result of a referral.

### Dictionary:

## Does Anyone in Your Family Have a Substance Abuse Problem

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50106)	<b>MSO Dictionary</b>	SS Member (50906)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	anyone_fam_sub_prob_code (10) anyone_fam_sub_prob_value	710.01 Substance Use Data	SUBSU

### Definitions:

Identifies anyone in the family that has had substance abuse problems in the past.

### Business Rules:

- If “Yes” is selected, then the “Comments” text box becomes required.
- If “Yes” is selected and the Assessment Type is not Admission or Assessment Only, agencies may report “N/A” in the “Comments” field. The narrative supplied in the “Comments” field is only required once per episode.

### Dictionary:

CODE	DEFINITION
Y	Yes
N	No

## Due Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	due_date (8)		CDEMO

### Definitions:

Birth delivery due date.

### Business Rules:

- Required if "Pregnant" is "Yes".
- If due date unknown, then use approximate due date.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year



## EBP Data

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	Client (21050.1)	<b>MSO Dictionary</b>	SS Batch Claim Processing (50020)
<b>CWS Dictionary</b>	Other CWS Tabled (7001.40)		

Table	Fields (length)	Transaction	File Import
site_specific_tx_history	ss_tx_mult_1_code (80) ss_tx_mult_1_value	625.03 Outpatient Services	CSVCS

### Definitions:

The Evidence Based Practice used for the service.

### Business Rules:

- Agencies must have prior approval from BH-ASO to report EBP data.

### Dictionary:

CODE	DESCRIPTION
860035000	Coping Cat
860109000	Parent-Child Interaction Therapy (PCIT)
860136000	Trauma Focused CBT for Children
860148000	Behavioral Parent Training (BPT) for Children with Disruptive Behavior Disorder
860151000	CBT for Anxious Children (group, individual, or remote)
860153000	CBT for Depressed Adolescents
860154000	CBT Parents of Anxious Young Children
860155000	CBT Based Models for Child Trauma
860163000	Child-Parent Psychotherapy
860168000	Full Fidelity Wraparound for youth with (SED)
860175000	Managing and Adapting Practice (MAP)
860178000	MMT for Children with Disruptive Behavior
860180000	Multisystemic Therapy (MST) for youth with SED
860186000	Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems

## Education

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50118)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50331)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	education_code (10) education_value	570.02 Consumer Employment and Education	CDEMO

### Definitions:

Current status in a formal educational or training programs (including home schooling).

### Business Rules:

N/A

### Dictionary:

Code	Description
1	<b>Full time education:</b> (1-12 Grade: 20+hours a week; kindergarten and greater than 12 <sup>th</sup> grade: 12 + hours a week)
2	<b>Part time education:</b> (1-12 grade: lest than 20 hours a week; kindergarten and greater than 12 <sup>th</sup> grade: less than 12 hours a week)
8	<b>Not in educational program</b>
9	<b>Unknown</b>

## Effective Date

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** N/A

**Data Type** Date

**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	effective_date (8)	520.02 Consumer Address 530.02 Consumer Ethnicity 570.02 Consumer Employment and Education 607.01 Consumer Disability 020.08 Client Demographics	CDEMO

### Definitions:

Used to determine the effective date (or start date) on historical fields.

### Business Rules:

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Eligibility Verified

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_emp_data	eligibility_verified_code (1) eligibility_verified_value	505.01 Consumer Medicaid Eligibility	CFEGU

### Definitions:

Confirms insurance eligibility verification. Requires a yes or no response.

### Business Rules:

- This is a required field for "Add" action code; data cannot be filed until a yes or no selection is made.

### Dictionary:

Code	Definition
Y	Yes
N	No

## Employment

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Client (517)

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50330)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	employment_code (10) employment_value	570.02 Consumer Employment and Education 035.09 Client Profile	CDEMO

### Definitions:

Indicates the client's current employment or primary daily activity, 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.

### Business Rules:

- Required for all mental health and substance use disorder clients.
- Collected at admission and discharge and updated every 90 days.
- Only use Code “98– Not Collected” if unable to collect because crisis phone service or pre-intake service was provided.
- “Not in 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).

**“OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA)**

### Dictionary:

Code	OHRSTM PM Only Code	Definition
01	A	FULL TIME – works at least 35 hours per week; includes members of the Armed Forces, and clients in full-time Supported Employment
02	B	PART TIME – works less than 35 hours per week; includes clients in part-time Supported Employment
03	C	UNEMPLOYED – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days
05	D	EMPLOYED – FULL TIME/PART TIME– full time or part time status cannot be ascertained
14	E	HOMEMAKER
24	F	STUDENT
34	G	RETIRED
44	H	DISABLED
64	I	OTHER REPORTED CLASSIFICATION (e.g. volunteers)
74	J	SELTERED/NON-COMPETITIVE EMPLOYMENT
96	K	NOT APPLICABLE
97	L	UNKNOWN
98	M	NOT COLLECTED
84	N	NOT IN THE LABOR FORCE-CLASSIFICATION NOT SPECIFIED

## Entry Referral Source

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50404)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50142)

Table	Fields (length)	Transaction	File Import
ss_wsc_specialized_prog	entry_referral_src_code (10) entry_referral_src_VALUE	060.06 WSC Specialized Program	CSPC2

### Definitions:

The source referring the client for services or source referring for specific ASAM level/Level of Care.

### Business Rules:

- This field is required for some State-required specialized programs (both MH and SUD) in addition to all SUD modalities.
- Additional guidance for SUD specialized programs: required for all Substance Use Disorder (SUD) clients upon 1) initial ASAM placement and corresponding LOC authorization request, 2) every change in ASAM placement, and 3) at discharge.

### Dictionary:

Code	Definition
1	Individual/Family
2	Alcohol/Drug Abuse Provider
4	Other Healthcare Provider
6	School/Educational
7	Employer/EAP
8	Court/Criminal Justice/DUI/DWI
9	Other Community Referral
97	Unknown

### Historical Codes:

Code	Definition	Effective Dates
3	Mental Health Provider	1/1/2020 – 6/30/2020
5	Self Help Group	1/1/2020 – 6/30/2020

## Episode Number

Effective: 1/1/2020

Required Y Data Type Alpha-Numeric  
 Nulls No Numeric  
 PM Dictionary MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
history_program_transfer	EPISODE_NUMBER (5)	540.03 Consumer Admission and Exit 170.06 Service Episode	CMOVE
history_attending_practitioner	EPISODE_NUMBER (5)	565.01 Consumer Attending Practitioner	CATTP
billing_guar_data	EPISODE_NUMBER (10)	505.01 Consumer Medicaid Eligibility	CFEGU

### Definitions:

The episode number is a unique number assigned to each episode of the client’s care (admit and exit). The client selection offers a choice of all episodes; the number is auto populated by the episode selection made.

### Business Rules:

- The episode number selections are automatically populated after a client is selected via the “Process Search” function in the “Client ID” field.
- Choose the appropriate episode based on the service date and type of service.
- Primary key for edit. (Edits only allowed for admission/discharge movements).

### Dictionary:

N/A

## Ethnicity

Effective: 1/1/2020

<b>Required</b>	Y – Client; N – Staff	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No – Client; Yes – Staff	<b>MSO Dictionary</b>	SS Member (50322)
<b>PM Dictionary</b>	SS Client (50108)		

PM Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	ethnicity_code (20) ethnicity_value	530.02 Consumer Ethnicity 020.08 Client Demographics	<a href="#">CDEMO</a>
ss_staff_supp_demog	“	410.01 Staff Demographics	<a href="#">PENRL</a>

### Definitions:

Indicates the race/ethnicity with which the client most strongly identifies.

### Business Rules (Client):

- Required for all mental health and substance use disorder clients at intake/assessment and whenever status changes.
- Select one or more categories. If a person selects more than one code, enter each one in sequence.
- If information is not available or unknown, code “999”.
- Do not use 999=unknown unless it is the only code used (no multiples).
- “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA)

### Business Rules (Staff/Practitioner):

- This field supports multiple entries with a user defined primary, secondary, etc. up to 10 ethnicities; however, only the first three ethnicities identified by the user will be submitted to the BH-ASO.

### Dictionary:

Code	OHRSTM PM Codes	Definition
010	10	White
021	21	American Indian or Alaska Native
031	31	Asian Indian
032	32	Native Hawaiian
033	33	Other Pacific Islander
034	34	Other Asian
040	40	Black, African American
050	50	Some other race
604	604	Cambodian
605	605	Chinese
608	60	Filipino
611	611	Japanese
612	612	Korean
613	613	Laotian
660	660	Guamanian or Chamorro
801	801	Middle Eastern
999	999	Not reported/Unknown



## External Disorder Screening EDS Score

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50172)
<b>PM Dictionary</b>	SS Client (50172)	<b>MSO Dictionary</b>	SS Member (50202)

Table	Fields (length)	Transaction	File Import
ss_gain_short_screener	subst_dis_eds_score_code (10)	121.05 GAIN-Short Screener	CGAIN
	subst_dis_eds_score_value	121.05 Co-occurring Disorder	

### Definitions:

The external disorder score (EDS) according to the client's response on the GAIN Short Screening form.

### Business Rules:

- Must attempt to screen all individuals ages thirteen (13) and above through the use of DSHS/DBHR-provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
- When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the EDS 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.
- Collected on date of first service or whenever possible and updated whenever status changes

### Dictionary:

Code	Definition
0	(0) EDS Score
1	(1) EDS Score
2	(2) EDS Score
3	(3) EDS Score
4	(4) EDS Score
5	(5) EDS Score
8	(8) Declined/Refused EDS
9	(9) Unable to Complete EDS

## Facility Flag (Is this a Facility Address?)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50631) *Locked*
<b>MSO Dictionary</b>	SS Member (50460)		

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	facility_flag_code (TBD) facility_flag_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

This element is a flag to denote if the client is staying at a facility, submit the facility address with the facility flag as “Y”.

### Business Rules:

- Only use if the client does not have a home address to denote that the address is a facility.

### Dictionary:

Code	Definition
Y	Yes
N	No

## Financial Class

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Payor (1000)	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import

### Definitions:

Financial Class as defined in the Guarantors/Payors form.

### Business Rules:

### Dictionary:

BH-ASO Code	Definition
50	TMASO MEDICAID
51	TMASO NON MEDICAID

# First Accepted Appointment

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary

Data Type Date

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_history_first_contact	first_accepted_appt (8)	515.02 Consumer First Contact	CFCON

**Definitions:**

First appointment accepted by the potential client.

**Business Rules:**

- If the client has no further appointments after the first contact, enter the same date as the first contact date.
- If the client is scheduled for an appointment after the first contact, then that date should appear here. If the appointment is the same day as the “first contact”, enter the first contact date.
- If the client misses the first appointment or it is rescheduled, this form does not need to be filled out again.

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

# First Offered Appointment

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary

Data Type Date

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_history_first_contact	first_offer_appt (8)	515.02 Consumer First Contact	CFCON

**Definitions:**

Date of appointment first offered to the potential client.

**Business Rules:**

- The date must be the same or earlier than the admission date.
- If the client has no further appointments after the first contact, enter the same date as the first contact date.
- If the client is offered an appointment on the same day as the “first contact”, enter the first contact date.

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Frequency of Use 1 | Frequency of Use 2 | Frequency of Use 3

Effective: 1/1/2020

<b>Required</b>	1 – Yes; 2, 3 – C	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	1 – No; 2, 3 – Yes	<b>MSO Dictionary</b>	SS Member (50911)
<b>PM Dictionary</b>	Custom CWS (50111)		

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	freq_of_use_1_code (10) freq_of_use_1_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	freq_of_use_2_code (10) freq_of_use_2_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	freq_of_use_3_code (10) freq_of_use_3_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU

### Definitions:

Indicates the frequency that the client used a specific substance in the last 30 days.

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge.
- “Frequency of Use 1” requires a selection.
- “Frequency of Use 2” and “Frequency of Use 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.

### Dictionary:

Code	Definition
1	No Use In The Past Month
2	1-3 Times In Past Month
3	4-12 Times in the Past Month
4	13 or More Times in Past Month
5	Daily
6	Not Applicable
7	Not Available

## Gender – Client

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50603)
<b>PM Dictionary</b>	SS Client (50603)	<b>MSO Dictionary</b>	SS Member (50433)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	gender_code (10) gender_value	500.02 Consumer Demographics	<a href="#">CDEMO</a>

### Definitions:

The person’s self-identified gender.

### Business Rules:

### Dictionary:

Code	Definition
1	Female
2	Male
4	Transgender
5	Intersex: Person Born with characters 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
98	Refused: Person refused to answer

## Gender – Staff

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Client (3)	<b>MSO Dictionary</b>	Member (284)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	gender_code (1) gender_value (15)	410.01 Staff Demographics	<a href="#">PENRL</a>

### Definitions:

The person’s self-identified gender.

### Business Rules:

### Dictionary:

Code	Definition
F	Female
M	Male
U	Unknown



## Grade Level (Education)

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Client (625) Education

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50332)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	grade_code (10) grade_value	570.02 Consumer Employment and Education 035.10 Client Profile	CDEMO

### Definitions:

Indicates the highest educational achievement of the client. Report the current grade level (i.e. if in 8th grade, report code 11).

### Business Rules:

- Required for all mental health and substance use disorder clients at admission, discharge, and updated every 90 days.
- Code 15 indicates client has completed four years of high school but does not have high school diploma or GED. Code 16 indicates client has high school diploma or GED, but no college. Code 20 indicates client is in their fourth year of college. Code 21 indicates client has bachelor’s degree, but no graduate school.
- NOTE: “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA)

### Dictionary:

CODE	OHRSTM PM Code	DEFINITION
1	A	No formal schooling
2	B	Nursery school, pre-school, head start
3	C	Kindergarten, Less than one school grade
4	D	Grade 1
5	E	Grade 2
6	F	Grade 3
7	G	Grade 4
8	H	Grade 5
9	I	Grade 6
10	J	Grade 7
11	K	Grade 8
	L	Grade 9

CODE	OHRSTM PM Code	DEFINITION
13	M	Grade 10
14	N	Grade 11
15	O	Grade 12
16	P	High School Diploma or GED
17	Q	1 <sup>st</sup> Year of College/University (Freshman)
18	R	2 <sup>nd</sup> Year of College/University (Sophomore) or Associate Degree
19	S	3 <sup>rd</sup> Year of College (Junior)
20	T	4 <sup>th</sup> Year of College (Senior)
21	U	Bachelor’s Degree
22	V	Graduate or Professional school – includes Master’s and Doctoral degrees, medical school, law school, etc.
23	W	Vocational School – includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment.
97	X	Unknown

## Gross Monthly Amount

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary N/A

Data Type Alpha-Numeric

MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	gross_mo_amt	525.01 Consumer Income	CINCO

### Definitions:

Average annual family income. Family defined as members who normally share living environment who share income. Does not include income of group home members, other shelter members, or inpatient roommates. Use the information available or best estimation in determining this element. If the person is on SSI or is eligible for Washington State medical assistance, assume that the person is below the Federal Poverty level. For foster children, report the child's annual income/benefit. This is to be reported annually or if changed. Change represents an amount that would change the designated poverty level of the client.

### Business Rules:

- Report the household income of the party/parties that claim this service recipient as a dependent on their income tax return.
- If the person is on SSI or is eligible for Washington State medical assistance, assume that the person is below the federal poverty level.
- For a foster child, report only the payment that the foster family receives for the foster child (e.g., the child's benefit).
- If a client refuses to report their gross monthly income, enter \$0.00.
- If you cannot obtain financial information on a child age 13-18, then treat the client as independent and enter \$0.00

### Dictionary:

# Guarantor Number

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary N/A  
 Data Type Alpha-Numeric  
 MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
	(10)	505.01 Consumer Medicaid Eligibility	CFEGU

**Definitions:**

Entering the guarantor name or number and clicking on “Process Search” makes a guarantor selection and auto populates all guarantor demographics.

**Business Rules:**

**Dictionary:**

Code	Description (Guarantor Name)
5180	TMASO Medicare
5181	TMASO Non Medicaid GFS
5182	TMASO Tx Sales Tax (TST)
5183	TMASO SABG
5184	TMASO MHBG
5185	TMASO DMA
5186	TMASO Trueblood MDF
5187	TMASO ITA Investigation-Crisis Stab
5188	TMASO No P1 ID Found
5189	TMASO Inactive Coverage
5190	Jail Proviso
5192	GPRA
5900	TMASO Medicaid No MCO Coverage
5999	Data Not Reported
6000	Molina Crisis ITA
6010	United Healthcare Crisis ITA
6020	Amerigroup Crisis ITA
6030	CCW-Foster/Adopt Crisis ITA
6031	CCW-IMC Crisis ITA
6032	CCW-BHSO Crisis ITA
6040	CHPW-Crisis ITA
7000	Molina Outpatient
7010	United Healthcare Outpatient
7020	Amerigroup Outpatient
7030	CCW-Foster/Adopt Outpatient
7031	CCW-IMC Outpatient
7032	CCW-BHSO Outpatient
7040	CHPW Outpatient

## Hearing Outcome

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50016)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50035)

Table	Fields (length)	Transaction	File Import
ss_history_ita_hearing	hearing_outcome_code (5) hearing_outcome_value	650.03 ITA Court Hearing 162.05 ITA Hearing	CITAC

### Definitions:

Indicates the outcome of a consumer’s court hearing held under the Involuntary Treatment Act (RCW 71.05 for adults and RCW 71.34 for children age 13 and older (children younger than 13 may not be detained through ITA process)). Codes represent the number of days committed as a result of a court order.

### Business Rules:

- Only one option allowed
- Special Note for Codes 7 and 8: These are court-hearing outcomes based on petitions for revocation filed by the DCR. The DCR can return a person to inpatient status then file a petition for court determination. The court can revoke the LRA (Code 7) which substantiates the DCR's action and returns the person to inpatient for the remainder of their time. The court may also return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

### Dictionary:

BH-ASO Code	Definition	State Code
0	Dismissed	0
1	14 Day MH Commitment	1
2	90 Day MH Commitment or extension	2
3	180 Day MH Commitment or extension	3
4	90 Day MH LRA or LRA extension	4
5	180 Day MH LRA or LRA extension	5
6	Agreed to Voluntary Treatment	6
7	Revoke LRA	7
8	Reinstate LRA	8
9	3 Day Commitment under Joel’s Law	9
10	Dismissal of petition filed under Joel’s Law	10
11	Order for outpatient evaluation within 72 hours for Assisted Outpatient Treatment	11
12	90 Day Assisted Outpatient Treatment Order	12
14	14 Day SUD Commitment or extension	14
15	90 Day SUD Commitment or extension	15
16	180 Day SUD Commitment or extension	16
17	90 Day SUD revocation	17
18	180 Day SUD revocation	18
19	90 Day SUD LRA or LRA extension	19
20	180 Day SUD LRA or LRA extension	20
Z0	No Hearing Occurred-Continuance Motion	0
Z1	No Hearing Occurred-Facility discharged	0
Z2	No Hearing Occurred-Client now Voluntary	0
Z3	No Hearing Occurred-SBC dropped by Doc	0

## Highest Degree

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Staff (50014)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Provider (50003)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	highest_degree_code (10) highest_degree_value	410.01 Staff Demographics	<a href="#">PENRL</a>

### Definitions:

The practitioner/staff member highest degree.

### Business Rules:

N/A

### Dictionary:

Code	Definition
1	Less than High School
2	High School Graduate/GED
3	Some Education Beyond High School, no degree
4	Non-Degree Certificate
5	Associates Degree
6	Bachelors Degree (BA, BS)
7	Masters Degree
8	Doctorate Degree
9	Physicians Assistant
10	ARNP
11	Registered Nurse
12	MD (Doctor of Medicine)
99	Unknown

## Hispanic Origin

Effective: 1/1/2020

**Required** Y – Client; N – Staff  
**Nulls** No – Client; Yes – Staff  
**PM Dictionary** Client (8) Ethnic Origin

**Data Type** Alpha-Numeric**MSO Dictionary** SS Member (50323)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	hisp_origin_code (5) hisp_origin_value	410.01 Staff Demographics	<a href="#">PENRL</a>
ss_history_patient_demog	hisp_origin_code (10) hisp_origin_value	530.02 Consumer Ethnicity 020.07 Client Demographics	CDEMO

### Definitions:

Indicates the Hispanic origin the client or staff (depending on transaction) associates with. 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).

### Business Rules:

- Use the code that describes the person’s identification with Hispanic culture, origin, or descent.
- If the information is not available, not reported, or unknown, select (999) “Not Reported/Unknown.”
- Every client should have an entry in both the “Ethnicity” field and in the “Hispanic Origin” field. This is a Federal data requirement, and data to be collected are established by the U.S. Census Bureau.
- NOTE: “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA)

### Dictionary:

Code	OHRSTM PM Code	Definition
000	0	General Hispanic
709	709	Cuban
722	722	Mexican/Mexican-American/Chicano
727	727	Puerto Rican
799	799	Other Spanish/Hispanic
998	998	Not Spanish/Hispanic
999	999	Unknown

## Hospital Placement | Hearing Placement

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	SS Client (50303)	<b>MSO Dictionary</b>	SS Member (50001)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	hospital_place_code (10)	640.03 Crisis Investigation	CCRIS
	hospital_place_value	160.05 DCR Investigation	
ss_history_ita_hearing	hearing_placement_code (10)	650.03 ITA Court Hearing	CITAC
	hearing_placement_value	162.05 ITA Hearing	

### Definitions:

Indicates the hospital where the client will be placed for inpatient services.

### Business Rules:

- **DCR/ITA:** This field is required whenever the “Investigation Outcome” field entry is “1 – Detention to MH facility”, “3 – Referral to voluntary mental health services-Inpatient”, “4 – Returned to Inpatient facility/Filed Revocation Petition”, or “7 – Detention to SUD facility”. Enter the Hospital or Evaluation + Treatment Center where the client was placed for inpatient services (the final placement). Otherwise leave blank if the client was not placed for inpatient services.
- **MCT:** Not to be used by Mobile Crisis Response teams. Leave blank.
- **ITA COURT HEARINGS:** This field is required whenever the “Hearing Outcome” field code is 1, 2, 3, 7, 9, 14, 15, 16, 17, 18, 19, or 20.

### Dictionary:

Please contact BH-ASO for a list of applicable Hospital Placement/Hearing Placement values or to add additional facilities as needed.

# Impairment Kind 1

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Client (31044.2)	<b>MSO Dictionary</b>	SS Member (50335)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	impair_kind_1_code(10) impair_kind_1_value	607.01 Consumer Disability	DDIAG

**Definitions:**

The set of codes that identifies an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live. Multiple categories can be selected to describe the individual's impairment(s).

**Business Rules:**

- Not required. Default to “Z – None – No Disability”

**Dictionary:**

Code	Definition
A	Development or Intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome
C	Physical, i.e., unable to walk without assistance, unable to care for self, chronic illness.
D	Alcohol or Drug Dependence; i.e., dependence on alcohol or drugs which negatively affects the service recipient’s ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems such as loss of driver’s license or arrests.
E	Vision Impairments (does not include wearing glasses)
F	Hearing Impairments
G	Other Communication difficulties (speech and language, language comprehension. Does not include non-native speakers)
X	Other - Medical or Physical Disabilities not listed above
Y	Unknown
Z	None - No Disability



# Income Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	None	<b>MSO Dictionary</b>	None

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	income_date	525.01 Consumer Income	CINCO

**Definitions:**

Date the financial information was collected for the client.

**Business Rules:**

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Income Indicator

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50014)	<b>MSO Dictionary</b>	

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	income_indicator_code income_indicator_value	525.01 Consumer Income	CINCO

### Definitions:

An outcome indicator of family unit economic level based on federal poverty standards (see the Federal Poverty Guidelines, which are updated and distributed annually).

### Business Rules:

- Use the information available or your best estimate in determining this element.
- If the client is on SSI or is eligible for Washington State Medical Assistance, assume that the client is below federal poverty guidelines.

### Dictionary:

Code	Definition
3	Above Federal Poverty definition
4	Below Federal Poverty definition – with regular or routine source of income, including SSI, SSA, etc.
5	Below Federal Poverty definition – with NO regular or routine source of income
9	Unknown

## Income/Payment Source

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50011)
<b>PM Dictionary</b>	SS Client (50011)	<b>MSO Dictionary</b>	SS Member (50028)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	inc_pay_src_code	525.01 Consumer Income	CINCO
	inc_pay_src_value	140.01 Funding	

### Definitions:

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

### Business Rules:

- Reporting of this field is option for both substance use and mental health clients, but it is encouraged to report this data.

### Dictionary:

Code	Definition
1	Wages/Salary
2	Public Assistance
3	Retirement/Pension
4	Disability
20	Other
21	None
97	Unknown
98	Not Collected

## Initial or Continuing Authorization

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50239)

**Data Type** Alpha-Numeric

**MSO Dictionary** Member (10305)

Table	Fields (length)	Transaction	File Import
ss_history_auth_request	initial_cont_auth_code (10) initial_cont_auth_value	600.01 Consumer Service Authorization Request	CAUTH

### Definitions:

Identifies the authorization as initial (new) or continuing (ongoing).

### Business Rules:

### Dictionary:

Code	Definition	Rules
1	Initial	Use for the first authorization request <u>or</u> when the authorization type is different from the previously requested auth type. Client may have several initial authorizations in the same episode of care.
2	Continuing	Use when the authorization request is for the same auth type as the previous authorization.

## Internal Disorder Screening IDS Score

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50201)
<b>PM Dictionary</b>	SS Client (50171)		

Table	Fields (length)	Transaction	File Import
ss_gain_short_screener	subst_dis_ids_score_code (10)	121.05 GAIN-Short Screener	CGAIN
	subst_dis_ids_score_value	121.05 Co-occurring Disorder	

### Definitions:

The internal disorder score (IDS) according to the client’s response on the GAIN Short Screening form.

### Business Rules:

- Must attempt to screen all individuals ages thirteen (13) and above through the use of DSHS/DBHR-provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
- When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the IDS 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.
- Collected on date of first service or whenever possible and updated whenever status changes

### Dictionary:

BH-ASO Code	Definition	State Code
0	(0) IDS Score	0
1	(1) IDS Score	1
2	(2) IDS Score	2
3	(3) IDS Score	3
4	(4) IDS Score	4
5	(5) IDS Score	5
8	(8) Declined/Refused IDS	8
9	(9) Unable to Complete IDS	9

# Investigation County

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Client (93)

**Data Type** Alpha-Numeric

**MSO Dictionary** Member (36)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	invest_county_code (10) invest_county_value	640.03 Crisis Investigation 160.05 DCR Investigation	CCRIS

**Definitions:**

A code to indicate the county in which the DCR ITA investigation or Mobile Crisis Response crisis intervention occurred.

**Business Rules:**

**Dictionary:**

OHRSTM PM	CODE	DEFINITION
1	53001	Adams
2	53003	Asotin
3	53005	Benton
4	53007	Chelan
5	53009	Clallam
6	53011	Clark
7	53013	Columbia
8	53015	Cowlitz
9	53017	Douglas
10	53019	Ferry
11	53021	Franklin
12	53023	Garfield
13	53025	Grant
14	53027	Grays Harbor
15	53029	Island
16	53031	Jefferson
17	53033	King
18	53035	Kitsap
19	53037	Kittitas
20	53039	Klickitat

OHRSTM PM	CODE	DEFINITION
21	53041	Lewis
22	53043	Lincoln
23	53045	Mason
24	53047	Okanogan
25	53049	Pacific
26	53051	Pend Oreille
27	53053	Pierce
28	53055	San Juan
29	53057	Skagit
30	53059	Skamania
31	53061	Snohomish
32	53063	Spokane
33	53065	Stevens
34	53067	Thurston
35	53069	Wahkiakum
36	53071	Walla Walla
37	53073	Whatcom
38	53075	Whitman
39	53077	Yakima
40	40050	Unknown or Out of State

# Investigation End Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	Investigation_end_date	640.03 Crisis Investigation	CCRIS

**Definitions:**

The date the DCR ITA investigation or MCR crisis intervention service ended.

**Business Rules:**

- **DCR/ITA:** The date the ITA investigation was ended as determined by the Involuntary Treatment Act (RCW 71.05 for Adults; RCW 71.34 for Children age 13 and older). An ITA service encounter must be reported that matches the Investigation End Date and Investigation End Time.
- **MCT:** The date the Mobile Crisis Response Team ended the crisis intervention service, whether face-to-face or via telehealth. A crisis intervention service encounter must be reported that matches the Investigation End Date and Investigation End Time.
- This date-text field is formatted to only accept date style entries and prevents invalid entries (MMDDYYYY)

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

# Investigation End Time

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	invest_end_time	640.03 Crisis Investigation	CCRIS

**Definitions:**

The time the DCR ITA Investigation or Mobile Crisis Response team crisis investigation service ended.

**Business Rules:**

- **DCR/ITA:** The time of day an ITA investigation ended as determined by the Involuntary Treatment Act (RCW 71.05 for Adults; RCW 71.34 for Children age 13 and older). An ITA service encounter must be reported that matches the Investigation End Date and Investigation End Time.
- **MCT:** The time of day the Mobile Crisis Response Team ended the crisis intervention service, whether face-to-face or via telehealth. A crisis intervention service encounter must be reported that matches the Investigation End Date and Investigation End Time.

**Dictionary:**

Format	
HH:MM AM or HH:MM PM	
Definition	
HH	Hour (01-12)
MM	Minutes (00-59)



## Investigation Outcome

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50131)	<b>MSO Dictionary</b>	SS Member (50356)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	invest_outcome_code (10) invest_outcome_value	640.03 Crisis Investigation 160.05 DCR Investigation	CCRIS

### Definitions:

The outcome of an ITA investigation or MCR crisis intervention

### Business Rules:

- **DCR/ITA:** The outcome of an ITA investigation under the Involuntary Treatment Act. Use code 1 (MH) or 7 (SUD) if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and then decided to be treated voluntarily. In this case, document using code 2, 3, or 10-16. There are data dependencies with Legal Status, Return to Inpatient/Revocation Authority, and Hospital Placement based on Investigation Outcome (see "Code/Value Dependencies Table" below).
- **MCT:** Use codes A-R for MCT Crisis Interventions.

### Dictionary:

ASO Code	DEFINITION	State Code
1	ITA-Detention to MH facility (120 hours as identified under the Involuntary Treatment Act, RCW 71.05)	1
2	ITA-Referral to voluntary mental health services-Outpatient	2
3	ITA-Referral to voluntary mental health services-Inpatient	3
4	ITA-Returned to inpatient facility/Filed revocation petition	4
5	ITA-Filed petition recommending LRA extension	5
6	ITA-Referred to non-mental health community resources	6
7	ITA-Detention SUD Secure Detox Facility-120 hours	7
9	ITA-Other	9
10	ITA-Referred to acute detox	10
11	ITA-Referred to sub-acute detox	11
12	ITA-Referred to sobering unit	12
13	ITA-Referred to crisis triage	13
14	ITA-Referred to SUD intensive outpatient program	14
15	ITA-Referred to SUD inpatient program	15
16	ITA-Referred to SUD residential program	16
17	ITA-No detention-E&T provisional acceptance did not occur within statutory timeframes	17
18	ITA-No detention-Unresolved Medical issues	18
19	ITA-Non-emergent detention petition filed	19
20	ITA-Did not require MH or CD services	20
21	ITA-Referred for hold under RCW 71.05 (beginning April 1, 2018)	21
22	ITA-Petition filed for outpatient evaluation	22
23	ITA-Filed petition recommending AOT extension	23

THURSTON MASON BH-ASO DATA DICTIONARY

24	No detention-Secure Detox provisional acceptance did not occur within statutory timeframes	24
100	ITA-Law Enforcement Declined IN Person Assistance	9
101	ITA-Law Enforcement Declined to Assist with Secure Transport	9
A	MCT Referred to Voluntary Outpatient MH Services	
B	MCT Referred to Voluntary Inpatient MH Services	
C	MCT Referred to non-mental health community resources	
D	MCT Other	
E	MCT Referred to acute detox	
F	MCT Referred to sub-acute detox	
G	MCT Referred to sobering unit	
H	MCT Referred to crisis triage	
I	MCT Referred to SUD IOP	
J	MCT Referred to SUD Inpatient program	
K	MCT Referred to SUD Residential	
L	MCT Did not required MH or SUD services	
M	MCT Referred to DCR	
N	MCT Referred to Emergency Department	
O	MCT Referred to Law Enforcement	
P	MCT Referred to DV Shelter	
Q	MCT Stabilized no additional services needed	
R	MCT Stabilized with follow up recommended	

**Historical Codes:**

Code	Definition	Effective Dates
21	Referred for hold under RCW 71.05 (beginning April 1, 2018)	1/1/2020 – 6/30/2020

**Code/Value Dependencies Table:**

Investigation Outcome		Legal Reason for Detention/ Commitment	Return to Inpatient/ Revocation Authority	Inpatient Reporting Unit ID
1	Detention to MH facility (120 hrs)	At least one of the following is required: (A) Dangerous to Self (B) Dangerous to Others (C) Gravely Disabled (D) Dangerous to Property	(9) N/A	Required
2	Referred to MH Voluntary Outpatient	(Z) NA	(9) NA	Blank/Null
3	Referred to MH Voluntary Inpatient	(Z) NA	(9) NA	Required
4	Return to Inpatient Facility	At least one of the following is required: (A) Dangerous to Self (B) Dangerous to Others (C) Gravely Disabled (D) Dangerous to Property -or- (X) Revoked for other reasons	(1) DCR determined detention -or- (2) Outpatient provider requested revocation	Required
5	Filed Petition Recommending LRA Extension	At least one of the following is required: (A) Dangerous to Self (B) Dangerous to Others (C) Gravely Disabled (D) Dangerous to Property -or- (X) Revoked for other reasons	(1) DCR determined detention -or- (2) Outpatient provider requested revocation	Blank/Null
7	Detention to SUD Facility (120 hrs)	At least one of the following is required: (A) Dangerous to Self (B) Dangerous to Others (C) Gravely Disabled (D) Dangerous to Property	9) N/A	Required
6	Referred to Non-mental Health Community Resources	(Z) NA	(9) NA	Blank/Null
9	Other	(Z) NA	(9) NA	Blank/Null
10	Referred to Acute Detox	(Z) NA	(9) NA	Blank/Null
11	Referred to Sub Acute Detox	(Z) NA	(9) NA	Blank/Null
12	Referred to Sobering Unit	(Z) NA	(9) NA	Blank/Null
13	Referred to Crisis Triage	(Z) NA	(9) NA	Blank/Null
14	Referred to SUD Intensive Outpatient Program	(Z) NA	(9) NA	Blank/Null
15	Referred to SUD Inpatient Program	(Z) NA	(9) NA	Blank/Null
16	Referred to SUD Residential Program	(Z) NA	(9) NA	Blank/Null

THURSTON MASON BH-ASO DATA DICTIONARY

17	No detention – E&T provisional acceptance did not occur within statutory timeframes	(Z) NA	(9) NA	Blank/Null
18	No detention – Unresolved medical issues	(Z) NA	(9) NA	Blank/Null
19	Non-emergency detention petition filed	A-D or X at least one required	(9) NA	Blank/Null
20	Did not require MH or CD services	(Z) NA	(9) NA	Blank/Null
22	Petition filed for outpatient evaluation	A-D or X at least one required	(9) NA	Blank/Null
23	Filed petition recommending AOT extension	A-D or X at least one required	(9) NA	Blank/Null
24	No detention-Secure Detox provisional acceptance did not occur within statutory timeframes	(Z) NA	(9) NA	Blank/Null

## Investigation Referral Source

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary SS Client (50169)

Data Type Alpha-Numeric

MSO Dictionary SS Member (50377)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	invest_ref_src_code (8) invest_ref_src_value	640.03 Crisis Investigation 160.05 DCR Investigation	CCRIS

### Definitions:

Indicates the source of the referral for an ITA investigation or MCR crisis intervention.

### Business Rules:

BH-ASO MSO is set to receive only Thurston-Mason region referral sources. An EDI error will be received if trying to submit a Great Rivers region referral source to BH-ASO. Similarly, an EDI error will be received if trying to submit a Thurston Mason region referral source to GRBH-ASO.

### Dictionary:

CODE	DEFINITION	STATE CODE
1	Family: Spouse, parent, child, sibling	1
2	Hospital: Other Not Listed	2
3	Professional: Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services	3
4	Care Facility: Assisted Living, adult family homes, nursing homes, behavioral health residential setting, rehabilitation facility	4
5	Legal Representative: The person with legal responsibility over/for the individual	5
6	School: primary, secondary, or post-secondary school	6
7	Social Service Provider	7
8	Law Enforcement	8
9	Community: landlord, business, neighbors	9
10	Other	10
11	Referral from MCR to DCR ( <b>DCR ONLY</b> )	11
A	Referral from DCR to MCR ( <b>MCR ONLY</b> )	N/A
B	Self Referral	1
C	Crisis Call Center Referral	10
20	HOSPITAL: Capital Med Emergency Room	2
21	HOSPITAL: Capital Med Inpatient Unit	2
22	HOSPITAL: Mason Gen Emergency Room	2
23	HOSPITAL: Mason Gen Inpatient Unit	2
24	HOSPITAL: PSPH Emergency Room	2
25	HOSPITAL: PSPH Inpatient Unit	2
26	HOSPITAL: PSPH Inpatient Psych Unit	2
27	HOSPITAL: Harbor Regional Health (Grays Harbor) Emergency Room	2
28	HOSPITAL: Harbor Regional Health (Grays Harbor) Inpatient Unit	2
29	HOSPITAL: Summit Pacific Emergency Room	2

THURSTON MASON BH-ASO DATA DICTIONARY

30	HOSPITAL: Summit Pacific Inpatient Unit	2
31	HOSPITAL: Willapa Harbor Emergency Room	2
32	HOSPITAL: Willapa Harbor Inpatient Unit	2
33	HOSPITAL: Ocean Beach Emergency Room	2
34	HOSPITAL: Ocean Beach Inpatient Unit	2
35	HOSPITAL: St. Johns Emergency Room	2
36	HOSPITAL: St. Johns Inpatient Unit	2
37	HOSPITAL: Providence Centralia Emergency Room	2
38	HOSPITAL: Providence Centralia Inpatient Unit	2
39	HOSPITAL: Morton General Emergency Room	2
40	HOSPITAL: Morton General Inpatient Unit	2
41	CSU: Crisis Stabilization Unit-Lewis County	4
42	CSU: Crisis Stabilization Unit-Grays Harbor	4
43	E+T: Mason County E+T Telecare	4
44	E+T: Pierce County E+T Milton	4
45	HOSPITAL: South Sound BH	2
60	JAIL: Green Hill School Juvenile	8
61	JAIL: Lewis County Juvenile detention	8
70	JAIL: Thurston County	8
71	JAIL: Mason County	8
72	JAIL: Other Not Listed	8
73	JAIL: Aberdeen City	8
74	JAIL: Grays Harbor County	8
75	JAIL: Grays Harbor County Juvenile Detention	8
76	JAIL: Hoquiam	8
77	JAIL: Chehalis Tribal	8
78	JAIL: Pacific County	8
79	JAIL: Lewis County	8
170	JAIL: Olympia City	8
171	JAIL: Cowlitz County	8
172	JAIL: Nisqually	8
173	LAW ENF: Olympia Fire Dept	
80	LAW ENF: Thurston Co Sheriff	8
81	LAW ENF: Olympia PD	8
82	LAW ENF: Lacey PD	8
83	LAW ENF: Tumwater PD	8
84	LAW ENF: Yelm PD	8
85	LAW ENF: Tenino PD	8
86	LAW ENF: Nisqually Tribal PD	8
87	LAW ENF: Thurston Co EMS	8
88	LAW ENF: Mason Co Sheriff	8
89	LAW ENF: Shelton PD	8
90	LAW ENF: Squaxin Island Tribal PD	8
91	LAW ENF: Skokomish Tribal PD	8
92	LAW ENF: Mason County EMS	8
93	LAW ENF: Washington State Patrol	8
94	LAW ENF: Dept Fish Wildlife	8

THURSTON MASON BH-ASO DATA DICTIONARY

95	LAW ENF: Lewis Co Sheriff	8
96	LAW ENF: Centralia PD	8
97	LAW ENF: Grays Harbor Co Sheriff	8
98	LAW ENF: Aberdeen PD	8
99	LAW ENF: Hoquiam PD	8
100	LAW ENF: Elma PD	8
101	LAW ENF: McCleary PD	8
102	LAW ENF: Montesano PD	8
103	LAW ENF: Cosmopolis PD	8
104	LAW ENF: Ocean Shores PD	8
105	LAW ENF: Westport PD	8
106	LAW ENF: Wahkiakum Co Sheriff	8
107	LAW ENF: Cowlitz Co Sheriff	8
108	LAW ENF: Longview PD	8
109	LAW ENF: Kelso PD	8
110	LAW ENF: Castle Rock PD	8
111	LAW ENF: Kalama PD	8
112	LAW ENF: Woodland PD	8
113	LAW ENF: Pacific Co Sheriff	8
114	LAW ENF: South Bend PD	8
115	LAW ENF: Raymond PD	8
300	PROF: Thurston MCT <b>(DCR ONLY)</b>	3
301	PROF: Mason MCT <b>(DCR ONLY)</b>	3
302	PROF: Lewis MCT <b>(DCR ONLY)</b>	3
303	PROF: Cowlitz MCT <b>(DCR ONLY)</b>	3
304	PROF: Pacific MCT <b>(DCR ONLY)</b>	3
305	PROF: Grays Harbor MCT <b>(DCR ONLY)</b>	3
306	PROF: Wahkiakum MCT <b>(DCR ONLY)</b>	3
307	PROF: Olympia CRU <b>(DCR ONLY)</b>	3
400	CARE FACILITY: Supreme Living ESF	4

# Investigation Start Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	Investigation_start_date	640.03 Crisis Investigation	CCRIS

**Definitions:**

The date the DCR begins investigation of the ITA or the date the Mobile Crisis Response Team starts the crisis intervention service (face-to-face or telehealth).

**Business Rules:**

- **DCR/ITA:** The date the ITA investigation started as determined by the Involuntary Treatment Act (RCW 71.05 for Adults; RCW 71.34 for Children age 13 and older). An ITA service encounter must be reported that matches the Investigation Start Date and Investigation Start Time.
- **MCT:** The date the Mobile Crisis Response Team started the crisis intervention service, whether face-to-face or via telehealth. A crisis intervention service encounter must be reported that matches the Investigation Start Date and Investigation Start Time.
- This date-text field is formatted to only accept date style entries and prevents invalid entries (MMDDYYYY)

**Dictionary:**

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year



## Investigation Start Time

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	investigation_time	640.03 Crisis Investigation	CCRIS

### Definitions:

The start time of the DCR ITA Investigation or Mobile Crisis Response Team crisis investigation service.

### Business Rules:

- **DCR/ITA:** The time of day an ITA investigation started as determined by the Involuntary Treatment Act (RCW 71.05 for Adults; RCW 71.34 for Children age 13 and older). An ITA service encounter must be reported that matches the Investigation Start Date and Investigation Start Time.
- **MCT:** The time of day the Mobile Crisis Response Team started the crisis intervention service, whether face-to-face or via telehealth. A crisis intervention service encounter must be reported that matches the Investigation Start Date and Investigation Start Time.

### Dictionary:

Format	
HH:MM AM or HH:MM PM	
Definition	
HH	Hour (01-12)
MM	Minutes (00-59)

## Investigation Type

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50130)
<b>PM Dictionary</b>	SS Client (50130)	<b>MSO Dictionary</b>	SS Member (50355)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	invest_type_code (10) invest_type_value	640.03 Crisis Investigation	CCRIS

### Definitions:

Type of service – DCR ITA vs. Mobile Crisis Response (MCT)

### Business Rules:

- **DCR/ITA:** When an ITA Investigation is performed by a DCR
- **MCT:** When a MCT is dispatched to respond to a referral.

### Dictionary:

CODE	DEFINITION
1	DCR ITA Investigation for Detention
3	Mobile Crisis Team Response

## Language | Primary Language

Effective: 1/1/2020

**Required** Y – Client; N – Staff  
**Nulls** No – Client; Yes – Staff  
**PM Dictionary** Client (149)

**Data Type** Alpha-Numeric  
**MSO Dictionary** Provider (Other Languages)  
 (10008)  
 SS Member (50457)

Table	Fields (length)	Transaction	File Import
patient_current_demographics	primary_language_code (10)	500.02 Consumer Demographics	<a href="#">CMOVE</a>
	primary_language_value	020.08 Consumer Demographics	CDEMO
ss_staff_supp_demog	languages_code (20)	430.01 Staff Language	PENRL
	languages_value		

### Definitions:

Also known as “Primary Language”. The practitioner/staff member languages. The staff/client’s primary spoken language. Identifies the language in which a person prefers to receive services.

### Business Rules:

- This field supports multiple entries with a user defined primary, secondary, etc. up to 10 languages.
- NOTE: “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA).

### Dictionary:

Code	OHRSTM PM Code	Definition
und	99	Language Unknown/Other Language
jpn	1	Japanese
kor	2	Korean
spa	3	Spanish
vie	4	Vietnamese
lao	5	Laotian
khm	6	Cambodian
	7	Mandarin
hmn	8	Hmong
smo	9	Samoan
	10	Ilocano
tgl	11	Tagalog
fre	12	French
eng	13	English
ger	14	German
sgn	15	American Sign Language
	16	Cantonese
hun	17	Hungarian
rus	18	Russian
rum	19	Romanian
pol	20	Polish
gre	21	Greek
tir	22	Tigrigna

Code	OHRSTM PM Code	Definition
amh	23	Amharic
fin	24	Finnish
	25	Farsi
cze	26	Czech
	27	Mien
	28	Yakama
	29	Salish
	30	Puyallup
tha	31	Thai
hin	32	Hindi
ara	33	Arabic
chi	34	Other Chinese Not Cantonese or Mandarin
dut	35	Dutch
guj	36	Gujarati
	37	Indian
ita	38	Italian
	39	Lakota Sioux
may	40	Malay
mar	41	Marathi
nor	42	Mandarin
ukr	43	Ukrainian
und	99	Other

# Level of Urgency

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50008)  
**Data Type** Alpha-Numeric  
**MSO Dictionary**

Table	Fields (length)	Transaction	File Import
ss_history_first_contact	level_of_urgency_code (10) level_of_urgency_value	515.02 Consumer First Contact	CFCON

**Definitions:**

Indicates the level of urgency associated with contact with a potential client.

**Business Rules:**

- Use code “3 – Routine” for Outpatient clients.
- Use code “2 – Urgent” for E+T Inpatient clients.

**Dictionary:**

Code	Definition
1	Emergent: Emergent Care: Services occur within two (2) hours of initial contact. Services provided for a person, that, if not provided, would likely result in the need for emergency crisis intervention or hospital evaluation due to concerns of potential danger to self, other or grave disability.
2	Urgent: Urgent Care: Services occur within 24 hours of initial contact. To be provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person’s situation is likely to deteriorate to the point that emergent care is necessary.
3	Routine: Routine Care: Services occur within 10 calendar days of initial contact. A setting where evaluation from service delivery services is provided to consumers on a regular basis. These services are intended to stabilize, sustain, and facilitate consumer recover within his or her living situation.

## License Expiration Date

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_staff_lic_info	license_exp_date (8)	425.01 Staff Licenses	PLICE

### Definitions:

The expiration date of the practitioner/staff member license.

### Business Rules:

- All practitioner/staff providing services must have a valid license to provide Mental Health Services and/or Substance Use Disorder Services. Exception applies to Request for Services and Data Entry staff only.
- This date-text field is formatted to only accept date style entries and prevents invalid entries (MMDDYYYY)

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## License Number

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_staff_lic_info	license_number (20)	425.01 Staff Licenses	PLICE

### Definitions:

The practitioner/staff member license number.

### Business Rules:

- All practitioner/staff providing services must have a valid license to provide Mental Health Services and/or Substance Use Disorder Services. Exception applies to Request for Services and Data Entry staff only

### Dictionary:

N/A

## Living Situation (Residence)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50326)
<b>PM Dictionary</b>	Client (1167)		

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	living_sit_code (10) living_sit_value	520.02 Consumer Address 035.10 Client Profile	CDEMO

### Definitions:

Indicates the client's primary living situation (i.e., residence) in the last 30 days.

### Business Rules:

- Required for all mental health and substance use disorder 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 on a 90-day cycle, the living situation for the last 30 days (where the client was the majority of the time in the last 30 days) is the information to be reported.
- NOTE: "OHRSTM PM Only Codes" are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA).

### Dictionary:

[See next page for dictionary]

THURSTON MASON BH-ASO DATA DICTIONARY

Code	OHRSTM PM Code	Definition
1	A	<b>HOMELESS WITHOUT HOUSING</b> – individual primarily resides “on the street” or in a homeless shelter
2	B	<b>FOSTER HOME/FOSTER CARE</b> – individual resides in a foster home. A foster home is a home that is licensed by a 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	C	<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	D	<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	E	<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	F	<b>JAIL/CORRECTIONAL FACILITY</b> – 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	G	<b>PRIVATE RESIDENCE ADULT</b> - For adults only: this category reflects the living arrangement of adult clients where “independent”/”dependent” status is unknown. Otherwise, use “independent living”/”dependent living” as appropriate.
8	H	<b>INDEPENDENT LIVING</b> – For adults only: 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	I	<b>DEPENDENT LIVING</b> – 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	J	<b>PRIVATE RESIDENCE CHILD</b> – For children only – use this code for all children living in a private residence regardless of living arrangement.
11	K	<b>OTHER RESIDENTIAL STATUS</b>
97	L	<b>UNKNOWN</b>
12	M	<b>HOMELESS WITH HOUSING</b> – individual does not have a fixed regular nighttime residence and typically stays (“couch surfs”) at the home of family or friends



## Location

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Batch Claim Processing (50008)
<b>PM Dictionary</b>	Client (10006); SS Client (50300)		

Table	Fields (length)	Transaction	File Import
ss_billing_history	location_code (10) location_value	625.03 Outpatient Services	CSVCS

### Definitions:

A place of service where treatment was provided to the client.

### Business Rules:

- The “Location” dictionary has an extended dictionary – “Activity Setting” – that is transmitted to the BH-ASO/MSO. The “Activity Setting” code crosswalks to the State as a standard CMS Place of Service location code.
- Agencies are responsible for reporting the accurate location for billing based on the latest publication from the Center for Medicare/Medicaid (CMS) Place of service Codes.
- Extended dictionaries for Third Party Billing include Client 578 (Place of Service HCFA 24-B) and Client 579 (Place of Service 837 Electronic Billing).
- Agencies contact BH-ASO to add additional location codes based on the complete set of CMS Place of Service codes.

### Dictionary:

- Effective April 1, 2017, agencies are required to use agency’s licensed site-specific location codes. Contact BH-ASO for a complete list of your agency-site-specific location codes.

## Location and Dates of Treatment

Effective: 1/1/2020

Required C  
 Nulls Yes  
 PM Dictionary

Data Type Alpha-Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	location_dates_treatment (999)	710.01 Substance Use Data	SUBSU

### Definitions:

Free text field to record location and dates of treatment if client has received treatment for substance abuse in the past.

### Business Rules:

- If “Yes” is selected in the “Treated for Substance Abuse Problem in the Past” field, then the “Location and Dates of Treatment” comments field becomes required.
- If “Yes” is selected in the “Treated for Substance Abuse Problem in the Past” field **and** the Assessment Type is **not** Admission or Assessment Only, agencies may report “N/A” this free text field. The narrative is only required once per episode.

### Dictionary:

## Marital Status

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50325)
<b>PM Dictionary</b>	Client (10)		

Table	Fields (length)	Transaction	File Import
patient_current_demographics	marital_status_code (10)	500.02 Consumer Demographics	CDEMO
patient_demographic_history	marital_status_value	035.10 Client Profile	

### Definitions:

The client’s current (legal) marital status.

### Business Rules:

- Report the legal married status at that point and place in time. Not what they intend to be or wish to be, etc.
- Only one option allowed.
- Required for all mental health and substance use disorder clients.
- Collected at admission, upon change, and at discharge.
- NOTE: “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA).

### Dictionary:

Code	OHRSTM PM Code	Definition
1	A	Single or Never Married: includes clients who are single or whose only marriage was annulled
2	B	Now Married or Committed Relationship: includes married couples, those living together as married, living with partners, or cohabiting
3	C	Separated: includes those legally separated or otherwise absent from spouse because of marital discord
4	D	Divorced
5	E	Widowed
97	F	Unknown

## Matrix Quadrant Value

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50181)
<b>PM Dictionary</b>	SS Client (50181)	<b>MSO Dictionary</b>	SS Member (50211)

Table	Fields (length)	Transaction	File Import
ss_co_occurring_matrix	matrix_quadrant_val_code (10)	121.05 Co-Occurring Matrix	CMATX
	matrix_quadrant_val_value	121.05 Co-occurring Matrix	

### Definitions:

Quadrant placement is based on clinical judgment of clients screened who have indications of a co-occurring mental illness and substance use based on GAIN-SS screening results.

### Business Rules:

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

### Dictionary:

Code	Definition
1	Quad 1 (Less severe MH/Less severe SUD)
2	Quad 2 (More severe MH/Less severe SUD)
3	Quad 3 (Less severe MH/More severe SUD)
4	Quad 4 (More severe MH/More severe SUD)
9	No Co-occurring treatment needed

## Medication Assisted Opioid Therapy

Effective: 1/1/2020

<b>Required</b>	Yes	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50633)	<b>MSO Dictionary</b>	SS Member (50462)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	med_assisted_opioid_ther_code med_assisted_opioid_ther_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

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

### Business Rules:

- Substance Abuse reporting: If the client is not in treatment for an opioid problem (Heroin, Non-prescription Methadone, or Other Opiates and Synthetics) in one of the Substance Abuse Problem fields, this field may be coded “6 – Not Applicable”. This is not mandatory because it is possible that the client is being treated with opioid therapy for a substance abuse problem not among the maximum of three that can be listed.
- Mental Health reporting: This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance abuse problems.

### Dictionary:

Code	Definition
1	Yes
2	No
3	Not Applicable
7	Unknown
8	Not Collected

## Method 1 | Method 2 | Method 3

Effective: 1/1/2020

**Required** 1 – Yes; 2, 3 – C  
**Nulls** 1 – No; 2, 3 – Yes  
**PM Dictionary** Custom CWS (50109)

**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50909)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	method_1_code (10) method_1_value	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	method_2_code (10) method_2_value	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	method_3_code (10) method_3_value	710.01 Substance Use Data	SUBSU

### Definitions:

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

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge.
- “Method 1” requires a selection.
- “Method 2” and “Method 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.

### Dictionary:

CODE	DEFINITION
1	Inhalation
2	Injection
3	Oral
4	Other
5	Smoking

## Military Service

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50601)

**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50431)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	military_svc_code (10)	500.02 Consumer Demographics	CDEMO
	military_svc_value	020.08 Client Demographics	

### Definitions:

Identifies if the consumer has ever served as an active member in the U.S. Military.

### Business Rules:

- Collected at admission, upon change, and at discharge.

### Dictionary:

Code	OHRSTM PM Code	Definition
1	Y	Yes
2	N	No
3	R	Refuse
4	U	Unknown

## Movement Date

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
	(8)		CMOVE

### Definitions:

Identifies the movement date within the episode.

### Business Rules:

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year



## Movement Time

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
	(8)		CMOVE

### Definitions:

Identifies the movement time within the episode.

### Business Rules:

### Dictionary:

Format	
HH:MM AM or HH:MM PM	
Definition	
HH	Hour (01-12)
MM	Minutes (00-59)

## Movement Type

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** N/A  
**Data Type** Alpha  
**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
	(1)		CMOVE

### Definitions:

Identifies the movement type within the episode.

### Business Rules:

### Dictionary:

Code	Definition
A	Admission
L	Leave Input (used for Inpatient)
R	Return from Leave (used for Inpatient)
T	Program Transfer
D	Discharge

## Name – Client

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
patient_current_demographics	patient_name (40)	500.02 Consumer Demographics 020.05 Consumer Demographics, 837P/837I	<a href="#">CMOVE</a>

### Definitions:

The legal name of the client. Consistency is important here, because the last name will be used as one element to uniquely identify the service recipient across the system.

Last Name: The surname/family/last name of the recipient as provided by the BH-ASO/PHP, State Hospital or Community Service Office. In general, follow the rules of the appropriate culture when determining which name is the surname.

First Name: The given/first/informal name as provided by a Reporting Unit. (May include title). In general, follow the rules of the appropriate culture when determining which name is the surname and which the given name. The given name as recorded on significant documentation can be used to resolve contradictions. Use reasonable judgment to determine the best choice.

### Business Rules:

- List name as follows: Last name no space, comma First Name SPACE Middle Initial or name. EXAMPLE: SMITH,JOAN MARIE or SMITH,JOAN M
- Do not put any other information in any of the name fields. These fields are for names only. For example do not put billing information (Kaiser), relationships (father), maiden names, etc. in any of these fields.
- Do not use any punctuation: periods, quotes, apostrophes etc. Use alpha characters only. The ONLY exception is that you can use a hyphen in the last name. EXAMPLE: SMITH-JONES,SUSAN R or SMITH-JONES,SUSAN ROSE
- The format for Jr. (junior) and Sr. (senior) is last name, comma, first name, space, middle initial, space Jr. or Sr. EXAMPLE: JOHNSON,JEFFREY J JR.

### Dictionary:

N/A

## Name – Staff

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
staff_current_demographics	name (40)	410.01 Staff Demographics	<a href="#">PENRL</a>

### Definitions:

The name of the practitioner/staff member. This name-text data element is formatted to only accept name style entries. The system reads data to the left of the comma as the last name and to the right of the comma as the first/middle. This allows for compound last names, (Jr.), or a roman numeral.

### Business Rules:

- List name as follows: Last name no space, comma First Name SPACE Middle Initial or name. EXAMPLE: SMITH,JOAN MARIE or SMITH,JOAN M
- Do not put any other information in any of the name fields. These fields are for names only. For example do not put billing information (Kaiser), relationships (father), maiden names, etc. in any of these fields.
- Do not use any punctuation: periods, quotes, apostrophes etc. Use alpha characters only. The ONLY exception is that you can use a hyphen in the last name. EXAMPLE: SMITH-JONES,SUSAN R or SMITH-JONES,SUSAN ROSE
- The format for Jr. (junior) and Sr. (senior) is last name, comma, first name, space, middle initial, space Jr. or Sr. EXAMPLE: JOHNSON,JEFFREY J JR.
- [[Additional Information will be released regarding the slight variation of staff name required when a second staff ID is needed due to multiple credentials/licensures (i.e., CDP & MHP)

### Dictionary:

N/A

## Name – Subscriber’s

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_subs_data	subs_name (40)	N/A	<a href="#">CFEGU</a>

### Definitions:

Name of the individual that holds the guarantor policy.

### Business Rules:

- List name as follows: Last name no space, comma First Name SPACE Middle Initial or name. EXAMPLE: SMITH,JOAN MARIE or SMITH,JOAN M
- Do not put any other information in any of the name fields. These fields are for names only. For example do not put billing information (Kaiser), relationships (father), maiden names, etc. in any of these fields.
- Do not use any punctuation: periods, quotes, apostrophes etc. Use alpha characters only. The ONLY exception is that you can use a hyphen in the last name. EXAMPLE: SMITH-JONES,SUSAN R or SMITH-JONES,SUSAN ROSE
- The format for Jr. (junior) and Sr. (senior) is last name, comma, first name, space, middle initial, space Jr. or Sr. EXAMPLE: JOHNSON,JEFFREY J JR.

### Dictionary:

N/A

## Needle Used Ever

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50610)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50440)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	needle_used_ever_code (10) needle_used_ever_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

Indicates if the client has ever used needles to inject illicit drugs in their lifetime.

### Business Rules:

- Required field for all Substance Use Disorder and mental health clients.
- Collected at admission, discharge, and upon change.

### Dictionary:

Code	Description
1	Continuously
2	Intermittently
3	Rarely
4	Never
97	Unknown
98	Refused to Answer

# Number of Dependents

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	None	<b>MSO Dictionary</b>	None

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	dependents	525.01 Consumer Income	CINCO

### Definitions:

The number of dependents in the household (including the client) that rely on the family’s reported gross monthly income. Family is defined as members who normally share residence and who share income. Does not include group home members, other shelter members, or inpatient roommates.

### Business Rules:

- Number of dependents must be greater than or equal to 1.
- Report the number of individuals (including the client) submitted on the tax return as dependents.
- A foster child is reported as “1”. Example: A family consisting of a father, mother, two natural children, and one foster child. Scenario A – if the foster child is the client, then the number of dependents is 1. Scenario B – if the mother is the client, then the number of dependents is 4 (Self = 1, husband =1, two natural children =2 for a total of 4).
- A child age 13 to 18 that requests to remain private is reported as “1”.
- Use “1” as a default if the number of dependents is unknown.

### Dictionary:

## Parenting Under Age 18

Effective: 1/1/2020

**Required** Y  
**Nulls** Yes  
**PM Dictionary** SS Client (50630)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50435)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	parenting_code (10) parenting_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

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

### Business Rules:

- State-required for female Substance User Disorder clients only, but System requires it also be reported for female Mental Health clients.
- If Gender is "Y" female, this field is required.
- Data collected at admission, discharge and upon change.

### Dictionary:

Code	Description
Y	<b>Yes</b> – Client has some level of custodial or child support responsibility
N	<b>No</b> – Client does not have some level of custodial or child support responsibility
U	<b>Unknown</b>
R	<b>Refused</b>



## Peak Use 1 | Peak Use 2 | Peak Use 3

Effective: 1/1/2020

**Required** 1 – Yes; 2, 3 – C  
**Nulls** 1 – No; 2, 3 – Yes  
**PM Dictionary** Custom CWS (50114)

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50914)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	peak_use_1_code (10) peak_use_1_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	peak_use_2_code (10) peak_use_2_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU
ss_history_sub_use_data	peak_use_3_code (10) peak_use_3_value	710.01 Substance Use Data 036.03 Substance Use	SUBSU

### Definitions:

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

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge.
- “Peak Use 1” requires a selection.
- “Peak Use 2” and “Peak Use 3” are required if the “Substance 2” and “Substance 3”, respectively, are not a “Not applicable” value.

### Dictionary:

Code	Description
1	No Use
2	Less than Once a Week
3	1-2 Times a Week
4	3-6 Times a Week
5	Daily
6	Not Applicable

## Phone - Home

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Y		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	client_home_phone (12)	500.02 Consumer Demographics	CDEMO

### Definitions:

The phone number where the client lives or may receive calls. (Including area code). May be a land line or a mobile/cell phone.

### Business Rules:

- Area code is required.
- If no phone, leave the field blank. Do not enter zeros.
- If the client does not answer the phone, do not identify the agency calling. This violates the client’s confidentiality.
- The “Client’s Cell Phone” field in the Admission Outpatient Demographics screen does not transmit to the RSN and does not meet the RSN requirement of maintaining the client’s current phone number. The client’s current phone number must be entered in the “Client’s Home Phone” field as described above.
- Format should be: NNN-NNN-NNNN.

### Dictionary:

Area Code	Prefix	Number
000	000	0000

## Phone - Mobile

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Y		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	client_mobile_phone (12)	500.02 Consumer Demographics	CDEMO

### Definitions:

The client's mobile/cell phone number, including area code.

### Business Rules:

- Area code is required.
- If no mobile/cell phone, leave the field blank. Do not enter zeros.
- If the client does not answer the phone, do not identify the agency calling. This violates the client's confidentiality.

### Dictionary:

Area Code	Prefix	Number
000	000	0000

## Plan Level Number

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	N		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_data			CFEPL

### Definitions:

An auto assign number according to the guarantor order

### Business Rules:

#### Additional Guidance for File Import Providers in given below.

- When the CFEGU is submitted for each guarantor type, the system automatically generates a CFEPL “Level 1” with generic dates. Because of this auto creation by the system, the user will never have a CFEPL with a status of “Add” – every CFEPL submitted will be an “edit”. Think of these two transactions this way:
  - CFEGU is the transaction to establish whether the consumer is Medicaid or Non-Medicaid and provide the system with the P1 ID. There is one CFEGU per Guarantor.
  - CFEPL is the transaction to establish the effective date range for the guarantor of the CFEGU it is attached to. If a consumer goes on or off Medicaid frequently, there maybe be multiple CFEPL transactions for a single CFEGU guarantor.
- A Plan Level Number is assigned to each effective date range for the specific guarantor it is attached to. Plan Level Numbers are guarantor-specific and episode-specific, so will be reset to 1 when either the guarantor or episode changes.
- Examples:
  - Example A – Consumer enrolls into services as Medicaid and stays Medicaid the entire episode.
    - Only 1 CFEPL will be generated with a “Plan Level Number” of 1 with a start date of enrollment into services with your agency.
  - Example B – Consumer enrolls into services as Medicaid, then loses Medicaid a few months into services.
    - 3 CFEPL files would be submitted:
      - First would be Level 1 with the start date of enrollment into services with your agency.
      - Second would be Level 1 with the start date they enrolled into services with your agency and the end date of when their Medicaid coverage ended.
      - Third would be Level 1 again because this time the CFEGU guarantor will be Non-Medicaid, and the start date will be the date after the previous CFEPL’s end date.
  - Example C – Consumer enrolls into services as Medicaid, then loses Medicaid a few months into services for a month or so, but then Medicaid is reinstated
    - 5 CFEPL files would be submitted:
      - First would be Level 1 with the start date of enrollment into services with your agency.
      - Second would be Level 1 with the start date they enrolled into services with your agency and the end date of when their Medicaid coverage ended.
      - Third would be Level 1 again because this time the CFEGU guarantor will be Non-Medicaid, and the start date will be the date after the previous CFEPL’s end date

- Fourth would be Level 1 for the Non-Medicaid with that same start date and the end date of the day before the Medicaid was reinstated
- Fifth would be Level 2 because now we are creating a second date range for the Medicaid guarantor. The start date would be the date the Medicaid was effective again.
- If a consumer discharges and re-enrolls, this starts a new episode, so all Plan Levels reset to 1 regardless what level you were on in the previous episode.

## Practitioner Category

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary Staff (79)

Data Type Alpha-Numeric

MSO Dictionary N/A

Table	Fields (length)	Transaction	File Import
			<a href="#">PENRL</a>

### Definitions:

The practitioner's/staff member's credentials.

### Business Rules:

- BH-ASO Providers **may not** use "Unknown" for any practitioners reporting data to the BH-ASO. A valid selection other than "Unknown" must be reported.
- Not all Practitioner Category codes are available in all agency PMs; they vary by agency

### Dictionary:

BH-ASO Code	Definition	State Code	State Definition
1	MD	3	Psychiatrist/MD
2	ARNP	2	ARNP/PA
3	PHD	4	MA/PhD
4	MA	4	MA/PhD
5	BA	5	Below Masters Degree
6	RN	1	RN/LPN
7	LPN	1	RN/LPN
8	AA	5	Below Masters Degree
9	PA	2	ARNP/PA
10	MSW	4	MA/PhD
11	LICSW	4	MA/PhD
12	LMHC	4	MA/PhD
13	PSYD	3	Psychiatrist/MD
14	DO	3	Psychiatrist/MD
15	RC	5	Below Masters Degree
16	BS	5	Below Masters Degree
17	MS	4	MA/PhD
18	MED	4	MA/PhD
19	MRE	4	MA/PhD
20	MDIV	4	MA/PhD
21	INTERN	5	Below Masters Degree
22	NA	8	Not Applicable
23	CPC	6	DBHR Credentialed Certified Peer Counselor
24	BA EXC	9	Bachelor Level with Exception/Waiver
25	MA EXC	10	Master Level with Exception/Waiver
26	DCR	4	MA/PhD
27	LICSWA	4	MA/PhD
28	LMFTA	4	MA/PhD

THURSTON MASON BH-ASO DATA DICTIONARY

29	CMHS	4	MA/PhD
31	LMHCA	4	MA/PhD
32	LASWA	4	MA/PhD
41	MA-C	15	Medical Assistant-Certified
42	CDP	20	Chemical Dependency Professional
43	CDPT	21	Chemical Dependency Professional Trainee
44	PharmD	16	PharmD
99	OTHER	12	Other (Clinical Staff)
UNK	UNKNOWN	-	-

## Practitioner Category for Coverage

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Staff (70)

**Data Type** Alpha-Numeric

**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
staff_current_demographics	categories_for_cov1_code (20) categories_for_cov1_value categories_for_cov2_code (20) categories_for_cov2_value categories_for_cov3_code (20) categories_for_cov3_value categories_for_cov4_code (20) categories_for_cov4_value categories_for_coverage_all		<a href="#">PENRL</a>

### Definitions:

The practitioner's/staff member's categories for coverage. This field is used by the Benefit Plan option to create plans that specify specific staff types for coverage. This directly relates to third party billing (not BH-ASO).

### Business Rules:

- BH-ASO may default to "Unknown".

### Dictionary:

Code	Definition	Code	Definition
1	Psychiatrist	9	Occupational Therapist
2	Psychologist	10	Physical Therapist
3	Social Worker	11	Musical Therapist
4	Physician – Not a Psychiatrist	12	Nurse Practitioner
5	Certified Drug & Alcohol Counselor	13	Physician Assistant
6	RN	98	Other (Non-Billable)
7	LPN	99	Unknown
8	Dietician		



## Practitioner ID

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
staff_enrollment_history	STAFFID (9) - " - - " -	N/A	<a href="#">PENRL</a> <a href="#">PLICE</a> <a href="#">CMOVE</a>
staff_termination_history	- " -	N/A	<a href="#">PTERM</a>
ss_billing_tx_history	PROVIDER_ID (9) v_PROVIDER_ID	625.03 Outpatient Services	<a href="#">CSVCS</a>

### Definitions:

Unique Staff ID as defined by the Provider Agency. Primary key field on add/edits.

### Business Rules:

- Field is limited to 6 characters for direct data entry users
- Required and processed only for Admission or Discharge movement (Admitting Practitioner; Discharge Practitioner).
- Data in this field is populated by a search. Select the criterion for the search by activating either the "Name/ID Number" radio button or the "Unique Practitioner ID" radio button. The default search criterion is "Name/ID Number." Enter either the practitioner's last name (or first portion of the last name), the ID number, or the Unique Practitioner ID number (if you have elected to use that search criteria option) and then click on the "Process Search" button. The drop down field automatically populates with search results. If there is more than one option, make the appropriate selection to populate the field.
- Practitioner must be setup to transmit to the BH-ASO (i.e., RSN) in the Supplemental Practitioner Demographics form
- Example: STAFF ID: 15846

### Dictionary:

# Pregnant

Effective: 1/1/2020

**Required** Y  
**Nulls** Yes  
**PM Dictionary** Client (357)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50436)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	pregnant_code (10) pregnant_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

## Definitions:

Indicates whether a client is pregnant.

## Business Rules:

- State-required for female Substance User Disorder clients only, but System requires it also be reported for female Mental Health clients.
- If Sex field in Admission-Outpatient form is “Y” female, this field is required. The “Sex” field differs from the Client Profile form “Gender” field.
- Data collected at admission, discharge and upon change.

## Dictionary:

Code	Description
Y	Yes
N	No
U	Unknown
R	Refused to answer

## Priority Code

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	Client (31032.3)
<b>PM Dictionary</b>	Client (31032.3)	<b>MSO Dictionary</b>	SS Member (50089)

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	ss_diagnosis_dict_3_code (10) ss_diagnosis_dict_3_value	605.03 Consumer ICD10 Assessment	DDIAG

### Definitions:

Previously, this field was used to indicate the relative seriousness, duration, and intensity of the presenting mental disorder of a consumer and also to distinguish whether the consumer was a member of a targeted group as established by legislative mandate (RCW 71.24.025). The RSN discontinued this data requirement as of 9/30/11, but an entry is still required in this field in order to submit/file the screen, so “Not Applicable” is now the only enabled selection.

### Business Rules:

- BH-ASO – default to “99 – Not Applicable”. Some PMs use “PC” instead. Both are allowable at MSO.

### Dictionary:

BH-ASO Code	Definition	Notes
99	Not Applicable	
PC	Not Applicable	

## Program End Reason

Effective: 1/1/2020

<b>Required</b>	C	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	SS Client (50405)	<b>MSO Dictionary</b>	SS Member (50143)

Table	Fields (length)	Transaction	File Import
ss_wsc_specialized_prog	program_end_reason_code (10)	060.06 WSC Specialized Program 060.06 Program Identification	CSPC2

### Definitions:

Indicates the primary reason the client is ending this program/level of care.

### Business Rules:

- If “Participation End Date” is completed, this field is required.
- Additional guidance for SUD specialized programs: required for all Substance Use Disorder (SUD) clients upon 1) change in ASAM placement and 2) at discharge from an episode of care.

### Dictionary:

CODE	DEFINITION
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 NOT by Suicide
8	Other
9	Lost Contact
10	Administrative Closure

## Registration Date (Date Hired)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Date
<b>Nulls</b>	No		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
billing_guar_subs_data	registration_date (8)	410.01 Staff Demographics	<a href="#">PENRL</a>

### Definitions:

The start/hire date for the staff member employment. This date-text field is formatted to only accept date style entries.

### Business Rules:

- **IMPORTANT NOTE:** Accuracy is critical, as this date cannot be modified by an end user, only by a Netsmart programmer.

### Dictionary:

Format	
MMDDYYYY	
Definition	
MM	Month
DD	Day
YYYY	Year

## Referral In Or Out

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50164)

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50373)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_ref	(10)	545.01 Consumer Referral	CREFE

### Definitions:

The type referral (in or out) for this client in relation to this agency.

### Business Rules:

- BH-ASO: "Referral In" is required to be reported once per episode.
- BH-ASO: "Referral Out" is conditionally required.

### Dictionary:

Code	Definition
I	Referral In
O	Referral Out

## Referral Organization

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50144)

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50347)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_ref	refer_org_code (10) refer_org_value	545.01 Consumer Referral	CREFE

### Definitions:

Indicates the organization that referred the client (for Referral In), or the organization to which the client was referred (for Referral Out).

### Business Rules:

- Only one option allowed.
- "N/A" is allowable only if the referring organization is not a Court, Law Enforcement agency, or Emergency Medical Service (EMS) agency. Referral Organizations vary based on agency PM system.

### Dictionary:

Code	Definition
99	N/A
10	Thurston County Superior Court, including Drug Court
11	Thurston County District Court
12	Thurston County Family and Juvenile Court
13	Olympia Municipal Court
14	Olympia Municipal Community Court
15	Yelm Municipal Court
16	Thurston County Sheriff
17	Olympia Police Department
18	Lacey Police Department
19	Tumwater Police Department
20	Yelm Police Department
21	Tenino Police Department
22	Nisqually Tribal Police Department
23	Thurston County EMS
24	Mason County Superior Court
25	Mason County District Court
26	Shelton Municipal Court
27	Mason County Sheriff
28	Shelton Police Department
29	Squaxin Island Tribal Police
30	Skokomish Tribal Police
31	Mason County EMS
32	Out Of Region Court, Law Enforcement Agency, or EMS
33	Mason County Family and Juvenile Court

Code	Definition
113	Telecare
114	True North ESD 113
115	ABHS Secure Detox Chehalis
116	ABHS Specialty Services 2
117	ABHS Specialty Services 3
118	ABHS-Mission
119	ABHS-Cozza
120	Daybreak Youth-Spokane
121	Daybreak Youth-Vancouver
122	Drug Abuse Prevention Ctr
123	Excelsior Youth Center
124	Kitsap Recovery Center
125	Lifeline Connections
126	New Horizon-Isabella House
127	New Horizon-Sun Ray Court
128	Olalla Recovery Ctr
129	Pioneer Human-Corp
130	Pioneer Human-East Center
131	Pioneer Human-North Center
132	Prosperity Wellness Center
133	Royal Life Centers
134	Seadrunar-Forest Park
135	Seamar-Renacer
136	Seamar-Tacoma
137	Seamar-Turning Point

THURSTON MASON BH-ASO DATA DICTIONARY

34	Capital Medical Center
35	Mason General Hospital
36	Providence St Peter Hospital
37	Harbor Regional Health (Grays Harbor) Hospital
38	Summit Pacific Medical Center
39	Willapa Harbor Hospital
40	Ocean Beach Hospital
41	St. John Medical Center-Peace Health
42	Providence Centralia Hospital
43	Morton General Hospital
44	Crisis Stab Unit-Lewis County
45	Crisis Stab Unit-Grays Harbor County
100	Alternatives Prof Counseling
101	Behavioral Health Resources
102	Capital Recovery Center
103	Cascade Mental Health
104	Catholic Community Svs
105	Community Youth Svs
106	Consejo
107	Eugenia
108	Evergreen Treatment
109	Northwest Resources
110	Olympic Health + Recovery Svs
111	Providence St Peter
112	SeaMar

138	Seamar-Visions
139	Sundown M
140	Triumph Treatment-Beth's Place
141	Triumph Treatment-Casita
142	Triumph Treatment-Inspirations
143	Triumph Treatment-James Oldham Txctr
144	Triumph Treatment-Riel House
145	Out of Network Beh Health Agency
146	Nisqually Tribe
147	Squaxin Island Tribe
148	Skokomish Tribe
149	Out of Region Tribe
150	Other
151	Thurston Co Drug Court
152	Mason County Jail
153	Thurston County Jail
154	Thurston Co Prosecuting Attorneys Office
155	Thurston Co Public Defender
156	Thurston Co Pre-Trial Services
157	Thurston Co HDS Healthcare Delivery Sys
158	Peninsula Community Health Services
1500	N/A



## Referral Type

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50142)	<b>MSO Dictionary</b>	SS Member (50345)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_ref	referral_type_code (10) referral_type_value	545.01 Consumer Referral 170.06 Service Episode	CREFE

### Definitions:

Indicates the client’s primary referral source to treatment.

### Business Rules:

- Only one option allowed; chose the primary referral source into the service episode
- Required for all clients when an episode of care is opened by an agency.

### Dictionary:

CODE	OHRSTM PM Code	DEFINITION	State Code
01	A AO	<b>Individual</b> – Includes the client, family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending driving while intoxicated/driving under the influence (DWI/DUI)	1
02	B BO	<b>Alcohol/Drug Abuse Provider</b> – Any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment.	2
03	D DO	<b>Other Health Care Provider</b> – A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.	4
04	F FO	<b>School (Educational)</b> – A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency	6
05	G GO	<b>Employer/Employer Assistance Program (EAP)</b> – A supervisor or an employee counselor	7
07	H HO	<b>Court/Criminal Justice/DUI/DWI</b> – Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough, or Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as “on parole”. Includes clients referred through civil commitment.	8
06	I IO	<b>Other Community Referral</b> – Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).	9
97	J	<b>Unknown</b>	97

## Reporting Unit ID

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50303)	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	agency_rpt_unit_id_code (10) agency_rpt_unit_id_value	N/A	<a href="#">PENRL</a>

### Definitions:

The practitioner's agency reporting unit ID (RUID).

### Business Rules:

- Note that the entire dictionary contains non-BH-ASO providers that are in other Consortium regions. The following dictionary contains only BH-ASO provider RUIDs.

### Dictionary:

Code	Definition
41801	Alternatives
41820	Behavioral Health Resources
10095	Catholic Community Services
41810	Consejo
9000	Capital Recovery Center
10112	Community Youth Services
41803	Northwest Resources
41813	Olympic Health and Recovery Services
41821	Providence St. Peter Hospital
41861	Telecare
41805	True North ESD 113

## Return to Inpatient/Revocation Authority

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50139) \*Locked\*  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50363)

Table	Fields (length)	Transaction	File Import
ss_history_crisis_investigation	return_to_code (10) return_to_value	640.03 Crisis Investigation 160.05 DCR Investigation	CCRIS

### Definitions:

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b). This element is specific to returning a client under LRA returning to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for client on LRA being returned to inpatient treatment.

### Business Rules:

- **DCR/ITA:** Use code "1" or "2" only when the "Investigation Outcome" field entry is "4 -Returned to Inpatient facility/Filed Revocation Petition". Use code "9 - Not Applicable" for all other Investigation Outcomes.
- **MCT:** Use default code "9 - Not Applicable".

### Dictionary:

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	Not Applicable (N/A)

## RSN Reporting Unit ID (RSN ID for EDI)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50310)	<b>MSO Dictionary</b>	SS Member (50000)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	rsn_rpt_unit_id_code (10)	N/A	<a href="#">PENRL</a>

### Definitions:

The practitioner/staff member Reporting Unit ID for BH-ASO to receive the information.

### Business Rules:

- This field is only accessible and is required when the field 'Submit Practitioner Information to RSN' is answered as a 'Yes'.
- May be a "null" value when 'Submit Practitioner Information to RSN' is answered as a 'No'.
- Selecting "Yes" in the "Submit Practitioner Information to RSN" field then completing the "RSN For EDI" and "Agency Reporting Unit ID" fields activates transmission of the specified practitioner/staff member information to the BH-ASO through the EDI.

### Dictionary:

Code	Definition
518	TMASO

## School Attendance

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50602)
<b>PM Dictionary</b>	SS Client (50602)	<b>MSO Dictionary</b>	SS Member (50432)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	school_attend_code 10) school_attend_value	570.02 Consumer Employment and Education 035.10 Client Profile	CDEMO

### Definitions:

Indicates if the client has attended any form of school within the last 3 months.

### Business Rules:

- Required for all mental health and substance use disorder clients, regardless of age.
- Collected on date of first service or whenever possible and updated at least every 90 days or upon change, whichever comes first.

### Dictionary:

Code	Description
Y	Yes, client has attended school at any time in the past 3 months
N	No, client has not attended school at any time in the past 3 months
U	Unknown
R	Refused to Answer

# SED

Effective: 1/1/2020

**Required** N  
**Nulls** Yes  
**PM Dictionary** Client (31033.1)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50162)

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	ss_diagnosis_mult_1_code (15)	605.03 Consumer ICD10 Assessment	DDIAG
history_diagnosis	ss_diagnosis_mult_1_value		

## Definitions:

Must be a person under the age of 21. To meet the functional criteria for SED, a person must have, as a result of a covered diagnosis, dysfunction in at least one (1) of the following Capacities or one (1) of the Symptoms. Duration of the dysfunction must be present, or expected to persist, for six (6) months.

### CAPACITIES

**Functioning in self-care** Impairment in age-appropriate/developmental age self-care is manifested by a person’s consistent inability to take care of personal grooming, hygiene, clothes, and/or nutritional needs.

**Functioning in community** Inability to maintain safety without assistance; a consistent lack of age-appropriate/developmental age behavioral controls, decision making, and/or judgment any of which may increase the risk for potential out-of-home placement.

**Functioning in social relationships** Impairment of social relationships is manifested by the consistent inability to develop and maintain normal relationships with peers and adults. Children and adolescents exhibit constrictions in their capacities for shared attention, engagement, initiation of two-way effective communication, and shared social problem solving.

**Functioning in the family** Impairment in family function is manifested by a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents and/or caretakers (e.g., foster parents), disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent). Child-caregiver and family characteristics do not include developmentally based adaptive patterns that support social-emotional well-being. For early childhood functioning, major impairments undermine the fundamental foundation of healthy functioning exhibited by:

- rarely or minimally seeking comfort in distress
- limited positive affect and excessive levels of irritability, sadness, or fear
- disruptions in feeding and sleeping patterns
- failure, even in unfamiliar settings, to check back with adult caregivers after venturing away
- willingness to go off with unfamiliar adult with minimal or no hesitation
- regression of previously learned skills

**Functioning at school/work** Impairment in school/work function is manifested by an inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others); identification by an IEP team as having an Emotional/Behavioral Disability; or inability to be consistently employed at a self-sustaining level (e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).

### SYMPTOMS

**Psychotic symptoms** Symptoms that are characterized by defective or loss of contact with reality, often with hallucinations or delusions.

**Danger to self, others, or property as a result of emotional disturbance** The individual is self-destructive (e.g., at risk for suicide, and/or at risk for causing injury to self, other persons, or significant damage to property.)

**Trauma symptoms** Children experiencing or witnessing serious unexpected events that threaten them or others. Children and adolescents who have been exposed to a known single event or series of discrete events experience a disruption in their age-expected/developmental age range of emotional and social developmental capacities.

**Business Rules:**

- Required for Mental Health clients enrolled in Outpatient treatment that are under the age of 21.
- Both SED and SMI cannot be populated – must choose SED or SMI

**Dictionary:**

BH-ASO Code	Definition
1	Functioning in self-care
2	Functioning in community
3	Functioning in Social Relationships
4	Functioning in the family
5	Functioning at school or work
6	Psychotic symptoms
7	Danger due to emotional disturbance
8	Trauma symptoms
N	Criteria Not Met
NA	Not Applicable

## Self Help Count

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50608)
<b>PM Dictionary</b>	SS Client (50608)	<b>MSO Dictionary</b>	SS Member (50438)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	self_help_count_code (10) self_help_count_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

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 at AA, NA, and other self-help/mutual support groups focused on recovery from Substance Use Disorder and dependence.

### Business Rules:

- Required for clients receiving Substance Use Disorder services and for clients receiving Mental Health services.
- Collected at admission, discharge, and upon change.

### Dictionary:

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



## Service Code

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary

Data Type Alpha-Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
ss_billing_history	service_code (10) v_service_value	625.03 Outpatient Services	CSVCS

### Definitions:

A code that identifies the service delivered.

### Business Rules:

- Service codes are set-up via the “Service Codes” form located in Avatar PM.
- BH-ASO agencies use CPT/HCPCS codes according to the Washington State HCA Integrated Managed Care Service Encounter Reporting Instructions (SERI).

### Dictionary:

- Contact ASO for additional information.

## Service Level

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50076)
<b>PM Dictionary</b>	Client (31032.2)		

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	ss_diagnosis_dict_2_code (10) ss_diagnosis_dict_2_value	605.03 Consumer ICD10 Assessment	DDIAG

### Definitions:

An Avatar-required field.

### Business Rules:

- BH-ASO – default to “Not Applicable”. Codes may vary based on agency PM.

### Dictionary:

BH-ASO Code	Definition
14	Not Applicable
SL	Service Level

# Sex

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Client (3)	<b>MSO Dictionary</b>	Member (3)

Table	Fields (length)	Transaction	File Import
patient_current_demographics	sex_code (3)	500.02 Consumer Demographics 837P, 837I	<a href="#">CMOVE</a>

**Definitions:**

A code indicating the gender of the client as either Male, Female, Transgender Female-to-Male, Transgender Male-to-Female, or Unknown. The value "U" for "Unknown" should be avoided.

**Business Rules:**

- The value "U" for "Unknown" should be avoided.
- In statistical reports that look at gender as "Male" and "Female" exclusively:
  - "Unknown" values may be included with the "Male" population
  - "FTM" values may be included with the "Male" population
  - "MTF" values may be included with the "Female" population

**Dictionary:**

Code	Definition
F	Female
M	Male
U	Unknown
FTM	Transgender: Female-to-Male
MTF	Transgender: Male-to-Female

## Sexual Orientation

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50117)	<b>MSO Dictionary</b>	SS Member (50333)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	sexual_orient_code (10)	500.02 Consumer Demographics	CDEMO
	sexual_orient_value	020.08 Client Demographics	

### Definitions:

Indicates a client’s voluntarily stated sexual orientation.

### Business Rules:

- This code should not be inferred by the clinician. The information should be collected during assessment, on discharge, or upon notification by the person.
- Do not collect this information from individuals under 13 years of age. Use code ‘9-Choosing Not to Disclose’.
- NOTE: “OHRSTM PM Only Codes” are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA).

### Dictionary:

Code	OHRSTM PM Code	Definition
1	A	HETEROSEXUAL: Attraction to persons of the opposite sex.
3	B	GAY/LESBIAN/QUEER/HOMOSEXUAL: Attraction to persons of the same sex.
4	C	BISEXUAL: Term for women and men whose sexual/affectional identity is oriented to members of both the same and opposite sex.
5	D	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	E	CHOOSING NOT TO DISCLOSE: Use when an individual is uncomfortable or unwilling to disclose their sexual orientation.

# SMI

Effective: 1/1/2020

**Required** C  
**Nulls** Yes  
**PM Dictionary** Client (31033.2)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50163)

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	ss_diagnosis_mult_2_code (15)	605.03 Consumer ICD10 Assessment	DDIAG
history_diagnosis	ss_diagnosis_mult_2_value		

**Definitions:**

To meet the functional criteria for SMI, a person must have, as a result of a covered diagnosis, current dysfunction in at least one of the following four (4) domains, as described below. This dysfunction has been present for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months. Six month minimum timeframe does not apply to all diagnoses per DSM. Examples are acute stress disorder, adjustment disorder, and certain psychotic disorders.

**DOMAINS**

**Inability to live in an independent or family setting without support** Neglect or disruption of ability to attend to basic needs. Needs assistance in caring for self. Unable to care for self in safe or sanitary manner. Housing, food, and clothing must be provided or arranged for by others. Unable to attend one or more basic needs of hygiene, grooming, nutrition, medical, and/or dental care. Unwilling to seek necessary medical/dental care for serious medical or dental conditions due to mental health symptoms. Refuses treatment for life threatening illnesses because of behavioral health disorder.

**A risk of serious harm to self or others** Seriously disruptive to family and/or community. Pervasively or imminently dangerous to self or others’ bodily safety. Regularly engages in assaultive behavior. Has been arrested, incarcerated, hospitalized, or at risk of confinement because of dangerous behavior. Persistently neglectful or abusive towards others. Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan.

**Dysfunction in role performance** Frequently disruptive or in trouble at work or at school. Frequently terminated from work or suspended/expelled from school. Major disruption of role functioning. Requires structured or supervised work or school setting. Performance significantly below expectation for cognitive/developmental level. Unable to work, attend school, or meet other developmentally appropriate responsibilities.

**Risk of deterioration** Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors. Care is complicated and requires multiple providers. Also, consumers with past psychiatric history, with gains in functioning that have not solidified or cannot be maintained without treatment and/or supports.

**Business Rules:**

- Required for Mental Health clients enrolled in Outpatient treatment that are under the age of 21.
- Both SED and SMI cannot be populated – must choose either SED or SMI

**Dictionary:**

Code	Definition
1	Inability to live independently
2	Risk of serious harm to self or others
3	Dysfunction in role performance
4	Risk of deterioration
N	Criteria Not Met
NA	Not Applicable

## SMI/SED Status

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	SS Client (50632)	<b>MSO Dictionary</b>	SS Member (TBD)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	SMI/SED_status_code SMI/SED_status_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

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.

### Business Rules:

- Use code 4 (Not SMI or SED) if the client has not been found eligible for SMI or SED services.
- Use code 7 (Unknown) for client undergoing evaluation for SMI or SED eligibility pending any decision.
- Use code 97 (Unknown) if the state collects this 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 this data or per state policy, this data element is not collected for a certain population. Use code 98, not 97, if the particular record belongs to the population exempt in the state policy from reporting this data element.

### Dictionary:

Code	Definition
1	SMI
2	SED
3	At risk for SED
4	Not SMI or SED
97	Unknown
98	Not Collected

## Smoking Status

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50609)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50439)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	smoking_status_code (10) smoking_status_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

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

### Business Rules:

- Required for all mental health and substance use disorder clients.
- Collected at admission, discharge, and upon change.

### Dictionary:

Code	Definition
1	Current Smoker
2	Former Smoker
3	Never Smoked
97	Unknown
98	Refused to Answer

## Social Security Number (SSN)

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
patient_current_demographics	patient_ssn (11)	500.02 Consumer Demographics 020.08 Consumer Demographics 837P, 837I	<a href="#">CMOVE</a>

### Definitions:

A number assigned by the Social Security Administration which uniquely identifies a person.

### Business Rules:

- Leave blank if unknown or refused, however goal is 100% collection.
- Note that the goal for all clients is accurate and complete reporting for this field, as it is a primary identifier for the client in data submissions and reporting for local, State, and Federal requirements.
- Required for all mental health and substance use disorder clients
- **Do not** allow entries that are obviously invalid, for example:
  - 123-45-6789, 000-00-0000, 111-11-1111, 222-22-2222, 333-33-3333, 444-44-4444, 555-55-5555, 666-66-6666, 777-77-7777, 888-88-8888, 999-99-9999

### Dictionary:

Format
000-00-0000



## Specialized Program ID

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50406)

**Data Type** Alpha-Numeric

**MSO Dictionary** SS Member (50144)

Table	Fields (length)	Transaction	File Import
ss_wsc_specialized_prog	spec_program_id_code (50) spec_program_id_value	060.06 WSC Specialized Program 060.06 Program Identification	CSPC2

### Definitions:

Specialized program as required by the State DSHS Data Dictionary.

### Business Rules:

- Required for all mental health and substance use disorder clients.
- Collected at admission, discharge, and upon change.

### Dictionary:

CODE	DEFINITION	STATE CODE	STATE DEFINITION
1	PACT	1	PACT Program for Assertive Community Treatment
11	Jail	11	Jail Services (BHR's Adult MIO Program Only)
15	Wraparound	15	Fidelity Wraparound
23	MST	23	Multi-systemic Therapy
28	WISe	28	Wraparound with Intensive Services (WISe)
29	HARPS	29	Housing and Recovery Through Peer Services
34	CJTA_DC	34	Criminal Justice Treatment Account – Drug Court
38	New Journeys	38	New Journeys
42	Peer Bridgers	42	Peer Bridger Program - Hospital and Community
51	(SUD) 51 SUD Outpatient	51	Substance Use Disorder – Outpatient
52	(SUD) 52 SUD Intensive Outpatient	52	Substance Use Disorder – Intensive Outpatient
54	(SUD) 54 SUD Intensive Inpatient	54	Substance Use Disorder – Intensive Inpatient
55	(SUD) 55 SUD Long Term Residential	55	Substance Use Disorder – Long Term Residential
56	(SUD) 56 SUD Recovery House	56	Substance Use Disorder – Recovery House
57	(SUD) 57 SUD Withdrawal Mgmt	57	Substance Use Disorder – Withdrawal Management (aka Detox)
58	(SUD) 58 SUD Opiate Substitution	58	Substance Use Disorder – Opiate Substitution

## Specialties

Effective: 1/1/2020

**Required** N  
**Nulls** Yes  
**PM Dictionary** SS Staff (50017)  
**Data Type** Alpha-Numeric  
**MSO Dictionary** Provider File (70)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	specialties_code (20) specialties_value	415.01 Staff Specialties	PERNL

### Definitions:

The practitioner/staff member specialties.

### Business Rules:

- This field supports multiple entries with a user defined primary, secondary, etc. up to 10 specialties.

### Dictionary:

Code	Definition
1	African American
2	Asian/Pacific Islander
3	Child MH Specialist
4	Co-Occurring Disorders
5	Deaf
6	Developmental Disability MH Specialist
7	Geriatric MH Specialist
8	Hispanic
9	Native American
10	Sexual Minority
11	No Specialty
99	Unknown

## State Licensed

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** N/A

**Data Type** Alpha-Numeric

**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
ss_staff_lic_info	state_license_code (2) state_license_value	425.01 Staff Licenses	PLICE

### Definitions:

The practitioner/staff member licensed state.

### Business Rules:

- All practitioner/staff providing services must have a valid license to provide Mental Health Services and/or Substance Use Disorder Services. Exception applies to Request for Services and Data Entry staff only.

### Dictionary:

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

## Submit Practitioner Information to RSN

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**Data Type** Alpha-Numeric  
**PM Dictionary** SS Staff (50021)  
**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	submit_to_rsnmso_code (1) submit_to_rsnmso_value	N/A	PENRL

### Definitions:

Option for submitting the practitioner/staff member information to the BH-ASO. Selecting “Yes” in the “Submit Practitioner Information to RSN” field then completing the “RSN For EDI” and “Agency Reporting Unit ID” fields activates transmission of the specified practitioner/staff member information to the BH-ASO through the EDI.

### Business Rules:

- Only those practitioners specified (with this field equal to a “Yes”) will be submitted to the BH-ASO through the EDI.
- If a service has been set up to be submit to the BH-ASO through the EDI and the practitioner who rendered the service has the “Submit Practitioner Information to RSN” field equal to a “No,” the service will display as an error on the EDI Acknowledgement Report and will not transmit to the BH-ASO.
- If a service has been set up to submit to the BH-ASO, but this field remains blank, then the service will appear on the EDI Acknowledgement Report as an error and will not transmit to the BH-ASO.

### Dictionary:

Code	Definition
N	No
Y	Yes

## Submit to CMLS

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** Client (3)

**Data Type** Alpha-Numeric

**MSO Dictionary** Member (3)

Table	Fields (length)	Transaction	File Import
ss_staff_supp_demog	submit_to_cmls_code (1) submit_to_cmls_value	435.01 CMLS Case Manager (not used)	PENRL

### Definitions:

Submit the practitioner/staff member to CMLS.

### Business Rules:

- Default this field to “No”. The default value of “No” is required by the System.

### Dictionary:

Code	Definition
N	No
Y	Yes

## Subscriber Policy Number

Effective: 1/1/2020

Required Y  
 Nulls Yes  
 PM Dictionary

Data Type Alpha-Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
	(20)		CFEGU

**Definitions:**

**Business Rules:**

- Used to capture the client’s ProviderOne ID number.

**Dictionary:**

## Substance 1 | Substance 2 | Substance 3

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	Custom CWS (50108)
<b>PM Dictionary</b>	Custom CWS (50108)	<b>MSO Dictionary</b>	SS Member (50908)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	substance_1_code (10) substance_1_value	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	substance_2_code (10) substance_2_value	710.01 Substance Use Data	SUBSU
ss_history_sub_use_data	substance_3_code (10) substance_3_value	710.01 Substance Use Data	SUBSU

### Definitions:

Indicates the specific substance(s) or substance category(s) the client is being seen for.

### Business Rules:

- Required for SUD clients, and must be reported at admission, every 90 days, upon change, and at discharge.
- Must always report effective date with this transaction.
- The 3 Substances reported at admission must also be reported for all subsequent submissions for that episode, 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.
- If there is no substance 2 or 3, then report “none” for SUBSTANCE (2) and/or SUBSTANCE (3). Also, leave the respective fields AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD, and DATE LAST USED blank.
- Duplicates of Substance 1, 2, or 3 are not allowed, with the exception of “1-None”.

### Dictionary:

CODE	DEFINITION	STATE CODE
1	None	1
2	Alcohol	2
3	Cocaine/Crack	3
4	Marijuana/Hashish	4
5	Heroin	5
6	Other Opiate and Synthetics	6
7	PCP-phencyclidine	7
8	Other Hallucinogens	8
9	Methamphetamine	9
10	Other Amphetamines	10
11	Other Stimulants	11
12	Benzodiazepine	12
13	Other non-Benzodiazepine Tranquilizers	13
14	Barbiturates	14
15	Other Non-Barbiturate Sedatives or Hypnotics	15
16	Inhalants	16

---

---

THURSTON MASON BH-ASO DATA DICTIONARY

---

---

<b>CODE</b>	<b>DEFINITION</b>	<b>STATE CODE</b>
17	Over-the-Counter	17
18	Oxycodone	18
19	Hydromorphone	19
20	MDMA (ecstasy, molly, etc)	20
21	Other	21



## Substance Disorder Screening SDS Score

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50173)
<b>PM Dictionary</b>	SS Client (50173)	<b>MSO Dictionary</b>	SS Member (50203)

Table	Fields (length)	Transaction	File Import
ss_gain_short_screener	subst_dis_sds_score_code (10)	121.05 GAIN-Short Screener	CGAIN
	subst_dis_sds_score_value	121.05 Co-occurring Disorder	

### Definitions:

The substance disorder score (SDS) according to the client's response on the GAIN Short Screening form.

### Business Rules:

- Must attempt to screen all individuals ages thirteen (13) and above through the use of DSHS/DBHR-provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
- When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the SDS 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.
- Collected on date of first service or whenever possible and updated whenever status changes

### Dictionary:

Code	Definition	State Code
0	(0) SDS Score	0
1	(1) SDS Score	1
2	(2) SDS Score	2
3	(3) SDS Score	3
4	(4) SDS Score	4
5	(5) SDS Score	5
8	(8) Declined/Refused SDS	8
9	(9) Unable to Complete SDS	9

## Tool Indicated

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50214)	<b>MSO Dictionary</b>	SS Member (51114)

Table	Fields (length)	Transaction	File Import
ss_asam_placement_criteria	tool_indicated_code (10) tool_indicated_value	810.01 ASAM Placement Criteria 030.03 ASAM Placement	ASAMP

### Definitions:

ASAM level indicated by the assessment tool.

### Business Rules:

- This field is transmitted to the State as the "ASAM Level Indicated".

### Dictionary:

Code	Definition	State Code
A	(A)LEVEL 0-Individual Not At Any Risk	0
B	(B)LEVEL 0.5	0.5
C	(C)LEVEL 1	1
D	(D)LEVEL 1-WM	1-WM
E	(E)LEVEL 2-WM	2-WM
F	(F)LEVEL 2.1	2.1
G	(G)LEVEL 2.5	2.5
H	(H)LEVEL 3.1	3.1
I	(I)LEVEL 3.2-WM	3.2-WM
J	(J)LEVEL 3.3	3.3
K	(K)LEVEL 3.5	3.5
L	(L)LEVEL 3.7	3.7
M	(M)LEVEL 3.7-WM	3.7-WM
N	(N)LEVEL 4	4
O	(O)LEVEL 4-WM	4-WM
P	OTP (LEVEL 1) Opioid Treatment Program (Level 1)	OTP

## Treated for Substance Abuse Problem in the Past

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	Custom CWS (50104)
<b>PM Dictionary</b>	Custom CWS (50104)	<b>MSO Dictionary</b>	SS Member (50904)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	trt_subs_prob_past_code (10) trt_subs_prob_past_value	710.01 Substance Use Data	SUBSU

### Definitions:

Identifies if client has received treatment for substance abuse in the past.

### Business Rules:

- If “Yes” is selected, then the location and dates of treatment text box become required.
- If “Yes” is selected and the Assessment Type is not Admission or Assessment Only, agencies may report “N/A” in the “Comments” field. The narrative supplied in the “Comments” field is only required once per episode.

### Dictionary:

Code	Definition
Y	Yes
N	No

## Type of Admission

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**Data Type** Alpha-Numeric  
**PM Dictionary** Client (44)  
**MSO Dictionary** N/A

Table	Fields (length)	Transaction	File Import
admission_data	type_of_admission_code (10) type_of_admission_value	N/A	CMOVE

### Definitions:

Status of the client's admission (pre-admission, first admission or re-admission)

### Business Rules:

- Required if Admission movement.

### Dictionary:

Code	Definition
1	First Admission
2	Re-Admission

## Type of Assessment

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No		
<b>PM Dictionary</b>	Custom CWS (50101)	<b>MSO Dictionary</b>	SS Member (50901)

Table	Fields (length)	Transaction	File Import
ss_history_sub_use_data	type_of_assessment_code (10) type_of_assessment_value	710.01 Substance Use Data	SUBSU

### Definitions:

Code used to designate type of assessment performed.

### Business Rules:

- Admission Type of Assessment will be selected when client agrees to enroll into treatment services. Only one Admission Type of Assessment allowed per episode.
  - If adding a new record, and “A” = “Admission” is populated, produce error if there is already an admission Substance Use Data record filed for the episode.
- Assessment Only Type of Assessment will be selected when client does not agree to treatment services.
- Discharge Type of Assessment will be selected when client is discharged from episode.
- Update Type of Assessment will be selected when there is an update, such as a data entry error; you can only update certain fields within this form.
- If assessment type is “U” or “D” and there is a previous Substance Use Data assessment on file for the episode, default all substance 1-3, age of first use 1-3, and peak use 1-3 fields from the previous Admission assessment.
  - Rejected record with error of “Data in record does not match defaulted data” will be produced if different data is populated than what was defaulted in substance 1-3, age of first use 1-3, and peak use 1-3 fields.

### Dictionary:

Code	Definition
A	Admission
AO	Assessment Only
D	Discharge
U	Update

## Type of Diagnosis

Effective: 1/1/2020

Required Y  
 Nulls No  
 PM Dictionary Client (125)

Data Type Alpha-Numeric

MSO Dictionary

Table	Fields (length)	Transaction	File Import
client_diagnosis_record	diagnosis_type_code 10) diagnosis_type_value	605.03 Consumer ICD10 Assessment	DDIAG

### Definitions:

Indicates the type of diagnosis (i.e. when the diagnosis was made or the status of the diagnosis).

### Business Rules:

- Required upon admission into Avatar.

### Dictionary:

Code	Definition
A	Admission
D	Discharge
O	Onset
U	Update

## Type of Discharge

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>MSO Dictionary</b>	SS Member (50005)
<b>PM Dictionary</b>	Client (970)		

Table	Fields (length)	Transaction	File Import
discharge_data	type_of_discharge_code (10)	540.03 Consumer Admission and Exit	CMOVE
	type_of_discharge_value	170.06 Service Episode	

### Definitions:

The reason for discharge from service.

### Business Rules:

- Evaluation and Treatment Centers Only: For the E&T, this data also transmits to ProviderOne in the 837I transaction based on the extended dictionary of the MSO Site Specific Member (50005) called "CIS Extended Value for MHD" (50417). Codes and values submitted to the State in the 837I are defined at the Federal level by the Centers for Medicare and Medicaid Services (see "Patient Status" codes and values published by CMS).
- NOTE: "OHRSTM PM Only Codes" are for use in the OHRSTM PM system code only (for Olympic Health and Recovery Services BHA).

### Dictionary:

Code	OHRSTM PM Code	Definition
01	01	Treatment Completed – All parts of the treatment plan or program were completed
02	02	Dropout – Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for administrative purposes.
03	03	Terminated by facility – Treatment terminated by action of facility, generally because of client non-compliance with treatment or violation of rules, laws, policy, or procedures.
04	04	Transferred client showed – Client was transferred to another treatment program, provider, or facility for continuation of treatment.
05	05	Incarcerated – Client whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement, or has been released by or to the courts.
06	06	Death by Suicide
07	07	Death NOT by Suicide
08	08	Other – Client transferred or discontinued treatment because of changes in life circumstances. Examples: change of residence, illness or hospitalization, "aging out" of children's services, completion of MH assessment or evaluation that did not result to referral for a treatment service.
14	014	Transferred Client no show – Transferred to another treatment program or facility but client is no show. Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for treatment.
24	024	Transferred to non SSA or SMH facility – Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system. For example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance

THURSTON MASON BH-ASO DATA DICTIONARY

		abuse/behavioral health agency. The receiving facility is outside the purview of the Substance Use Agency (SSA) or State Mental Health Agencies (SMHA).
34	034	Discharge from SH – Discharged from the State hospital to an acute medical facility for medical services
96	096	Not applicable – Should be used only when submitting a Mental Health update record (i.e., Client Transaction Type = U Update).
97	097	Unknown – Individual client value is unknown
98	098	Not Collected – State does not collect this field.



## Type of Funding

Effective: 1/1/2020

<b>Required</b>	Y	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	No	<b>PM Dictionary</b>	SS Client (50634)
<b>PM Dictionary</b>	SS Client (50634)	<b>MSO Dictionary</b>	SS Member (50463)

Table	Fields (length)	Transaction	File Import
ss_history_consumer_income	type_of_funding_code	525.01 Consumer Income	CINCO
	type_of_funding_value	140.01 Funding	

### Definitions:

This field specifies type of funding support for clients.

### Business Rules:

- Optional reporting.
- Use the information available or your best estimate in determining this element.
- If the client is on SSI or is eligible for Washington State Medical Assistance, assume that the client is below federal poverty guidelines.

### Dictionary:

Code	Definition
01	Medicaid Only
02	Medicaid and Non-Medicaid sources
03	Non-Medicaid Only
97	Unknown
98	Not Collected

## Type of License

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Staff (50001)
 
**Data Type** Alpha-Numeric  
**MSO Dictionary** Provider File (820)

Table	Fields (length)	Transaction	File Import
ss_staff_lic_info	type_license_code (10) type_license_value	425.01 Staff Licenses	PLICE

### Definitions:

The practitioner/staff member type of license.

### Business Rules:

- Primary key for edit/delete.

### Dictionary:

Code	Definition
1	AGENCY AFFILIATED COUNSELOR
2	MARRIAGE AND FAMILY THERAPIST
3	MARRIAGE AND FAMILY THERAPIST ASSOCIATE
4	MENTAL HEALTH COUNSELOR
5	MENTAL HEALTH COUNSELOR ASSOCIATE
6	SOCIAL WORKER INDEPENDENT CLINICAL
7	SOCIAL WORKER ADVANCED
8	SOCIAL WORKER ASSOCIATE ADVANCED
9	SOCIAL WORKER ASSOCIATE INDEPENDENT CLIN
10	PSYCHOLOGIST
11	MEDICAL ASSISTANT
12	LICENSED PRACTICAL NURSE
13	REGISTERED NURSE
14	PHYSICIANS ASSISTANT
15	ADVANCED REGISTERED NURSE PRACTITIONER
16	PHYSICIAN AND SURGEON
17	CHEMICAL DEPENDENCY PROFESSIONAL
18	CHEMICAL DEPENDENCY PROFESSIONAL TRAINEE

## Type of Transfer

Effective: 1/1/2020

<b>Required</b>	N	<b>Data Type</b>	Alpha-Numeric
<b>Nulls</b>	Yes		
<b>PM Dictionary</b>	N/A	<b>MSO Dictionary</b>	N/A

Table	Fields (length)	Transaction	File Import
??		N/A	CMOVE

**Definitions:**

Identifies the program transfer for client.

**Business Rules:**

- Required if Transfer movement.

**Dictionary:**

Code	Definition
PT	Program Transfer

## Used Needle Recently (30 days)

Effective: 1/1/2020

**Required** Y  
**Nulls** No  
**PM Dictionary** SS Client (50611)

**Data Type** Alpha-Numeric  
**MSO Dictionary** SS Member (50441)

Table	Fields (length)	Transaction	File Import
ss_history_patient_demog	needle_used_rec_code (10) needle_used_rec_value	500.02 Consumer Demographics 035.10 Client Profile	CDEMO

### Definitions:

Indicates if the client has injected illicit drugs in the last 30 days.

### Business Rules:

- Required “Y” or “N” value for Substance Use Disorder clients.
- Optional for mental health clients. MH clients may select “NA”.
- Collected at admission, discharge, and upon change.

### Dictionary:

Code	Description
Y	Yes
N	No
R	Refused to answer
U	Unknown



# **Avatar Practice Management (PM) Data Dictionary**

## **&**

### **Section 2: myAvatar File Import Specification**

Version 1.3 | Released 6/30/2021

## Thurston Mason BH-ASO Summary of Avatar PM File Imports

Data may be entered directly in each agency’s Avatar PM or data may be imported into the agency PM as listed in this summary of Avatar PM file imports and each of the actual File Import Specification tables in this Section 2 of the *BH-ASO Data Dictionary*. The transaction ID is **always** the first field/position of the file to be imported and is a constant for each type of import.

Each file may contain multiple transactions, but every row of every file imported must contain:

- <Tab> after each field except the final field
- <Enter> at the end of each row and immediately following the Action Code for each row
- Transaction ID to match correct transaction for the data contained in the row
- ID appropriate to the Transaction ID: either the Practitioner ID for staff file imports or Client ID for client file imports
- An action code of A=Add or E=Edit as the **last** field in each row
- Data Type appropriate to the field position for each row
- & delimiter between multiple dictionary fields

ID	Name	Prereq	Agency <sup>1</sup>	PM Forms
1. PENRL	Practitioner Enrollment	-	All	Practitioner Enrollment Supplemental Practitioner Demographics
2. PCAT	Practitioner Category/Taxonomy	PENRL	All	Practitioner Category
3. PTERM	Practitioner Termination	PENRL	All	Practitioner Termination
4. PLICE	Practitioner License Information	PENRL	All	Practitioner License Information
5. CMOVE	Client Move	PENRL	All	Admission (Outpatient) Discharge
6. CATTP	Attending Practitioner	PENRL CMOVE	All	Attending Practitioner
7. CDEMO	Client Profile	CMOVE	All	Client Profile
8. CFEGU	Financial Eligibility – Guarantor Selection	CMOVE	All	Financial Eligibility
9. CFEPL	Financial Eligibility – Customize Plan	CFEGU	All	Financial Eligibility
10. CGAIN	GAIN Short Screen	CMOVE	All	GAIN Short-Screener
11. CMATX	Co-Occurring Matrix	CMOVE	All	Co-Occurring Matrix
12. CFCON	Consumer First Contact	CMOVE	All	Consumer First Contact
13. CREFE	Consumer Referral	CMOVE	All	Consumer Referral
14. CAUTH	Authorization Request	CFEPL	All	Authorization Request
15. DDIAG	Diagnosis	CMOVE	All	Diagnosis
16. CSVCS	Client Charge Input	CAUTH	All	Client Charge Input

<sup>1</sup> Agency: All, MH, SUD, or contract specific only.

THURSTON MASON BH-ASO DATA DICTIONARY

17. CCRIS	Crisis Investigation	CMOVE	Contract	Crisis Investigation
18. CITAC	ITA Court Hearing	CMOVE	Contract	ITA Court Hearing
19. CSPC2	WSRC Specialized Program	CMOVE	Contract	WSRC Specialized Program
20. SUBSU	Substance Use Data	CSPC2	SUD	Substance Use Data
21. ASAMP	ASAM Placement Criteria	CMOVE	SUD	ASAM Placement Criteria
22. CCPLN	Consumer Crisis Plan	CMOVE	MH	Consumer Crisis Plan
23. CINCO	Consumer Income	CMOVE	All	Consumer Income

## PENRL – Practitioner Enrollment & Supplemental Practitioner Demographics

- Pre-requisite File Import Record(s): None

### Import Rules:

- System does not allow practitioner registrations or supplemental practitioner demographic records to be deleted.
- On “Add” records, an error is generated on file import if practitioner has an open enrollment.
- On “Edit” records, an error is generated on file import if the enrollment cannot be found based on the primary key fields.
- An “Add” record may contain a provider-assigned practitioner ID number. If the Practitioner Enrollment record contains a provider-assigned practitioner ID number then the file import will not auto-assign a system generated number to the practitioner record but will keep the provider-assigned number. An error will be generated onto the report if the practitioner ID already exists in Avatar PM, and file import will reject the record.
- An “Add” record will allow the practitioner ID number field to be empty. If the practitioner ID field is empty, then the system will auto-assign the practitioner ID on import.
- Update Practitioner Enrollment Import Error report to contain practitioner ID numbers (auto-generated or provider-assigned), as well as with any other system edits. The report should list any rejected records due to missing practitioner ID numbers

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “PENRL”
2	Practitioner ID	N	Y	Y	9	Practitioner Enrollment Supplemental Practitioner Demographics	1	<b>Primary key field on edits.</b> Unique ID supplied by agency.
3	Date Hired	DATE	Y	Y	8	Practitioner Enrollment Supplemental Practitioner Demographics	40 / 50008	<b>Primary key field on edits.</b> MMDDYYYY
4	Last Name	AN	Y	Y	40	Practitioner Enrollment	2	
5	First Name	AN	Y	Y	40	Practitioner Enrollment	2	
6	Middle Name	AN	N	N	20	Practitioner Enrollment	2	
7	Gender	AN	N	N	1	Supplemental Practitioner Demographics	50010	
8	DOB	DATE	N	N	8	Practitioner Enrollment	4	MMDDYYYY
9	Ethnicity	AN	N	N	20	Supplemental Practitioner Demographics	50011	Multiple Dictionary – Data separated by “&”
10	Hispanic Origin	AN	N	N	5	Supplemental Practitioner Demographics	50012	Dictionary



THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
11	Discipline(s)	AN	Y	Y	20	Practitioner Enrollment	75	Req field needed to file new enrollment on adds. Multiple Dictionary – Data separated by “&”. On Add records, this is filed in the Category/Taxonomy section with the Effective Date being the Registration date. This can be edited via an Edit record.
12	Practitioner Categories For Coverage	AN	Y	Y	20	Practitioner Enrollment	70	Req field needed to file new enrollment on adds. Multiple Dictionary – Data separated by “&” On Add records, this is filed in the Category/Taxonomy section with the Effective Date being the Registration date. This can be edited via an Edit record.
13	Practitioner Category	AN	Y	Y	10	Practitioner Enrollment	79	Req field needed to file new enrollment on adds. Dictionary On Add records, this is filed in the Category/Taxonomy section with the Effective Date being the Registration date. This can be edited via an Edit record.
14	Office Address – Zip Code	ZIP	Y	Y	10	Practitioner Enrollment	10	Req field needed to file new enrollment on adds. NNNNN or NNNNN-NNNN
15	Office Address- City	AN	Y	Y	40	Practitioner Enrollment	7	
16	Office Address – State	AN	Y	Y	2	Practitioner Enrollment	9	Req field needed to file new enrollment on adds. State table
17	Office Telephone (1)	AN	Y	Y	12	Practitioner Enrollment	11	Req field needed to file new enrollment on adds. NNN-NNN-NNNN

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
18	Job Function Code	AN	N	N	10	Supplemental Practitioner Demographics	50013	Dictionary
19	Highest Degree	AN	N	Y	10	Supplemental Practitioner Demographics	50014	Dictionary
20	Employment Status	AN	N	N	10	Supplemental Practitioner Demographics	50015	Dictionary
21	Hrs Worked Weekly	N	N	N	5	Supplemental Practitioner Demographics	50016	
22	Office Phone 2	AN	N	N	12	Practitioner Registration	126	NNN-NNN-NNNN
23	Supervisor Staff ID	AN	N	N	9	Supplemental Practitioner Demographics	50028	Practitioner ID
24	Next Evaluation Due Date	DATE	N	N	8	Supplemental Practitioner Demographics	50029	MMDDYYYY
25	Specialties	AN	N	N	20	Supplemental Practitioner Demographics	50017	Multiple Dictionary – Data separated by “&”
26	Languages	AN	N	N	20	Supplemental Practitioner Demographics	50018	Multiple Dictionary – Data separated by “&”
27	Submit to CMLS	AN	Y	Y	1	Supplemental Practitioner Demographics	50019	Dictionary (Y/N)
28	CMLS effective date	DATE	C	C	8	Supplemental Practitioner Demographics	50034	MMDDYYYY. Required if Submit to CMLS = “Y”
29	CMLS password	AN	N	N	30	Supplemental Practitioner Demographics	50020	
30	CMLS Primary Comments	AN	N	N	255	Supplemental Practitioner Demographics	50030	
31	CMLS Secondary Comments	AN	N	N	255	Supplemental Practitioner Demographics	50031	
32	Submit Practitioner Information To RSN	AN	Y	Y	1	Supplemental Practitioner Demographics	50021	Dictionary (Y/N)
33	RSN ID For EDI	AN	C	Y	10	Supplemental Practitioner Demographics	50022	Dictionary. Required if Submit Practitioner Information To RSN = “Y”
34	Originating Reporting Unit ID	AN	C	Y	10	Supplemental Practitioner Demographics	50023	Dictionary. Required if Submit Practitioner Information To RSN = “Y”

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
35	Action Code	A	Y	Y	1		NA	"A" = "Add" "E" = "Edit"
36	NPI Number	AN	N	Y	40	Practitioner Enrollment	20	
37	Taxonomy Code	AN	N	Y	40	Practitioner Enrollment	9610	Dictionary. On Add records, this is filed in the Category/Taxonomy section with the Effective Date being the Registration date. This can be edited via an Edit record.

## PCAT – Practitioner Category/Taxonomy

- Pre-requisite Avatar Form(s): Practitioner Enrollment
- Pre-requisite File Import Record(s): PENRL

### Import Rules:

- An error is generated on file import if the practitioner enrollment cannot be found based on the primary key fields.
- On “Edit” and “Delete” records, an error is generated on file import if the Category/Taxonomy Record cannot be found based on the primary key fields.
- On “Add” records, an error is generated on file import if there is another record filed without an end date, or if there is a date overlap with another record.
- On “Edit” records, an error is generated on file import if there is a date overlap with another record.
- On “Delete” records, an error is generated on file import if the matching Category/Taxonomy Record’s Effective Date is the Practitioner’s Enrollment Date. This cannot be deleted as Practitioner Enrollment requires a Category/Taxonomy record with an effective date the same as the registration date. If data needs to be edited for this record, the PENRL edit record should be used.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “PCAT”
2	Practitioner ID	N	Y	Y	9	Practitioner Registration	1	<b>Primary key field.</b> Unique ID supplied by agency.
3	Registration Date	DATE	Y	Y	8	Practitioner Registration	40	<b>Primary key field.</b> MMDDYYYY
4	Category/Taxonomy Effective Date	DATE	Y	Y	8	Practitioner Registration	9601	<b>Primary key field on edits and deletes.</b> MMDDYYYY
5	Category/Taxonomy End Date	DATE	N	N	8	Practitioner Registration	9602	MMDDYYYY
6	Practitioner Category	AN	Y	Y	10	Practitioner Registration	9606	Dictionary
7	Discipline	AN	Y	Y	20	Practitioner Registration	9607	Multiple Dictionary – Data separated by “&”
8	Practitioner Credentials	AN	N	N	10	Practitioner Registration	9608	Dictionary
9	Practitioner Categories For Coverage	AN	Y	Y	20	Practitioner Registration	9609	Multiple Dictionary – Data separated by “&”
10	Taxonomy Code	AN	N	Y	40	Practitioner Registration	9610	Dictionary.
11	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## PTERM – Practitioner Termination

- Pre-requisite Avatar Form(s): Practitioner Enrollment, Supplemental Practitioner Demographics
- Pre-requisite File Import Record(s): PENRL

### Import Rules:

- System does not allow practitioner terminations records to be deleted.
- On “Add” records, the current open enrollment will be terminated. An error is generated on file import if practitioner does not have an open enrollment, or the termination date is before the enrollment date.
- On “Edit” records, an error is generated on file import if the termination cannot be found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “PTERM”
2	Practitioner ID	N	Y	Y	9	Practitioner Registration Supplemental Practitioner Demographics	NA	121
3	Date Terminated	DATE	Y	Y	8	Practitioner Termination	55	
4	Reason For Termination	AN	N	N	10	Practitioner Termination	101	Dictionary
5	Action Code	N	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit”

## PLICE – Practitioner License Information

- Pre-requisite Avatar Form(s): Practitioner Enrollment, Supplemental Practitioner Demographics
- Pre-requisite File Import Record(s): PENRL

### Import Rules:

- “Add” records will be rejected on file import if practitioner is not enrolled.
- “Edit”/“Delete” records will be rejected on file import if corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “PLICE”
2	Practitioner ID	N	Y	Y	9	Practitioner License Information	NA	
3	Type Of License	AN	Y	Y	10	Practitioner License Information	50001	Dictionary
4	License Number	AN	Y	Y	20	Practitioner License Information	50002	
5	State Licensed	AN	Y	Y	2	Practitioner License Information	50003	Dictionary (State)
6	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”
7	Lic Expiration Date	Date	N	N	8	Practitioner License Information	50004	MMDDYYYY

## CMOVE – Admission (Outpatient), Admission, Discharge, Program Transfer, Inpatient Additional Information, Update Client Data, Legal Status

- Pre-requisite Avatar Form(s): Practitioner Enrollment, Supplemental Practitioner Demographics
- Pre-requisite File Import Record(s): PENRL

### Import Rules:

- Please note that only admission and discharge movement types can have an edit action code. Avatar PM does not allow the user to edit an existing leave, return from leave, or transfer movement.
- “Add” records will be rejected on file import if there is a movement error.
- “Edit”/“Delete” records will be rejected on file import if not an Admission/Discharge movement type, or the corresponding record is not found based on the primary key fields.
- An ‘add’ record may contain a provider-assigned client ID number. If the Admission record contains a provider-assigned client ID number then the file import will not auto-assign a system generated number to the client record, but will keep the provider-assigned number. If the client ID already exists, an error will be generated onto the report, and the record will be rejected on file import.
- An “add” record will allow the client ID number field to be empty. If the client ID field is empty then the system will auto-assign the client ID on import.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CMOVE”
2	Client ID	N	Y	Y	9	Admission (Outpatient) Admission Discharge Program Transfer Legal Status Inpatient Additional Information Attending Practitioner Update Client Data	1	
3	Movement Type	A	Y	Y	1	Admission (Outpatient) – A Admission – A Discharge - D Program Transfer - T	NA	
4	Movement Date	DATE	Y	Y	8	Admission (Outpatient) Admission Discharge	42 55 53	

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
						Program Transfer Legal Status	54 43 988	
5	Movement Time	AN	Y	Y	8	Admission (Outpatient) Admission Discharge Program Transfer Legal Status	45 213 756 763 49 988	
6	Episode Number	N	Y	Y	5	Admission (Outpatient) Admission Discharge Program Transfer Legal Status	12345	
7	Client Name	AN	Y	Y	40	Admission (Outpatient) Admission Update Client Data	2	
8	Client Phone	AN	N	N	12	Admission (Outpatient) Admission Discharge Update Client Data	95	
9	Sex	AN	Y	Y	1	Admission (Outpatient) Admission Discharge Update Client Data	3	Dictionary.
10	DOB	DATE	Y	Y	8	Admission (Outpatient) Admission Discharge Update Client Data	22	
11	SSN	AN	N	Y	11	Admission (Outpatient) Admission Discharge Update Client Data	6	
12	Primary Language	AN	N	N	10	Admission (Outpatient) Admission	149	Dictionary.



THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
						Discharge Update Client Data		
13	Alias	AN	N	N	40	Admission (Outpatient) Admission Discharge Update Client Data	206	
14	Program To	AN	C	C	10	Admission (Outpatient) Admission Program Transfer	5 10060	Dictionary. Required if admission, return from leave, or transfer movement. If admission movement, program is a pre-admission program, the Pre-Admit option is filed.
15	Program Transferred From	AN	C	C	10	Program Transfer Discharge	5	Dictionary. Required if leave, transfer, or discharge movement. If discharge movement, program is a pre-admission program, the Pre-Admit Discharge option is filed.
16	Practitioner	N	C	C	9	Admission (Outpatient) Admission Discharge	1154 215	Practitioner ID lookup. Required and processed only for admission or discharge movement. Admitting Practitioner Discharge Practitioner.
17	Type Of Admission	AN	C	C	10	Admission (Outpatient) Admission	44	Dictionary. Required if admission movement.
18	Type Of Leave From	AN	C	C	10	Leave Input	757	Dictionary. Required if leave movement. Leaving Residential Facility
19	Reason for Leave	AN	C	C	10	Leave Input	758	Dictionary. Required if leave movement. Leaving Residential Facility
20	Reason For Closure Of Leave	AN	C	C	10	Return From Leaves	766	Dictionary. Required if return from leave movement. Leaving Residential Facility
21	Type Of Transfer	AN	C	C	10	Program Transfer		Required if transfer movement. Always report PT.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
22	Type Of Discharge	AN	C	C	10	Discharge	970	Dictionary. Required if discharge movement.
23	Unit	AN	C	C	10	Admission Program Transfer	202	Dictionary. Required if admission or transfer movement for inpatient program, and program is not a pre-admission. Required if return from leave movement. Leaving Residential Facility
24	Room	AN	C	C	10	Admission Program Transfer	203	Bed table. Required if admission or transfer movement for inpatient program, and program is not a pre-admission. Required if return from leave movement. Leaving Residential Facility
25	Bed	AN	C	C	10	Admission Program Transfer	204	Bed table. Required if admission or transfer movement for inpatient program, and program is not a pre-admission. Required if return from leave movement. Leaving Residential Facility
26	Room and Board Billing Code	AN	C	C	10	Admission Program Transfer	205	Service Code. Required if admission or transfer movement for inpatient program, and program is not a pre-admission. Required if return from leave movement. Leaving Residential Facility
27	Admission Legal Status	AN	C	C	10	Legal Status	132	Dictionary: "I" = Involuntary, "V" = Voluntary Required and processed for admission movement. BH-ASO Outpatient Providers default to Voluntary.
28	Discharge Legal Status	AN	C	C	10	Legal Status	132	Dictionary. Only required and processed for discharge movement.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
								BH-ASO Outpatient Providers default to Voluntary.
29	Agency Notified Of Admission	AN	C	C	10	Inpatient Additional Information	50060	Dictionary. Required if admission or transfer movement for inpatient program, and program is not a pre-admission. Required if return from leave movement.
30	Admission Notification To	AN	N	N	10	Inpatient Additional Information	50061	Dictionary.
31	Admission Notification Date	DATE	N	N	8	Inpatient Additional Information	50062	MMDDYYYY
32	Admission Notification Time	AN	N	N	8	Inpatient Additional Information	50063	HH:MM AM/PM
33	Is This A Paid Claim?	AN	N	N	10	Inpatient Additional Information	50064	Dictionary.
34	Paid Claim Date	DATE	N	N	8	Inpatient Additional Information	50065	MMDDYYYY
35	Amount Paid	AN	N	N	20	Inpatient Additional Information	50066	Currency format with decimal (IE "0.00")
36	Discharge To	AN	N	N	40	Inpatient Additional Information	50042	Dictionary.
37	Discharge Plan	AN	N	N	40	Inpatient Additional Information	50043	Dictionary (Y/N).
38	Discharge Disposition	AN	N	N	1	Inpatient Additional Information	50044	Dictionary (Y/N).
39	RSN At Discharge	AN	N	N	10	Inpatient Additional Information	50045	Dictionary.
40	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit"

## CATTP – Attending Practitioner

- Pre-requisite Avatar Form(s): Admission (Outpatient), Admission
- Pre-requisite File Import Record(s): CMOVE

**Import Rules:**

- “Add” records will be rejected on file import if client is not in Avatar PM, or episode does not exist.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CATTP”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID.
3	Episode Number	N	Y	Y	10	Attending Practitioner	12345	Primary key for edit/delete.
4	Date Of Assignment	DATE	Y	Y	8	Attending Practitioner	384	Primary key for edit/delete. MMDDYYYY
5	Attending Practitioner	AN	Y	Y	9	Attending Practitioner	36	Practitioner ID lookup.
6	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## CDEMO – Client Profile (formerly Additional Client Demographics)

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client is not in Avatar PM. “Add” records will also be rejected if a ‘Additional Client Demographics’ record exists for the client and effective date.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CDEMO”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Client ID lookup
3	Effective Date	DATE	Y	Y	8	Client Profile	50101	Primary key for edit/delete. MMDDYYYY
4	Client Address, Street	AN	Y	Y	40	Client Profile	50102	
5	Client Address, Street 2	AN	N	N	40	Client Profile	50103	
6	Client Address, ZipCode	ZIP	Y	Y	10	Client Profile	50104	
7	Client Address, City	AN	Y	Y	20	Client Profile	50105	
8	Client Address, County	AN	Y	Y	10	Client Profile	50106	Dictionary.
9	Client Address, State	AN	Y	Y	2	Client Profile	50107	State table.
10	Homeless Indicator	AN	N	N	10	Client Profile	50113	Dictionary. This field will be ignored if sent in
11	Living Situation	AN	Y	Y	10	Client Profile	50111	Dictionary.
12	Number Living In Household	N	N	N	10	Client Profile	50114	This field will be ignored if sent in
13	Language in home	AN	N	N	10	Client Profile	50119	Dictionary. This field will be ignored if sent in
14	Race code	AN	N	N	10	Client Profile	50110	Dictionary. This field will be ignored if sent in
15	Hispanic Origin	AN	Y	Y	10	Client Profile	50109	Dictionary
16	Ethnicity	AN	Y	Y	20	Client Profile	50108	Multiple Dictionary – Data separated by “&”
17	Grade level	AN	Y	Y	10	Client Profile	50116	Dictionary

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
18	Education	AN	Y	Y	10	Client Profile	50118	Dictionary
19	Employment	AN	Y	Y	10	Client Profile	50115	Dictionary
20	Sexual Orientation	AN	Y	Y	10	Client Profile	50117	Dictionary
21	Impairment kind 1	AN	N	N	10	Client Profile	50120	Dictionary. This field will be ignored if sent in
22	Impairment kind 2	AN	N	N	10	Client Profile	50121	Dictionary. This field will be ignored if sent in
23	Impairment kind 3	AN	N	N	10	Client Profile	50122	Dictionary. This field will be ignored if sent in
24	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"
25	Veteran	AN	N	N	10	Client Profile	50450	Dictionary. This field will be ignored if sent in
26	Tribe	AN	C	C	10	Client Profile	50600	Dictionary. A new site specific extended field called 'Require Tribe in Client Profile form' will be added to the 'Ethnicity' dictionary (Site specific patient, field 50108) with only selectable values "Yes" or "No". If ethnicity has data populated, and a tribe has data populated, if any of the selected ethnicities does not have the extended value set to "Yes", an error will be produced. If there is no data in 'Tribe' and any of the selected ethnicities has an extended value set to "Yes", then an error will be produced stating that 'Tribe' needs to be entered. If there is data in 'Tribe' and any of the ethnicities does not have the extended value set to "Yes", then value in 'Tribe' will be cleared prior to filing
27	Military Service	AN	Y	Y	10	Client Profile	50601	Dictionary
28	School Attendance	AN	Y	Y	10	Client Profile	50602	Dictionary

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
29	Gender	AN	Y	Y	10	Client Profile	50603	Dictionary
30	Marital Status	AN	Y	Y	10	Client Profile	10	Dictionary
31	Parenting_Under_Age_7	AN	N	N	10	Client Profile	50605	This field will be ignored during import. Dictionary. If for the 'Gender' value in the record, the site specific extended field 'Require Parenting Under Age 18 Years/Pregnant' is filed as "Y", this field is required.
32	Pregnant	AN	C	C	10	Client Profile	357	Dictionary. If for the 'Gender' value in the record, the site specific extended field 'Require Parenting Under Age 18 Years/Pregnant' is filed as "Y", this field is required.
33	Due Date	DATE	C	C	10	Client Profile		Required if 'Pregnant' is "Y".
34	Self Help Count	AN	Y	Y	10	Client Profile	50608	Dictionary
35	Smoking	AN	Y	Y	10	Client Profile	50609	Dictionary
36	Needle Used Ever	AN	Y	Y	10	Client Profile	50610	Dictionary
37	Used Needle Recently	AN	Y	Y	10	Client Profile	50611	Dictionary
38	Mailing Address – Street 1	AN	N	N	40	Client Profile		
39	Mailing Address – Street 2	AN	N	N	40	Client Profile		
40	Mailing Address – ZipCode	AN	N	N	10	Client Profile		Format: NNNNN or NNNNN-NNNN
41	Mailing Address – City	AN	N	N	20	Client Profile		
42	Mailing Address – State	AN	N	N	2	Client Profile		State table.
43	Confidential Address – Street 1	AN	N	N	40	Client Profile		
44	Confidential Address – Street 2	AN	N	N	40	Client Profile		
45	Confidential Address – ZipCode	AN	N	N	10	Client Profile		Format: NNNNN or NNNNN-NNNN
46	Confidential Address – City	AN	N	N	20	Client Profile		

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
47	Confidential Address – State	AN	N	N	2	Client Profile		State table.
48	Home Phone Number	AN	N	N	12	Client Profile		Format: NNN-NNN-NNNN
49	Work Phone Number	AN	N	N	12	Client Profile		Format: NNN-NNN-NNNN
50	Mobile Phone Number	AN	N	N	12	Client Profile		Format: NNN-NNN-NNNN
51	Email Address	AN	N	N	40	Client Profile		
52	Communication Preference	AN	N	N	10	Client Profile	104	Dictionary
53	Primary Language	AN	Y	Y	10	Client Profile	149	Dictionary
54	Parenting_Under_Age_18	AN	C	C	10	Client Profile		Dictionary If for the 'Gender' value in the record, the site specific extended field 'Require Parenting Under Age 7 Years/Pregnant' is filed as "Y", this field is required.
55	SMI/SED Status	AN	Y	Y	10	Client Profile		Dictionary
56	Is this a facility Address	AN	Y	Y	10	Client Profile		Dictionary
57	Medication Assisted Opioid Therapy	AN	Y	Y	10	Client Profile		Dictionary



## CFEGU – Financial Eligibility: Guarantor Selection

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM, or the guarantor already filed for client episode. The plan information will initially be defaulted from the plan table. Plan level information is maintained in another import file.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.
- “Delete” records will also delete all plan information the guarantor and episode.
- A guarantor is only added once. Thereafter, new eligibility periods for the guarantor are entered using CFEPL transaction.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CFEGU”
2	Client ID	AN	Y	Y	9	NA		Primary key on add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Financial Eligibility	12345	Primary key on add/edit/delete. Episode Number
4	Guarantor ID	AN	Y	Y	10	Financial Eligibility (Guarantor Selection tab)	NA	Primary key on edit/delete. Must be defined in PM. If editing or deleting, will find appropriate guarantor selection record to edit/delete based on guarantor ID.
5	Eligibility Verified	A	C	C	1	Financial Eligibility (Guarantor Selection tab)	1054	Dictionary (Y/N). Required if “add” action code.
6	Coverage Effective Date	DATE	C	C	8	Financial Eligibility (Guarantor Selection tab)	712	Required if “add” action code. MMDDYYYY
7	Coverage Expiration Date	DATE	N	N	8	Financial Eligibility (Guarantor Selection tab)	713	MMDDYYYY
8	Client’s Relationship To Subscriber	AN	C	C	10	Financial Eligibility (Guarantor Selection tab)	247	Required if “add” action code.
9	Subscriber’s Name	AN	C	C	40	Financial Eligibility (Guarantor Selection tab)	246	Required if ‘Client’s Relationship To Subscriber’ <> “Self”.
10	Subscriber Address – Street Line 1	AN	C	C	40	Financial Eligibility (Guarantor Selection tab)	248	Required if ‘Client’s Relationship To Subscriber’ <> “Self”.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
11	Subscriber Address - Zip	AN	C	C	10	Financial Eligibility (Guarantor Selection tab)	252	NNNNN-NNNN Required if 'Client's Relationship To Subscriber' <> "Self".
12	Subscriber Address- City	AN	C	C	40	Financial Eligibility (Guarantor Selection tab)	250	Required if 'Client's Relationship To Subscriber' <> "Self".
13	Subscriber Address – State	AN	C	C	40	Financial Eligibility (Guarantor Selection tab)	251	State table. Required if 'Client's Relationship To Subscriber' <> "Self".
14	Subscriber's Social Security #	AN	C	C	11	Financial Eligibility (Guarantor Selection tab)	254	NNN-NN-NNNN Required if 'Client's Relationship To Subscriber' <> "Self".
15	Subscriber Sex	AN	C	C	1	Financial Eligibility (Guarantor Selection tab)	255	Dictionary. Required if 'Client's Relationship To Subscriber' <> "Self".
16	Subscriber Group Number (MSO: CSO Identifier)	AN	N	N	20	Financial Eligibility (Guarantor Selection tab)	265	
17	Subscriber Policy # (MSO: CID#)	AN	N	Y	20	Financial Eligibility (Guarantor Selection tab)	263	
18	Subscriber Medicaid # (MSO: PIC#)	AN	N	N	20	Financial Eligibility (Guarantor Selection tab)	1057	
19	Subscriber Assignment Of Benefits	A	C	C	1	Financial Eligibility (Guarantor Selection tab)	277	Dictionary (Y/N). Required if "add" action code.
20	Subscriber Release Of Info	A	C	C	1	Financial Eligibility (Guarantor Selection tab)	278	Dictionary (Y/N) Required if "add" action code.
21	Coordination Of Benefits	A	C	C	1	Financial Eligibility (Guarantor Selection tab)	1058	Dictionary (Y/N). Required if "add" action code.
22	State Program Code	AN	C	C	10	Financial Eligibility (Guarantor Selection tab)	283	Dictionary. Required if "add" action code.
23	Subscriber's Covered Days	N	C	C	10	Financial Eligibility (Guarantor Selection tab)	10204	Required if "add" action code.
24	Maximum Covered Dollars	AN	C	C	10	Financial Eligibility (Guarantor Selection tab)	10211	Required if "add" action code. Currency with decimal IE "0.00".

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
25	Guarantor Plan	AN	Y	Y	10	Financial Eligibility (Guarantor Selection tab)	714	Plan table. "Add" – Default plan information from table. "Edit" – Edit the plan for guarantor if different from what is on file. Default plan information from table. "Delete" – Deletes guarantor from FE. All plan levels are deleted for guarantor.
26	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"

## CFEPL – Financial Eligibility: Customize Plan

- Pre-requisite Avatar Form(s): Financial Eligibility: Guarantor Selection
- Pre-requisite File Import Record(s): CFEGU

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM, or the guarantor plan level is already filed for the client episode, guarantor ID, and guarantor plan. “Add” records will also be rejected on file import if the guarantor plan already is filed in another plan level for the client episode, guarantor ID, and guarantor plan.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.
- Note that when adding a new guarantor and plan to a client episode, a “Add” “CFEGU” record must first be received. That record will add the guarantor to the ‘Financial Eligibility’ option for the client episode, and will initially default the plan information from the plan table. To edit information in the defaulted plan levels, the “CFEPL” record must be sent as an “Edit” for the applicable plan levels.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CFEPL”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	Financial Eligibility	12345	Primary key for add/edit/delete. Episode Number
4	Guarantor ID	AN	Y	Y	10	Financial Eligibility (Guarantor Selection tab)		Primary key for add/edit/delete. Guarantor table.
5	Guarantor Plan	AN	Y	Y	10	Financial Eligibility (Guarantor Selection tab)	714	Primary key for edit/delete. Plan table.
6	Plan Level Number	N	Y	Y	5	NA	NA	Primary key for edit/delete.
7	Level Start date	DATE	N	Y	8	Financial Eligibility (Customize Plan tab)	698	MMDDYYYY. If editing or deleting, will find appropriate plan level to edit/delete based on level start date.
8	Level End Date	DATE	N	Y	8	Financial Eligibility (Customize Plan tab)	1040	MMDDYYYY
9	Covered Charge Categories	AN	Y	Y	20	Financial Eligibility (Customize Plan tab)	687	Multiple Dictionary.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
10	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"
11	Per Diem Rate	AN	C	C	10	Financial Eligibility (Customize Plan tab)	1043	Required if contract 'Guarantor Plan'. Else field should be blank. Currency with decimal IE "0.00".
12	Per Diem Percentage	AN	C	C	3	Financial Eligibility (Customize Plan tab)	1044	Required if contract 'Guarantor Plan'. Else field should be blank. Percentage with no "%: symbol but can include decimal.

## CGAIN – GAIN – Short Screener

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CGAIN”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	GAIN – Short Screener	12345	Primary key for add/edit/delete.
4	Date Of Screening	DATE	Y	Y	8	GAIN – Short Screener	50170	Primary key for edit/delete. MMDDYYYY
5	Internal Disorder Screening IDS Score	AN	Y	Y	10	GAIN – Short Screener	50171	Dictionary
6	External Disorder Screening EDS Score	AN	Y	Y	10	GAIN – Short Screener	50172	Dictionary
7	Substance Disorder SDS Score	AN	Y	Y	10	GAIN – Short Screener	50173	Dictionary
8	Crime And Violence Screening CVS Score	AN	N	N	10	GAIN – Short Screener	50174	Dictionary
9	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## CMATX – Co-occurring Matrix

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

**Import Rules:**

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CMATX”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	Co-occurring Matrix	12345	Primary key for add/edit/delete.
4	Date Matrix Completed	DATE	Y	Y	8	Co-occurring Matrix	50180	Primary key for edit/delete. MMDDYYYY
5	Matrix Quadrant Value	AN	Y	Y	10	Co-occurring Matrix	50181	Dictionary
6	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## CFCON – Consumer First Contact

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CFCON”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Consumer First Contact	12345	Primary key for add/edit/delete. Episode Number
4	Contact Date	DATE	Y	Y	8	Consumer First Contact	50002	Primary key for edit/delete. MMDDYYYY
5	Contact Time	AN	Y	Y	8	Consumer First Contact	50003	HH:MM AM/PM
6	First Offered Appointment	DATE	Y	Y	8	Consumer First Contact	50004	MMDDYYYY
7	First Accepted Appointment	DATE	Y	Y	8	Consumer First Contact	50005	MMDDYYYY
8	Staff	N	N	N	9	Consumer First Contact	50006	Practitioner lookup
9	Contact Reason	AN	N	N	10	Consumer First Contact	50007	Dictionary
10	Level Of Urgency	AN	Y	Y	10	Consumer First Contact	50008	Dictionary
11	Disposition	AN	N	N	10	Consumer First Contact	50009	Dictionary
12	Additional Comments	AN	N	N	256	Consumer First Contact	50055	
13	Next Offered	DATE	N	N	8	Consumer First Contact	50056	MMDDYYYY
14	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”



## CREFE – Consumer Referral

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CREFE”
2	Client ID	N	Y	Y	9	NA		Primary key for add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Consumer Referral	12345	Primary key for add/edit/delete. Episode Number
4	Referral In Or Out	AN	Y	Y	10	Consumer Referral	50164	Primary key for add/edit/delete. Dictionary.
5	Referral Type	AN	Y	Y	10	Consumer Referral	50142	Primary key for add/edit/delete. Dictionary. Check new extended field ‘Allowed for Referral Into or Referral Out To’ off ‘Referral In Or Out’ field for validity. If not valid, reject record.
6	Referral Date	DATE	Y	Y	8	Consumer Referral	50143	Primary key for add/edit/delete. MMDDYYYY
7	Referral Organization	AN	Y	Y	10	Consumer Referral	50144	Dictionary. Check new extended field ‘Allowed for Referral Into or Referral Out To’ off ‘Referral In Or Out’ field for validity. If not valid, reject record.
8	Referral Name	AN	N	N	40	Consumer Referral	50145	
9	Referred Phone	AN	N	N	12	Consumer Referral	50146	NNN-NNN-NNNN
10	Referral Outcome	AN	N	N	10	Consumer Referral	50147	Dictionary.
11	Referral Notes	AN	N	N	256	Consumer Referral	50148	

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
12	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"

## CAUTH – Authorization Request

- Pre-requisite Avatar Form(s): Financial Eligibility: Customize Plan
- Pre-requisite File Import Record(s): CEFPL

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.
- On “add” records, ‘Authorization Status’ is defaulted as “Pending”.
- An ‘add’ record may contain a provider-assigned authorization number. If the authorization record contains a provider-assigned authorization number then the file import will not auto-assign a system generated number to the authorization record, but will keep the provider-assigned number. An error will be generated onto the report if the authorization number already exists in Avatar PM, and the record will be rejected on file import.
- An “add” record may not contain an authorization number. If the authorization number field is empty then the system will auto-assign the authorization number on import.
- Update Authorization Import Error report to contain authorization numbers (auto-generated or provider-assigned), as well as with any other system edits. The report should list any rejected records due to missing authorization numbers.
- An edit or delete record will be rejected if the authorization record’s ‘Authorization Status’ is anything other than “Pending”.
- When an authorization record is edited in the RSN Avatar MSO system, an EDI authorization record is created in the RSN Avatar MSO EDI queue. A background server process is periodically initiated, that produces these records in an EDI file. This file is processed by the applicable agency Avatar PM system to synchronize authorization data between the two systems.
- When an authorization is added into Avatar PM, the authorization number auto assigned will be stored in a SQL table called ‘SYSTEM.ss\_ohps\_file\_imp\_authnum’. This table will contain the following fields: ‘FACILITY’, ‘PATID’, ‘EPISODE\_NUMBER’, ‘GUARANTOR\_ID’, ‘authorization\_number’, ‘start\_date’, ‘end\_date’, ‘units’, ‘dollars’, ‘data\_entry\_by’, ‘data\_entry\_by\_option’, ‘data\_entry\_user\_id’, ‘data\_entry\_user\_name’, ‘data\_entry\_date’, ‘data\_entry\_time’, ‘option\_id’, and ‘option\_desc’.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CAUTH”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Authorization Request	12345	Primary key for add/edit/delete. Episode Number
4	Authorization Number	N	C	C	10	Authorization Request	50212	Primary key for edit/delete. This will always be blank on add records. The auth number will be calculated based on the next sequential number based on

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
								RUID off episode program. Required on edit and delete records.
5	Guarantor ID	AN	Y	Y	10	Authorization Request	50213	Must be defined as an eligible guarantor for client episode via 'Financial Eligibility' option.
6	Authorization Type	AN	Y	Y	10	Authorization Request	50215	Dictionary.
7	Start Date	DATE	Y	Y	8	Authorization Request	50218	MMDDYYYY
8	End Date	DATE	Y	Y	8	Authorization Request	50219	MMDDYYYY
9	Units	N	N	N	10	Authorization Request	50220	
10	Dollars	AN	N	N	10	Authorization Request	50221	Currency format with decimal IE "0.00".
11	Additional Comments	AN	N	N	256	Authorization Request	50224	
12	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"
13	Initial Or Continuing	AN	Y	Y	5	NA	NA	Always equal to "CAUTH"

## DDIAG – Diagnosis

- Pre-requisite Avatar Form(s): Admission (Outpatient)/Admission
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “DDIAG”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for edit. Avatar PM client ID
3	Episode Number	N	Y	Y	10	Diagnosis	12345	Primary key for edit.
4	Type Of Diagnosis	AN	Y	Y	10	Diagnosis	125	Primary key for edit. Dictionary.
5	Date Of Diagnosis	DATE	Y	Y	8	Diagnosis	124	Primary key for edit. MMDDYYYY Future date not allowed.
6	Time Of Diagnosis	AN	Y	Y	8	Diagnosis	989	Primary key for edit. HH:MM AM/PM
7	Assessment Type	AN	Y	Y	10	Diagnosis	31032.1	Dictionary.
8	Service Level	AN	Y	Y	10	Diagnosis	31032.2	Dictionary.
9	Priority Code	AN	Y	Y	10	Diagnosis	31032.3	Dictionary.
10	Diagnosis – Axis V Current GAF Rating	AN	C	C	10	Diagnosis	31032.7	Dictionary. This is required if the client’s age on the date of diagnosis is 18 or above. This check will only apply if date of import is prior to 10/1/2015.
11	CGAS	AN	C	C	10	Diagnosis	31032.8	Dictionary. This is required if the client’s age on the date of diagnosis is less than 18. This check will only apply if date of import is prior to 10/1/2015.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
12	DC03	AN	C	C	10	Diagnosis	31032.9	Dictionary. This is required if the client's age on the date of diagnosis is less than 6. This check will only apply if date of import is prior to 10/1/2015.
13	Acuity	AN	N	N	10	Diagnosis	31032.4	Dictionary.
14	Assessment Tool	AN	N	N	10	Diagnosis	31032.5	Dictionary.
15	Assessment Tool LOF	AN	N	N	10	Diagnosis	31032.6	Dictionary.
16	SED	AN	N	C	15	Diagnosis	31033.1	Multiple Select Dictionary If new 'Include SED/SMI logic' field in 'WSRC File Import Defaults' is set to "Yes" this is required if age is under 18. SED and SMI can't both be blank or populated.
17	SMI	AN	N	C	15	Diagnosis	31033.2	Multiple Select Dictionary If new 'Include SED/SMI logic' field in 'WSRC File Import Defaults' is set to "Yes" this is required if age is over 20. SED and SMI can't both be blank or populated.
18	Diagnosis Comments	AN	N	N	2900	Diagnosis	31046.1	Scrolling Text Box
19	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit"
20	ICD9 – 1	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-1 populated and 'Date of Diagnosis' is prior to 10/01/2015.
21	ICD10 – 1	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
22	DSM IV – 1	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
23	DSM V – 1	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
24	SNOMED – 1	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
25	Ranking – 1	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-1 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
								used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
26	Status – 1	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
27	Diagnosing Practitioner – 1	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-1 populated. Practitioner Lookup
28	Present On Admission Indicator – 1	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
29	Estimated Onset Date – 1	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"
30	Resolved Date – 1	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if 'Status'=4 ("Resolved")
31	Classification – 1	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-1 populated. Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
32	Add to Problem List – 1	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-1 populated. Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
33	Remarks – 1	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
34	ICD9 – 2	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-2 populated and 'Date of Diagnosis' is prior to 10/01/2015.
35	ICD10 – 2	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
36	DSM IV – 2	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
37	DSM V – 2	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
38	SNOMED – 2	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
39	Ranking – 2	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-2 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
40	Status – 2	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
41	Diagnosing Practitioner – 2	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-2 populated. Practitioner Lookup
42	Present On Admission Indicator – 2	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
43	Estimated Onset Date – 2	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"
44	Resolved Date – 2	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if 'Status'=4 ("Resolved")
45	Classification – 2	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-2 populated. Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
46	Add to Problem List – 2	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-2 populated. Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
47	Remarks – 2	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
48	ICD9 – 3	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-3 populated and 'Date of Diagnosis' is prior to 10/01/2015.
49	ICD10 – 3	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
50	DSM IV – 3	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
51	DSM V – 3	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'



THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
52	SNOMED – 3	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
53	Ranking – 3	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-3 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
54	Status – 3	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
55	Diagnosing Practitioner – 3	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-3 populated. Practitioner Lookup
56	Present On Admission Indicator – 3	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
57	Estimated Onset Date – 3	DATE	C	C	8	Diagnosis / grid	31006	Required if ICD10-3 populated. MMDDYYYY –required if 'Add To Problem List'="Y"
58	Resolved Date – 3	DATE	C	C	8	Diagnosis / grid	31011	Required if ICD10-3 populated. MMDDYYYY –required if 'Status'=4 ("Resolved")
59	Classification – 3	AN	C	C	10	Diagnosis / grid	1805	Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
60	Add to Problem List – 3	A	C	C	1	Diagnosis / grid	1807	Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
61	Remarks – 3	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
62	ICD9 – 4	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-4 populated and 'Date of Diagnosis' is prior to 10/01/2015.
63	ICD10 – 4	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
64	DSM IV – 4	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
65	DSM V – 4	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
66	SNOMED – 4	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
67	Ranking – 4	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-4 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
68	Status – 4	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
69	Diagnosing Practitioner – 4	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-4 populated. Practitioner Lookup
70	Present On Admission Indicator – 4	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
71	Estimated Onset Date – 4	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"
72	Resolved Date – 4	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if 'Status'=4 ("Resolved")
73	Classification – 4	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-4 populated. Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
74	Add to Problem List – 4	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-4 populated. Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
75	Remarks – 4	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
76	ICD9 – 5	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-5 populated and 'Date of Diagnosis' is prior to 10/01/2015.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
77	ICD10 – 5	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
78	DSM IV – 5	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
79	DSM V – 5	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
80	SNOMED – 5	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
81	Ranking – 5	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-5 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
82	Status – 5	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' is 5 ("Void") is not necessary (see below).
83	Diagnosing Practitioner – 5	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-5 populated. Practitioner Lookup
84	Present On Admission Indicator – 5	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
85	Estimated Onset Date – 5	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"
86	Resolved Date – 5	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if 'Status'=4 ("Resolved")
87	Classification – 5	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-5 populated. Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
			C		1	Diagnosis / grid	1807	Required if ICD10-5 populated. Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
88	Add to Problem List – 5	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-5 populated. Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
89	Remarks – 5	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
90	ICD9 – 6	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-6 populated and 'Date of Diagnosis' is prior to 10/01/2015.
91	ICD10 – 6	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
92	DSM IV – 6	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
93	DSM V – 6	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
94	SNOMED – 6	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
95	Ranking – 6	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-6 populated. Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
96	Status – 6	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
97	Diagnosing Practitioner – 6	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-6 populated. Practitioner Lookup
98	Present On Admission Indicator – 6	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
99	Estimated Onset Date – 6	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"
100	Resolved Date – 6	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if 'Status'=4 ("Resolved")
101	Classification – 6	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-6 populated. Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
102	Add to Problem List – 6	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-6 populated. Dictionary. –if ‘Status’ not 1 (“Active”) any value here will be ignored.
103	Remarks – 6	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
104	ICD9 – 7	AN	C	C	10	Diagnosis / grid		Will display in ‘Code Crossmapping’ Required if ICD10-7 populated and ‘Date of Diagnosis’ is prior to 10/01/2015.
105	ICD10 – 7	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in ‘Code Crossmapping’
106	DSM IV – 7	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
107	DSM V – 7	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
108	SNOMED – 7	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
109	Ranking – 7	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-7 populated Dictionary. ‘Ranking’ of 1 (“Primary”) can only be used in one row, but there must be one row where ‘Ranking’ is 1 (“Primary”). Depending on the ‘Allow Axis III as Principal Diagnosis’ registry setting, Axis III / Medical Diagnosis codes cannot have ‘Ranking’ of 1 (“Primary”).
110	Status – 7	N	N	N	1	Diagnosis / grid	1800	Dictionary. If ‘Status’ is blank will default 1 (“Active”). ‘Status’ of 5 (“Void”) is not necessary (see below).
111	Diagnosing Practitioner – 7	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-7 populated Practitioner Lookup
112	Present On Admission Indicator – 7	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
113	Estimated Onset Date – 7	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if ‘Add To Problem List’=“Y”
114	Resolved Date – 7	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if ‘Status’=4 (“Resolved”)

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
115	Classification – 7	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-7 populated Dictionary. If 'Ranking' is 1 ("Primary"), 'Classification' cannot be 6 ("Environmental").
116	Add to Problem List – 7	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-7 populated Dictionary. –if 'Status' not 1 ("Active") any value here will be ignored.
117	Remarks – 7	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
118	ICD9 – 8	AN	C	C	10	Diagnosis / grid		Will display in 'Code Crossmapping' Required if ICD10-8 populated and 'Date of Diagnosis' is prior to 10/01/2015.
119	ICD10 – 8	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in 'Code Crossmapping'
120	DSM IV – 8	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
121	DSM V – 8	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
122	SNOMED – 8	AN	N	N	10	Diagnosis / grid		Will display in 'Code Crossmapping'
123	Ranking – 8	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-8 populated Dictionary. 'Ranking' of 1 ("Primary") can only be used in one row, but there must be one row where 'Ranking' is 1 ("Primary"). Depending on the 'Allow Axis III as Principal Diagnosis' registry setting, Axis III / Medical Diagnosis codes cannot have 'Ranking' of 1 ("Primary").
124	Status – 8	N	N	N	1	Diagnosis / grid	1800	Dictionary. If 'Status' is blank will default 1 ("Active"). 'Status' of 5 ("Void") is not necessary (see below).
125	Diagnosing Practitioner – 8	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-8 populated Practitioner Lookup
126	Present On Admission Indicator – 8	AN	N	N	10	Diagnosis / grid	1804	Dictionary.
127	Estimated Onset Date – 8	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if 'Add To Problem List'="Y"

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
128	Resolved Date – 8	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if ‘Status’=4 (“Resolved”)
129	Classification – 8	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-8 populated Dictionary. If ‘Ranking’ is 1 (“Primary”), ‘Classification’ cannot be 6 (“Environmental”).
130	Add to Problem List – 8	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-8 populated Dictionary. –if ‘Status’ not 1 (“Active”) any value here will be ignored.
131	Remarks- 8	AN	N	N	290 0	Diagnosis / grid	1806	Scrolling Text Box
132	ICD9-9	AN	C	C	10	Diagnosis / grid		Will display in ‘Code Crossmapping’ Required if ICD10-9 populated and ‘Date of Diagnosis’ is prior to 10/01/2015.
133	ICD-9	AN	C	C	10	Diagnosis / grid		Required if adding/editing current code set. Will display in ‘Code Crossmapping’
134	DSM IV-9	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
135	DSM V-9	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
136	SNOMED- 9	AN	N	N	10	Diagnosis / grid		Will display in ‘Code Crossmapping’
137	Ranking -9	N	C	C	1	Diagnosis / grid	1801	Required if ICD10-9 populated Dictionary. ‘Ranking’ of 1 (“Primary”) can only be used in one row, but there must be one row where ‘Ranking’ is 1 (“Primary”). Depending on the ‘Allow Axis III as Principal Diagnosis’ registry setting, Axis III / Medical Diagnosis codes cannot have ‘Ranking’ of 1 (“Primary”).
138	Status- 9	N	N	N	1	Diagnosis / grid	1800	Dictionary. If ‘Status’ is blank will default 1 (“Active”). ‘Status’ of 5 (“Void”) is not necessary (see below).
139	Diagnosing Practitioner -9	N	C	C	9	Diagnosis / grid	1165	Required if ICD10-9 populated Practitioner Lookup
140	Present on Admission Indicator - 9	AN	N	N	10	Diagnosis / grid	1804	Dictionary.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
141	Estimated Onset Date- 9	DATE	C	C	8	Diagnosis / grid	31006	MMDDYYYY –required if ‘Add To Problem List’=“Y”
142	Resolved Date- 9	DATE	C	C	8	Diagnosis / grid	31011	MMDDYYYY –required if ‘Status’=4 (“Resolved”)
143	Classification- 9	AN	C	C	10	Diagnosis / grid	1805	Required if ICD10-9 populated Dictionary. If ‘Ranking’ is 1 (“Primary”), ‘Classification’ cannot be 6 (“Environmental”).
144	Add to Problem List- 9	A	C	C	1	Diagnosis / grid	1807	Required if ICD10-9 populated Dictionary. –if ‘Status’ not 1 (“Active”) any value here will be ignored.
145	Remarks- 9	AN	N	N	2900	Diagnosis / grid	1806	Scrolling Text Box
146	ASAM Level	AN	N	N	10	Diagnosis	31044.1	If any data included in this field it will be ignored.
147	Impairment Kind 1	AN	Y	Y	10	Diagnosis	31044.2	If “Z” = “NONE/NO DISABILITY” populated, produce error if data present in ‘Impairment_kind_2’ or ‘Impairment_kind_3’ fields.
148	Impairment Kind 2	AN	N	N	10	Diagnosis	31044.3	Do not allow duplicate to Impairment_kind_1
149	Impairment Kind 3	AN	N	N	10	Diagnosis	31044.4	Do not allow duplicate to impairment_kind_1 or impairment_kind_2



## CSVCS – Client Charge Input

- Pre-requisite Avatar Forms(s): Financial Eligibility: Customize Plan or Authorization Request
- Pre-requisite File Import Record(s): CFEPL or CAUTH

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- “Add” records will be rejected on file import if the client episode is not an RSN episode (Current episode program must have extended field ‘Reporting Unit ID’ defined, and client episode must have at least one RSN guarantor filed).
- “Add” records will be rejected on file import if the activity number is already assigned to another service for the current episode program’s extended field ‘Reporting Unit ID’.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CSVCS”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	Client Charge Input	12345	Primary key for add/edit/delete.
4	Date Of Service	DATE	Y	Y	8	Client Charge Input	10001	Primary key for edit/delete. MMDDYYYY. On edit/delete records, used to identify service to edit/delete.
5	Service Code	AN	Y	Y	10	Client Charge Input	10002	Primary key for edit/delete. Service Code lookup. On edit/delete records, used to identify service to edit/delete.
6	Activity Number	N	Y	Y	10	NA	NA	Primary key for edit/delete.
7	Service Start Time	AN	Y	Y	8	Client Charge Input	60021	HH:MM AM/PM
8	Service End Time	AN	N	Y	8	Client Charge Input	60022	HH:MM AM/PM Must be on or after service start time.
9	Practitioner	N	C	C	9	Client Charge Input	10003	Practitioner lookup. Required if service code defined as required by both client and practitioner.
10	Location	AN	Y	Y	10	Client Charge Input	10006	Dictionary.
11	Duration (Minutes)	N	N	Y	10	Client Charge Input	10004	

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
12	Co-Practitioner	N	N	N	9	Client Charge Input	10007	Practitioner lookup.
13	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"
14	EBP Data	AN	N	C	80	Client Charge Input	21050.1	SS Treatment Multiple Select Dictionary 1 field modified to 'EBP Data' via SSSM

## CCRIS – Crisis Investigation

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in myAvatar PM.
- Edit”/”Delete” records will be rejected on file import if the corresponding crisis investigation record is not found based on the primary key fields

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CCRIS”
2	Client ID	N	Y	Y	9	NA	NA	Primary key field for add/edit delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	Crisis Investigation	12345	Primary key field for add/edit/delete.
4	Investigation Start Date	DATE	Y	Y	10	Crisis Investigation	50126	Primary key on add/edit/delete. MMDDYYYY format. This field was called ‘Associated Service’. On edit/delete records, the investigation start date, investigation start time, and episode will be used to find the matching crisis investigation record.
5	Dispatch Date	DATE	Y	Y	8	Crisis Investigation	50127	MMDDYYYY
6	Dispatch Time	AN	Y	Y	8	Crisis Investigation	50128	HH:MM AM/PM
7	Investigation Start Time	AN	Y	Y	8	Crisis Investigation	50129	Primary key for add/edit/delete. HH:MM AM/PM This was previously ‘Investigation Time’.
8	Investigation Type	AN	Y	Y	10	Crisis Investigation	50130	Dictionary.
9	DCR	N	Y	Y	9	Crisis Investigation	50125	Practitioner lookup. This was previously ‘Staff’.
10	Investigation Outcome	AN	Y	Y	10	Crisis Investigation	50131	Dictionary.
11	Investigation County	AN	Y	Y	10	Crisis Investigation	50132	Dictionary.
12	Detained	AN	N	C	10	Crisis Investigation	50133	Dictionary.
13	Hospital Placement	AN	N	C	10	Crisis Investigation	50134	Dictionary.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
14	Return To Inpatient/Revocation Authority	AN	Y	Y	10	Crisis Investigation	50139	Dictionary.
15	Danger To Self	AN	N	C	10	Crisis Investigation	50135	Dictionary.
16	Danger To Others	AN	N	C	10	Crisis Investigation	50136	Dictionary.
17	Gravely Disabled	AN	N	C	10	Crisis Investigation	50137	Dictionary.
18	Danger To Property	AN	N	C	10	Crisis Investigation	50138	Dictionary.
19	Revoked For Reasons Other Than Above	AN	N	C	10	Crisis Investigation	50048	Dictionary.
20	Investigation Notes	AN	N	N	256	Crisis Investigation	50140	
21	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"
22	Investigation End Date	DATE	Y	Y	10	Crisis Investigation		
23	Investigation End Time	AN	Y	Y	8	Crisis Investigation		
24	Investigation Referral Source	AN	Y	Y	10	Crisis Investigation		Recognize EDI extended field.

## CITAC – ITA Court Hearing

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM, or if the associated service cannot be found for the client episode.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CITAC”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	Y	10	ITA Court Hearing	12345	Primary key for add/edit/delete.
4	Hearing Date	DATE	Y	Y	8	ITA Court Hearing	50015	Primary key for edit/delete. MMDDYYYY
5	Hearing Outcome	AN	N	C	10	ITA Court Hearing	50016	Dictionary
6	Hearing Placement	AN	N	C	10	ITA Court Hearing	50017	Dictionary
7	County	AN	N	N	10	ITA Court Hearing	50018	Dictionary
8	Court Docket	AN	N	N	40	ITA Court Hearing	50019	
9	Days Committed	N	N	N	10	ITA Court Hearing	50020	
10	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## CSPC2 – WSRC Specialized Program

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CSPC2”
2	Client ID	N	Y	Y	9	NA		Primary key for add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Specialized Program	12345	Primary key for add/edit/delete. Episode Number
4	Participation Start Date	DATE	Y	Y	8	Specialized Program	50401	Primary key for add/edit/delete. MMDDYYYY
5	Specialized Program ID (changed from Program ID)	AN	Y	Y	10	Specialized Program		Primary key for add/edit/delete. Dictionary.
6	Participation End Date	DATE	N	C	8	Specialized Program	50402	MMDDYYYY. Required upon completion/discharge Specialized Program.
7	Entry Referral Source	AN	Y	Y	10	Specialized Program	50404	Dictionary.
8	Program End Reason	AN	C	C	10	Specialized Program	50405	Dictionary. If a Participation End Date is entered, then the Program End Reason must be completed.
9	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”

## SUBSU – Substance Use Data

- Pre-requisite Avatar Form(s): Admission (Outpatient), WSRC Specialized Program
- Pre-requisite File Import Record(s): CMOVE, CSPC2

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM.
- “Edit”/“Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.
- If adding a new record, and “A” = “Admission” is populated, produce error if there is already an admission Substance Use Data record filed for the episode.
- If type of assessment = “U” or “D”, and there is a previous Substance Use Data assessment on file, default all substance 1-3, age of first use 1-3, and peak use 1-3 fields from the previous Admission assessment.
- If within the file import record, different data is populated than what was defaulted in the substance 1-3, age of first use 1-3, or peak use 1-3 fields, reject record with error “Data in record does not match defaulted data.”
- Logic added for “Add” records to default the ‘Specialized Program ID’ if one is found and to reject the record with error message if one is not found (no changes to the record format).

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “SUBSU”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/delete.
3	Episode Number	N	Y	Y	10		12345	Primary key for add/delete.
4	Assessment Date	Date	Y	Y	8	Substance Use Data		Primary key for add/delete. MMDDYYYY format. Do not allow future dates.
5	Type Of Assessment	AN	Y	Y	10	Substance Use Data		Primary key for add/delete.
6	Assessor	AN	Y	Y	8	Substance Use Data		Staff ID
7	Assessment Time	AN	Y	Y	8	Substance Use Data		Primary key for add/delete HH:MM AM/PM. If Assessment Date is today, do not allow future time.
8	Treated for Substance Abuse Problem in the Past	AN	Y	Y	10	Substance Use Data		Dictionary.
9	Location and Dates of Treatment	AN	C	C	999	Substance Use Data		Required if ‘Treated for Substance Abuse Problem in the Past’ is populated with “Y”. If data present, and ‘Treated for Substance Abuse Problem in the Past’ is

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
								not populated with "Y", produce error and reject record.
10	Does Anyone in Your Family Have a Substance Abuse Problem?	AN	Y	Y	10	Substance Use Data		Dictionary.
11	Comments	AN	C	C	999	Substance Use Data		Required if 'Does Anyone in Your Family Have a Substance Abuse Problem?' is populated with "Y". If data present, and 'Does Anyone in Your Family Have a Substance Abuse Problem?' is not populated with "Y", produce error and reject record.
12	Substance 1	AN	Y	Y	10	Substance Use Data		Dictionary. Do not allow duplicates with substance 2 or 3.
13	Method 1	AN	Y	Y	10	Substance Use Data		Dictionary.
14	Amount 1	AN	Y	Y	40	Substance Use Data		Free text.
15	Frequency Of Use 1	AN	Y	Y	10	Substance Use Data		Dictionary.
16	Age at First Use 1	AN	Y	Y	10	Substance Use Data		Dictionary.
17	Date of Last Use 1	AN	Y	Y	8	Substance Use Data		Date field. Produce error and reject record if date is after Assessment Date.
18	Peak Use 1	AN	Y	Y	10	Substance Use Data		Dictionary.
19	Substance 2	AN	Y	Y	10	Substance Use Data		Dictionary aliased to Substance 1. Do not allow duplicates with substance 1 or 3 unless a "N/A" code is populated. If a "N/A" code is populated, produce error and reject record if substance 3 is populated with a substance code with extended field 'Is this a "N/A" code?' filed with "N" or blank.
20	Method 2	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.



THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
21	Amount 2	AN	C	C	40	Substance Use Data		Free text. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.
22	Frequency Of Use 2	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.
23	Age at First Use 2	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.
24	Date of Last Use 2	AN	C	C	8	Substance Use Data		Date field. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record. Produce error and reject record if date is after Assessment Date.
25	Peak Use 2	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.
26	Substance 3	AN	Y	Y	10	Substance Use Data		Dictionary aliased to 'Substance 1'. Do not allow duplicates with substance 1 or 2 unless a "N/A" code is populated.
27	Method 3	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 3' is not a "N/A" field. If data populated, 'Substance 3' is a "N/A" field, produce error and reject record.
28	Amount 3	AN	C	C	40	Substance Use Data		Free text. Required if 'Substance 3' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
29	Frequency Of Use 3	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 2' is not a "N/A" field. If data populated, 'Substance 2' is a "N/A" field, produce error and reject record.
30	Age at First Use 3	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 3' is not "N/A" field. If data populated, 'Substance 3' is a "N/A" field, produce error and reject record.
31	Date of Last Use 3	AN	C	C	8	Substance Use Data		Date field. Required if 'Substance 3' is not a "N/A" field. If data populated, 'Substance 3' is a "N/A" field, produce error and reject record. Produce error and reject record if date is after Assessment Date.
32	Peak Use 3	AN	C	C	10	Substance Use Data		Dictionary. Required if 'Substance 3' is not a "N/A" field. If data populated, 'Substance 3' is a "N/A" field, produce error and reject record.
33	Action Code	A	Y	Y	1	NA	NA	"A" = "Add" "D" = "Delete" "E" (Edit) action code not allowed.

## ASAMP – ASAM Placement Criteria

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE, PENRL

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “ASAMP”
2	Client ID	N	Y	Y	9	NA	NA	Primary key for add/delete.
3	Episode Number	N	Y	Y	10		12345	Primary key for add/delete.
4	Assessing Date	Date	Y	Y	Y	ASAM Placement Criteria		Primary key for add/delete. MMDDYYYY format. Do not allow future dates.
5	Assessor	AN	Y	Y	9	ASAM Placement Criteria		Staff ID
6	Placement Level	AN	N	N	10	ASAM Placement Criteria		If any data include in this field, it will be ignored.
7	Clinical Overview	AN	Y	Y	5000	ASAM Placement Criteria		Free Text
8	Override	AN	N	N	10	ASAM Placement Criteria		Dictionary. Default to “N” if not populated.
9	Justification Comments	AN	C	C	5000	ASAM Placement Criteria		Free text. Required if ‘Override’ is populated with “Y”. If data present and ‘Override’ is not populated with “Y”, produce error and reject record.
10	Dimension 1	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
11	Dimension 2	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
12	Dimension 3	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
13	Dimension 4	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
14	Dimension 5	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
15	Dimension 6	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
16	Action Code	A	Y	Y	1			“A” = “Add” “D” = “Delete” “E” = “Edit”

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
17	Tool Indicated	AN	Y	Y	10	ASAM Placement Criteria		Dictionary
18	Clinically Recommended	AN	Y	Y	10	ASAM Placement Criteria		Dictionary

## CCPLN – Consumer Crisis Plan

- Pre-requisite File Import Record(s): ‘Admission’, ‘Practitioner Enrollment’, ‘Supplemental Practitioner Demographics’
- Pre-requisite File Import Record(s): CMOVE, PENRL

Pos	Field Name	Type	Req	Max Len	Avatar PM Form(s)	Avatar PM Field #	Comments
1	Transaction ID	A	Y	5	NA	NA	Always equal to “CCPLN”
2	Client ID	N	Y	9	NA	NA	Primary key for add/edit/delete. Avatar PM client ID
3	Episode Number	N	Y	10	Consumer Crisis Plan	12345	Primary key for add/edit/delete.
4	Start Date	DATE	Y	8	Consumer Crisis Plan	50005	Primary key for edit/delete. MMDDYYYY
5	End Date	DATE	N	8	Consumer Crisis Plan	50006	MMDDYYYY
6	Gravely Disabled	A	N	1	Consumer Crisis Plan	50008	Dictionary (Y/N).
7	Gravely Disabled Text	AN	C	2000	Consumer Crisis Plan	50009	Required if ‘Gravely Disabled’ = “Y”. This field will be ignored on import if ‘Gravely Disabled’ = “N”.
8	Client Has Threatened To Harm Others	A	N	1	Consumer Crisis Plan	50010	Dictionary (Y/N).
9	Client Has Threatened To Harm Others Text	AN	C	2000	Consumer Crisis Plan	50011	Required if ‘Client Has Threatened To Harm Others’ = “Y”. This field will be ignored on import if ‘Client Has Threatened To Harm Others’ = “N”.
10	Client Has Harmed Others	A	N	1	Consumer Crisis Plan	50012	Dictionary (Y/N).
11	Client Has Harmed Others Text	AN	C	2000	Consumer Crisis Plan	50013	Required if ‘Client Has Harmed Others’ = “Y”. This field will be ignored on import if ‘Client Has Harmed Others’ = “N”.
12	Client Has Threatened To Injure Him/Herself	A	N	1	Consumer Crisis Plan	50014	Dictionary (Y/N).

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	Req	Max Len	Avatar PM Form(s)	Avatar PM Field #	Comments
13	Client Has Threatened To Injure Him/Herself Text	AN	C	2000	Consumer Crisis Plan	50015	Required if 'Client Has Threatened To Injure Him/Herself' = "Y". This field will be ignored on import if 'Client Has Threatened To Injure Him/Herself' = "N".
14	Client Has Injured Him/Herself	A	N	1	Consumer Crisis Plan	50016	Dictionary (Y/N).
15	Client Has Injured Him/Herself Text	AN	C	2000	Consumer Crisis Plan	50017	Required if 'Client Has Injured Him/Herself' = "Y". This field will be ignored on import if 'Client Has Injured Him/Herself' = "N".
16	Staff	N	N	9	Consumer Crisis Plan	50007	Practitioner lookup
17	Client Has Weapons	A	N	1	Consumer Crisis Plan	50018	Dictionary (Y/N).
18	Client Has Weapons Text	AN	C	2000	Consumer Crisis Plan	50019	Required if 'Client Has Weapons' = "Y". This field will be ignored on import if 'Client Has Weapons' = "N".
19	Client Has Hallucinated	A	N	1	Consumer Crisis Plan	50020	Dictionary (Y/N).
20	Client Has Hallucinated Text	AN	C	2000	Consumer Crisis Plan	50021	Required if 'Client Has Hallucinated' = "Y". This field will be ignored on import if 'Client Has Hallucinated' = "N".
21	Client Is Delusional	A	N	1	Consumer Crisis Plan	50022	Dictionary (Y/N).
22	Client Is Delusional Text	AN	C	2000	Consumer Crisis Plan	50023	Required if 'Client Is Delusional' = "Y". This field will be ignored on import if 'Client Is Delusional' = "N".
23	Client Has Substance Abuse Problem	A	N	1	Consumer Crisis Plan	50024	Dictionary (Y/N).

THURSTON MASON BH-ASO DATA DICTIONARY

Pos	Field Name	Type	Req	Max Len	Avatar PM Form(s)	Avatar PM Field #	Comments
24	Client Has Substance Abuse Problem Text	AN	C	2000	Consumer Crisis Plan	50025	Required if 'Client Has Substance Abuse Problem' = "Y". This field will be ignored on import if 'Client Has Substance Abuse Problem' = "N".
25	Advance Directive	A	N	1	Consumer Crisis Plan	50026	Dictionary (Y/N).
26	Advance Directive Text	AN	C	2000	Consumer Crisis Plan	50027	Required if 'Advanced Directive' = "Y". This field will be ignored on import if 'Advanced Directive' = "N".
27	Community Support Name 1	AN	N	80	Consumer Crisis Plan	50028	
28	Community Support Phone 1	AN	N	12	Consumer Crisis Plan	50029	NNN-NNN-NNNN
29	Community Support Name 2	AN	N	80	Consumer Crisis Plan	50030	
30	Community Support Phone 2	AN	N	12	Consumer Crisis Plan	50031	NNN-NNN-NNNN
31	Prevention Plan	AN	N	2000	Consumer Crisis Plan	50032	Dictionary
32	Red Flag	AN	N	2000	Consumer Crisis Plan	50033	Dictionary
33	Recommended Intervention	AN	N	2000	Consumer Crisis Plan	50034	Dictionary
34	Action Code	A	Y	1	NA	NA	"A" = "Add" "E" = "Edit" "D" = "Delete"

- "Add" records will be rejected on file import if client episode is not defined in myAvatar PM.
- "Edit"/"Delete" records will be rejected on file import if the corresponding record is not found based on the primary key fields.

## CINCO – Consumer Income

- Pre-requisite Avatar Form(s): Admission (Outpatient)
- Pre-requisite File Import Record(s): CMOVE

### Import Rules:

- “Add” records will be rejected on file import if client episode is not defined in Avatar PM.
- “Edit”/”Delete” records will be rejected on file import if the corresponding record is not found based on the primary key fields.

Pos	Field Name	Type	File Import Req	BH-ASO Req	Max Len	Avatar PM Form(s)	PM Field#	Comments
1	Transaction ID	A	Y	Y	5	NA	NA	Always equal to “CINCO”
2	Client ID	N	Y	Y	9	NA		Primary key for add/edit/delete. Client ID
3	Episode Number	N	Y	Y	10	Consumer Income	12345	Primary key for add/edit/delete. Episode Number
4	Income Date	DATE	Y	Y	8	Consumer Income	50010	Primary key for add/edit/delete. MMDDYYYY
5	Income/Payment Source	AN	Y	Y	10	Consumer Income	50011	Dictionary
6	Gross Monthly Amount	AN	Y	Y	10	Consumer Income	50012	Currency format with decimal IE “0.00”.
7	Number of Dependents	N	Y	Y	2	Consumer Income	50013	Dictionary.
8	Income Indicator	AN	N	N	10	Consumer Income	50014	Dictionary
9	Last Fee Update Agreement Date	DATE	N	N	8	Consumer Income	50053	MMDDYYYY
10	Action Code	A	Y	Y	1	NA	NA	“A” = “Add” “E” = “Edit” “D” = “Delete”
11	Type of Funding	AN	Y	Y	10	Consumer Income		Dictionary
12	Block Grant Funding	AN	Y	Y	10	Consumer Income		Dictionary