

# DDaP Standardized File Format: New File Format

(Updated: 02/23/2021)

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
1	Provider ID	DMHAS provided Provider ID	Numeric	Y		Provider ID			All Programs
2	Provider Record ID	Record ID in the Provider's system	Alpha-numeric	N		Any Alpha-numeric value	SA & MH		All Programs
3	Provider Client ID (Client)	Provider's unique identifier for the Client	Alpha-numeric	N		Client ID from provider.			All Programs
4	SSN (Client)	Client's Social Security Number	Numeric	Y		9-digit integer (no dashes, no spaces) Unique per client. Error will display if: all zeros in any digit group: 000#####, ###00####, #####0000, 666#####, or from 987654320 to 987654329			All Programs
5	No SSN Reason Code (Client)	The reason a client did not give his/her SSN.	Numeric	Conditional	Required if a client does not give a social security number.	1- SSN is unknown 2- SSN not collected 3- Client refused to give SSN	SA & MH		All Programs
6	DOB (Client)	Client's Date of Birth	Date (format MM/DD/YYYY)	Y		Date range: Must be greater than the current date - 120 years. Must be less than current date.			All Programs
7	No DOB Reason Code (Client)	The reason a client did not give his/her DOB	Numeric	Conditional	Required if a client does not give a date of birth.	1- DOB is unknown 2- DOB not collected 3- Client refused to give DOB	SA & MH		All Programs
8	Last Name (Client)	Client's Last Name	Alpha	Y		Alpha only, allow hyphens, allow apostrophes, cannot be empty or contain only spaces.			All Programs
9	First Name (Client)	Client's First Name	Alpha	Y		Alpha only, allow hyphens, allow parentheses, allow a space, cannot be empty or contain only spaces.			All Programs
10	Middle Initial (Client)	Client's Middle Initial	Alpha	N		Alpha only, cannot contain only spaces.			All Programs

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11	Suffix (Client)	Suffix to Client's name, if applicable (e.g. 'Jr.', 'Sr.', 'III')	Numeric	N		0- Jr. 1- Sr. 2- I 3- II 4- III 5- IV	New values for MH and SA		All Programs
12	Gender (Client)	Client's Gender	Alpha-numeric	Y		M=Male, F=Female, U= Unknown			All Programs
13	Race 1 (Client)	Client's Race 1	Numeric	Y		1- American Indian/Native Alaskan 2- Asian 3- Black/African American 4- Native Hawaiian/Other Pacific Islander 6- White/Caucasian 96- Other 97- Unknown			All Programs
14	Race 2 (Client)	Client's Race 2	Numeric	N		See Race 1	SA & MH		All Programs
15	Race 3 (Client)	Client's Race 3	Numeric	N		See Race 1	SA & MH		All Programs
16	Race 4 (Client)	Client's Race 4	Numeric	N		See Race 1	SA & MH		All Programs
17	Race 5 (Client)	Client's Race 5	Numeric	N		See Race 1	SA & MH		All Programs
18	Ethnicity (Client)	Client's Ethnicity	Numeric	Y		1- Hispanic-Other 2- Non-Hispanic 3- Hispanic-Puerto Rican 4- Hispanic-Mexican 5- Hispanic-Cuban 97- Unknown			All Programs

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19	Language1 (Client)	Client's Primary Language	Numeric	Y		1- Spanish 2- Italian 3- French 4- Portuguese 5- Polish 7- Greek 10- Vietnamese 11- Laotian 15- Mandarin 16- Cantonese 17- Japanese 20- Russian 23- Latvian 41- Haitian Creole 42- Sign Language 43- English 44- None 96- Other 97- Unknown	Some additional values added		All Programs
20	Language2 (Client)	Client's Secondary Language (if applicable)	Numeric	N		See Language 1			All Programs
21	Religion (Client)	Client's Current Religious Practice	Numeric	N		1- Protestant 2- Catholic 3- Jewish 4- Muslim 5- Buddhist 6- Mormon 7- Orthodox Christian 8- Hindu 10- Pentecostal 95- None 96- Other 97- Unknown	Some additional values added		All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
22	Address1 (Client)	First line of Client's Address	Alpha-numeric	Y		Any address- numeric and alpha characters. If address is unknown, type in 'Unknown'.			All Programs
23	Address2 (Client)	Second line of Client's Address (if applicable)	Alpha-numeric	N		Any address- alpha and numeric characters			All Programs
24	City (Client)	City in which Client lives	Alpha	Y		Any city, that matches the USPS city name/ZIP code.			All Programs
25	State (Client)	State in which Client lives	Alpha	Y		Any two-character USPS state abbreviation that matches the ZIP code.			All Programs
26	ZIP (Client)	Client's ZIP Code	Alpha-Numeric	Y		5 digit ZIP code that matches USPS list.	SA & MH		All Programs
27	Marital Status (Client)	Client's Marital Status	Numeric	Y		1- Never married 2- Married 3- Separated 4- Divorced/Annulled 8- Widowed 9- Civil Union 96- Other 97- Unknown			All Programs
28	Veteran Status (Client)	Client's Veteran Status	Alpha	Y		Y= Yes, N= No, U= Unknown			All Programs
29	Military Start Date (Client)	Date on which client entered military service	Date (format MM/DD/YYYY)	Conditional	Required if veteran status = Y	Date must be greater than date of birth where DOB is not NULL, and greater than 1/1/1900 where DOB is null.	SA & MH		All Programs
30	Military End Date (Client)	Date on which client left military service	Date (format MM/DD/YYYY)	N		Date must be greater than Military Start Date.	SA & MH		All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
31	Insurance Type (Client)	Type of Insurance (Primary Insurance) used by client	Numeric	Y		2- No health insurance 4- Other private insurance 5- Medicare 6- Champus 8- Medicaid Husky C 9- HMO (including Managed Medicaid) 12- GA-SAGA 14- ATR-Access to Recovery 15- Self Pay 16 - Medicaid LIA Husky D 17 - Medicare Part A 18 - Medicare Part B 19 – Money Follows The Person (MFP) 20 – Nursing Home Waiver 21 – Medicaid BHH 22 – Medicaid- Husky A 23 – Medicaid BHH - Waiver 96- Other 97- Unknown	Some additional values added		All Programs
32	Insurance Policy Number (Client)	Insurance specific policy #	Alpha-numeric	Conditional	Required only if insurance type is Medicaid.	Any Alpha-numeric value			
33	Insurance Policy Start Date (Client)	Date when insurance policy/coverage starts	Date (format MM/DD/YYYY)	N		Date must be greater than date of birth where DOB is not NULL, and greater than or equal to current date - fifty years where DOB is null.			All Treatment Programs
34	Insurance Policy End Date (Client)	Date when insurance policy/coverage ends	Date (format MM/DD/YYYY)	N		Date must be greater than Insurance Policy Start Date.			All Treatment Programs
35	Program ID (Admission)	ID number of Program from DMHAS Contract	Alpha-Numeric	Y		A Program ID for an active program.			All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
36	Admission Date <b>(Admission)</b>	Date on which Client was admitted the program entered in field #35.	Date (format MM/DD/YYYY)	Y		Date must be greater than date of birth where DOB is not NULL, and greater than or equal to current date - fifty years where DOB is null. It must also be less than or equal to current date.			All Programs
37	Date of First Service Request <b>(Admission)</b>	Date on which Client first requested Services.	Date (format MM/DD/YYYY)	N		Any date value less than or equal to Admission Date.	SA & MH	A	All Treatment Programs
38	Primary Referral Source <b>(Admission)</b>	Primary Source of Referral to Program.	Numeric	Y		1- Self 2- Family/Friend 3- Mental Health Provider 4- Substance Abuse Provider 5- Medical Health Practitioner 6- School 7- Employer/Supervisor 8- Employee Assistance Program 9-Clergy/Church/Synagogue 10- Dept. of Children and Families 11- Dept. of Social Services 12- Dept. of Developmental Disabilities 13- Other Community Referral 14- Court Order 15- Probation/Parole 16- Police 17- Shelter 18- Dept of Corrections 96- Other 97- Unknown	New values for SA & MH. (Had used 6 digit code for SATIS)	A	All Programs
39	Pregnancy Status <b>(Admission)</b>	Client's Pregnancy Status.	Alpha	Conditional	Required if client is female	Y= Yes, N= No, U= Unknown	New to MH	A	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
40	Tobacco Use <b>(Admission)</b>	Flag indicating whether or not Client has used Tobacco regularly in the last 30 days.	Alpha	N		Y= Yes, N= No, U= Unknown	New to MH	A	All Programs
41	Discharge Date <b>(Discharge)</b>	Date on which Client was discharged.	Date (format MM/DD/YYYY)	Conditional	Required if a Discharge Reason is entered.	Any date value greater than or equal to Admission Date and less than or equal to today.		D	All Programs
42	Discharge Reason <b>(Discharge)</b>	Reason for Client's Discharge.	Numeric	Conditional	Required if a DischargeDate is entered.	30- AWOL for Inpatient only 32- Death 34- Evaluation Only 36- Incarcerated 38- Inpatient Discharge for Inpatient Medical Tx 40- Client Discontinued Tx 41- AMA 42- Left Against Advice 44- Moved out of area 46- Non-compliance with rules 48- Recovery Plan Completed 50- Released by Court 51 - Discharged to New Service (Facility Concur) 96- Other 97- Unknown	New values for both MH and SA, but only one set for both.	D	All Programs
43	Co-Occurring_ Assessment_ Date <b>(Co-Occurring Screening)</b>	Date of the Co-Occurrence screening	Date (format MM/DD/YYYY)	Y		Any date value greater than or equal to Admission Date.	New to SA and MH	A	All Treatment Programs
44	MH Screening Used <b>(Co-Occurring Screening)</b>	Instrument used to screen Client for MH disorders.	Numeric	Y		1- Mental Health Screen Form III 2- Modified Mini 8- Declined 9- Medically or Clinically Inappropriate		A	All Treatment Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
45	SA Screening Used (Co-Occurring Screening)	Instrument used to screen Client for SA disorders.	Numeric	Y		1- SSI Alcohol and Drugs, 2- CAGE- Adapted to Include Drugs, 8- Declined, 9- Medically or Clinically Inappropriate		A	All Treatment Programs
46	MH Screening Score (Co-Occurring Screening)	Client's score on MH screening.	Numeric	Conditional	Required if MH Screening Used field has a value of 1 or 2.	Mental Health Screen Form III score: 0-16. The Modified Mini score: 0-23.		A	All Treatment Programs
47	SA Screening Score (Co-Occurring Screening)	Client's score on SA screening.	Numeric	Conditional	Required if SA screening field has a value of 1 or 2.	The SSI Alcohol and Drug screening score: 0-14. The CAGE- Adapted to Include Drugs screening score: 0-8.		A	All Treatment Programs
48	MH Screen Mod Mini #4 (Co-Occurring Screening)	Yes response to Suicidality	Alpha	Conditional	Required if MH Screening used field has a value of 2 (Modified Mini)	Y= Yes, N= No		A	All Treatment Programs
49	MH Screen Mod Mini #14 and #15 (Co-Occurring Screening)	Yes response to 2 Trauma Questions on Modified Mini Survey.	Alpha	Conditional	Required if MH Screening used field has a value of 2 (Modified Mini)	Y= Yes, N= No		A	All Treatment Programs
50	MH Screen - Gambling Question Response (Co-Occurring Screening)	Yes response to Form III #16 or Mod Mini #23 question related to gambling	Alpha	Conditional	Required if MH Screening used field has a value of 1 or 2	Y= Yes, N= No	New to SA and MH	A	All Treatment Programs
51	SA IP.Res. Admissions: Lifetime (Periodic Assmt)	Client's lifetime number of prior Admissions to Inpatient/Residential Substance Abuse treatment.	Numeric	Conditional	Required for clients with a Substance Abuse diagnosis in any Axis 1 field	0 = 0 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = Greater than 5 97 = Unknown	New to MH	A	All Treatment Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
52	SA OP Admissions: Lifetime <b>(Periodic Assmt)</b>	Client's lifetime number of prior Admissions to Outpatient Substance Abuse treatment.	Numeric	Conditional	Required for clients with a Substance Abuse diagnosis in any Axis 1 field	0 = 0 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = Greater than 5 97 = Unknown	New to MH	A	All Treatment Programs
53	Assessment Date <b>(Periodic Assmt)</b>	Date on which Assessment was performed This is part of data set collected episodically for clients in a program.	Date (format MM/DD/YYYY)	Y		Must be greater than or equal to admission date.		A, D, P	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
54	Employment Status (Periodic Assmt)	Client's Employment Status at the time of the Episodic Assessment.	Numeric	Y		30- Employed full time (in competitive employment) 32- Employed part time (in competitive employment) 34- Unemployed (looking for work in the past 30 days, or on a layoff) 36- Paid but non-competitive work (transitional employment programs) 38- Paid but non-competitive work (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses) 42- Not in Labor Force: student enrolled in a school or job-training program 44- Not in Labor Force: homemaker 46- Not in Labor Force: retired 48- Not in Labor Force: SSI SSDI 50- Not in Labor Force: Inmate of institution. 52- Not in Labor Force: other reason 96- Other 97- Unknown	New values for both MH and SA, but only one set for both.	A, D, P	All Programs
55	Highest Grade Completed (Periodic Assmt)	Highest School Grade completed by Client at the time of the Assessment.	Numeric	Y		0-32, 97=Unknown	New to MH	A, D, P	All Programs
56	Persons Dependent On Income (Periodic Assmt)	Total number of individuals dependent on client's income.	Numeric	N		1-15	New to MH	A, D, P	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
57	Minors Dependent On Income <b>(Periodic Assmt)</b>	Total number of individuals age 17 and younger dependent on income.	Numeric	N		0-14	New to MH	A, D, P	All Programs
8	Principal Source Of Support <b>(Periodic Assmt)</b>	Client's Principal income source.	Numeric	Y		0- None, 1- Public Assistance, 2- Retirement, 3- Salary, 4- Disability, 96- Other, 97- Unknown	New to MH	A, D, P	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
59	Living Situation (Periodic Assmt)	Client's Living Situation at time of Episodic Assessment	Numeric	Y		30- Private residence, client owns or holds lease 32- Private residence, friend or relative owns the residence or holds lease 34- Single Room Occupancy (Hotel, YMCA, Rooming House) 36- Private residence, Community agency owns or holds lease 38- Residential Care Home/ Board and Care 40- Congregate residential care (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.) 42- Crisis / Respite Bed 44- Skilled Nursing Facility/Intermediate Care Facility /Nursing Home 46- Psychiatric/SA/Medical Inpatient. 48- Correctional Facility 52- Homeless Shelter, 54- Homeless (including on street), 96- Other, 97- Unknown	New values for both MH and SA, but only one set for both.	A, D, P	All Programs
60	Was Client Homeless in Last Six Months (Periodic Assmt)	Field indicating whether client was homeless in 6 months prior to assessment.	Alpha	N		Y= Yes, N= No, U= Unknown	New to MH and SA	A, D, P	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
61	Number of Days in the Last 30 that the client lived in a Controlled Environment? <b>(Periodic Assmt)</b>	What was the number of days in the last thirty that the client was in a controlled environment, such as jail/prison, hospital, group home, halfway house, etc?	Numeric	N		0-30	New to MH and SA	A, D, P	All Programs
62	Number of Arrests in last 30 Days <b>(Periodic Assmt)</b>	Client's Number of Arrests in the thirty days preceding the Assessment. This is being kept for NOMs reporting.	Numeric	Y		0-30, 97=Unknown	New to MH	A, D, P	All Programs
63	Social Support Voluntary <b>(Periodic Assmt)</b>	Number of Self-Help programs/meetings attended in the last 30 days	Numeric	Y		0-90, 97=Unknown	New to MH	A, D, P	All Programs
64	Social Support Family/Friend <b>(Periodic Assmt)</b>	Flag indicating whether or not Client interacted with Family/Friends supportive of recovery in the thirty days preceding the Assessment.	Alpha	Y		Y= Yes, N= No, U= Unknown	New to MH and SA	A, D, P	All Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
65	Drug Type Field 1 (Periodic Assmt – Substance Use)	Drug Type used by Client.	Numeric	Conditional	At least 1 drug type is required for clients with a Substance Abuse diagnosis in any Axis 1 field	0- None 1- Amphetamines 2- Alcohol 3- Barbiturates 4- Benzodiazepines 5- Cocaine 6- Crack 7- Hallucinogens: LSD, DMS, STP, etc 8- Heroin 9- Inhalants 10- Marijuana, Hashish, THC 11- Methamphetamines 12- Non-Prescriptive Methadone 13- Other Opiates and Synthetics 14- Other Sedatives or Hypnotics 15- Other Stimulants 16- Over-the-Counter 17- PCP 18- Tranquilizers 96- Other 97- Unknown	New to MH	A, D, P	All Treatment Programs
66	Drug Method Use Field 1 (Periodic Assmt – Substance Use)	Delivery method corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type. Not required if corresponding drug type value equal to 0 or 97.	1- Oral, 2- Smoking, 3- Inhalation, 4- Injection, 96- Other 97- Unknown	New to MH	A, D, P	All Treatment Programs

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67	Days Used Field 1 (Periodic Assmt – Substance Use)	Number of days in the last thirty in which the client used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value. Not required if corresponding drug type value equal to 0 or 97.	0-30	New to MH	A, D, P	All Treatment Programs
68	Age First Use Field 1 (Periodic Assmt – Substance Use)	Age at which the client first used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value. Not required if corresponding drug type value equal to 0 or 97.	Age number must be less than or equal to client's age if DOB is not NULL, and < 75 if DOB is NULL.	New to MH	A, D, P	All Treatment Programs
69	Drug Type Field 2 (Periodic Assmt – Substance Use)	Drug Type used by Client.	Numeric	N		See Drug Type Field 1 for values	New to MH	A, D, P	All Treatment Programs
70	Drug Method Use Field 2 (Periodic Assmt – Substance Use)	Delivery method corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Drug Method Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
71	Days Used Field 2 (Periodic Assmt – Substance Use)	Number of days in the last thirty in which the client used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Days Used Field 1 for values	New to MH	A, D, P	All Treatment Programs
72	Age First Use Field 2 (Periodic Assmt – Substance Use)	Age at which the client first used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Age First Use Field 1 for values	New to MH	A, D, P	All Treatment Programs

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73	Drug Type Field 3 (Periodic Assmt – Substance Use)	Drug Type used by Client.	Numeric	N		See Drug Type Field 1 for values	New to MH	A, D, P	All Treatment Programs
74	Drug Method Use Field 3 (Periodic Assmt – Substance Use)	Delivery method corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Drug Method Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
75	Days Used Field 3 (Periodic Assmt – Substance Use)	Number of days in the last thirty in which the client used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Days Used Field 1 for values	New to MH	A, D, P	All Treatment Programs
76	Age First Use Field 3 (Periodic Assmt – Substance Use)	Age at which the client first used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Age First Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
77	Drug Type Field 4 (Periodic Assmt – Substance Use)	Drug Type used by Client.	Numeric	N		See Drug Type Field 1 for values	New to MH	A, D, P	All Treatment Programs
78	Drug Method Use Field 4 (Periodic Assmt – Substance Use)	Delivery method corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Drug Method Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
79	Days Used Field 4 (Periodic Assmt – Substance Use)	Number of days in the last thirty in which the client used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Days Used Field 1 for values	New to MH	A, D, P	All Treatment Programs

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80	Age First Use Field 4 <b>(Periodic Assmt – Substance Use)</b>	Age at which the client first used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Age First Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
81	Drug Type Field 5 <b>(Periodic Assmt – Substance Use)</b>	Drug Type used by Client.	Numeric	N		See Drug Type Field 1 for values	New to MH	A, D, P	All Treatment Programs
82	Drug Method Use Field 5 <b>(Periodic Assmt – Substance Use)</b>	Delivery method corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Drug Method Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
83	Days Used Field 5 <b>(Periodic Assmt – Substance Use)</b>	Number of days in the last thirty in which the client used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Days Used Field 1 for values	New to MH	A, D, P	All Treatment Programs
84	Age First Use Field 5 <b>(Periodic Assmt – Substance Use)</b>	Age at which the client first used the Drug corresponding to the Drug specified in Drug Type field.	Numeric	Conditional	Required if corresponding drug type has a value.	See Age First Use Field 1 for values	New to MH	A, D, P	All Treatment Programs
85	Type of Diagnosis <b>(Diagnosis)</b>	This field specifies the type of diagnosis for the client: Admission, Update, or Discharge.	Alpha-numeric	Y		A= Admission U= Update D= Discharge		A, D, P	All Treatment Programs
86	Effective Date of Diagnosis <b>(Diagnosis)</b>	This field specifies the date of the diagnosis.	Date (format MM/DD/YYYY)	Y		The date value in this field must be greater than or equal to the admission date and less than or equal to the discharge date. Date format should be MM/DD/YYYY.	New to MH and SA	A, D, P	All Treatment Programs

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87	Axis I-Diagnosis Field 1 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	Y		Axis 1 will be delineated by ICD-10 diagnosis codes and codes 799.9 and V71.09 if <b>Diagnosis effective Date &gt;= 07/01/2017</b> Axis 1 will be delineated by ICD-9 diagnosis codes 290.00 to 320.00 and 799.9 (excluding 301.00 to 301.99, 299.00 to 299.99, and 317.00 to 319.99) if <b>Diagnosis effective Date &lt; 07/01/2017</b> <b>Note:</b> If the diagnosis in Axis 1 is Deferred Diagnosis (799.9), no other Axis 1 diagnoses should be entered. Axis 2 and 3 can have an assigned diagnosis if Axis 1 has a diagnosis of Deferred Diagnosis (799.9).		A, D, P	All Treatment Programs
88	Axis I-Diagnosis Field 2 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs
89	Axis I-Diagnosis Field 3 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs
90	Axis I-Diagnosis Field 4 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
91	Axis I-Diagnosis Field 5 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
92	Axis I-Diagnosis Field 6 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs

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93	Axis I-Diagnosis Field 7 <b>(Diagnosis)</b>	The listing of a client's clinical disorders.	Alpha-numeric	N		See Axis I-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
94	Axis II Diagnosis Field 1 <b>(Diagnosis)</b>	The listing of a client's personality and mental retardation disorders.	Alpha-numeric	N		Axis II will be delineated by diagnoses 799.9 and V71.09 if <b>Diagnosis effective Date &gt;= 07/01/2017</b> Axis II will be delineated by diagnoses 301.00 to 301.99, 299.00 to 299.99, 317.00 to 319.99 if <b>Diagnosis effective Date &lt; 07/01/2017</b>		A, D, P	All Treatment Programs
95	Axis II Diagnosis Field 2 <b>(Diagnosis)</b>	The listing of a client's personality and mental retardation disorders.	Alpha-numeric	N		See Axis II-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs
96	Axis II Diagnosis Field 3 <b>(Diagnosis)</b>	The listing of a client's personality and mental retardation disorders.	Alpha-numeric	N		See Axis II-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs
97	Axis II Diagnosis Field 4 <b>(Diagnosis)</b>	The listing of a client's personality and mental retardation disorders.	Alpha-numeric	N		See Axis II-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
98	Axis II Diagnosis Field 5 <b>(Diagnosis)</b>	The listing of a client's personality and mental retardation disorders.	Alpha-numeric	N		See Axis II-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
99	Axis III Diagnosis Field 1 <b>(Diagnosis)</b>	The listing of a client's general medical conditions.	Alpha-numeric	N		Axis III will be delineated by all ICD-10 diagnosis codes that are not listed in Axes I and II if <b>Diagnosis effective Date &gt;= 07/01/2017</b> Axis III will be delineated by all ICD-9 diagnosis codes that are not listed in Axes I and II if <b>Diagnosis effective Date &lt; 07/01/2017</b>		A, D, P	All Treatment Programs
100	Axis III Diagnosis Field 2 <b>(Diagnosis)</b>	The listing of a client's general medical conditions.	Alpha-numeric	N		See Axis III-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
101	Axis III Diagnosis Field 3 <b>(Diagnosis)</b>	The listing of a client's general medical conditions.	Alpha-numeric	N		See Axis III-Diagnosis Field 1 for allowable values		A, D, P	All Treatment Programs
102	Axis III Diagnosis Field 4 <b>(Diagnosis)</b>	The listing of a client's general medical conditions.	Alpha-numeric	N		See Axis III-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
103	Axis III Diagnosis Field 5 <b>(Diagnosis)</b>	The listing of a client's general medical conditions.	Alpha-numeric	N		See Axis III-Diagnosis Field 1 for allowable values	New to MH and SA	A, D, P	All Treatment Programs
104	Axis IV Diagnosis (Stressors) Field 1 <b>(Diagnosis)</b>	Problems with primary support group.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
105	Axis IV Diagnosis Field 2 <b>(Diagnosis)</b>	Problems related to the social environment.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
106	Axis IV Diagnosis Field 3 <b>(Diagnosis)</b>	Educational problems.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
107	Axis IV Diagnosis Field 4 <b>(Diagnosis)</b>	Occupational problems.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
108	Axis IV Diagnosis Field 5 <b>(Diagnosis)</b>	Housing problems.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
109	Axis IV Diagnosis Field 6 <b>(Diagnosis)</b>	Economic problems.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
110	Axis IV Diagnosis Field 7 <b>(Diagnosis)</b>	Problems with access to health care services.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
111	Axis IV Diagnosis Field 8 <b>(Diagnosis)</b>	Problems related to interaction with the legal system/crime.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs

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#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
112	Axis IV Diagnosis Field 9 <b>(Diagnosis)</b>	Other psychosocial and environmental problems.	Alpha-numeric	N		Y= Yes, N= No		A, D, P	All Treatment Programs
113	Axis V Functional Score <b>(Diagnosis)</b>	Client's Functional Score at the time of an assessment.	Numeric (including decimal point)	Y		Ranges of values: 0.0 -100.0		A, D, P	All Treatment Programs
114	Service Code <b>(Services)</b>	The code for a service given to a client.	Alpha-numeric	N		Any standard HCPCS, CPT or DMHAS-defined non-billable code		A,D,P for funded agencies, None for non-funded agencies	Based on current requirements
115	Service Start Date <b>(Services)</b>	The first date on which a service was given to a client.	Date (format MM/DD/YYYY)	Conditional	Required if services are provided in record	The date value in this field must be greater than or equal to the admission date and less than or equal to the discharge date.		A,D,P for funded agencies, None for non-funded agencies	All Programs
116	Service End Date <b>(Services)</b>	The end date for the specific service	Date (format MM/DD/YYYY)	Conditional	Required if services are provided in record	Minute based services Service End Date must equal the Service Start Date for TX programs, greater than or equal to Service Start Date for non-TX programs. Daily services Service End Date must be less than or equal to discharge date		A,D,P for funded agencies, None for non-funded agencies	All Programs
117	Service Units <b>(Services)</b>	The number of units of the service	Numeric	Conditional	Required if services are provided in record	An integer between 1 and 100		A,D,P for funded agencies, None for non-funded agencies	All Programs

## DDaP Standard File Format

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
118	Duration of Service (Services)	The length of time of service, in minutes or days, for a client.	Numeric	Conditional	Required if services are provided in record	For "minute-based" services, numeric values must be greater than five and less than or equal to 1,440 for TX programs and greater than five and less than or equal to 15,000 for non-TX programs. For "day-based" services, the numeric value must be less than or equal to the number of days based on the 'from' and 'to' dates. <b>For TCM Services (TCM01, TCM02, and TCM03) minimum duration is 1 minute</b>		A,D,P for funded agencies, None for non-funded agencies	All Programs
119	Clinician Last Name (TCM Services)	The last name of the clinician administering the service to a client.	Alpha	N		Alpha only, allow hyphens, allow apostrophes, cannot be empty or contain only spaces.	New to MH and SA	A,D,P for funded agencies, None for non-funded agencies	All Programs – TCM Services Only
120	Clinician First Name (TCM Services)	The first name of the clinician administering the service to a client.	Alpha	N		Alpha only, allow hyphens, cannot be empty or contain only spaces.	New to MH and SA	A,D,P for funded agencies, None for non-funded agencies	All Programs – TCM Services Only
121	Clinician Credentials (TCM Services)	The credentials of the clinician administering a service (education degree, license).	Numeric	N		1- Advanced Practice Registered Nurse (APRN) 2- Licensed Clinical Social Worker (LCSW) 3- Physician/Psychiatrist (MD) 4- Physician's Assistant (PA) 5- Clinical Psychologist (PSY) 96- Other	New to MH and SA	A,D,P for funded agencies, None for non-funded agencies	All Programs – TCM Services Only

## DDaP Standard File Format

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
122	Service Location ID (Services)	The code indicating the location, e.g. office, where a client received a service (used only for Targeted Case Management services).	Numeric	N		2-Audio and Visual 4-Homeless Shelter 9-Prison-Correctional Facility 11-Office 12-Home 14-Group Home 21-Inpatient Hospital 22-Outpatient Hospital 23-Emergency Room - Hospital 31-Skilled Nursing Facility 49-Independent Clinic 51-Inpatient Psychiatric Facility 53-Community Mental Health Center 55-Residential Substance Abuse Treatment Facility 56-Psychiatric Residential Treatment Center 57-Non-residential Substance Abuse Treatment Facility 99-Other Place of Service	New to MH and SA	A,D,P for funded agencies, None for non-funded agencies	All Programs – TCM Services Only
123	Diagnosis Code for Procedure (TCM Services)	This is the diagnosis that pertains to the specific TCM service being provided. It is a 5-digit field. This field is only used for Targeted Case Management services.	Alphanumeric	N		A valid Axis I or II diagnostic code that is effective for the client at the time of service.	New to MH and SA	A,D,P for funded agencies, None for non-funded agencies	All Programs – TCM Services Only

## DDaP Standard File Format

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
124	Insurance Type 2 (Client)	Type of Secondary Insurance used by client	Numeric	N		2- No health insurance 4- Other private insurance 5- Medicare 6- Champus 8- Medicaid Husky C 9- HMO (including Managed Medicaid) 12- GA-SAGA 14- ATR-Access to Recovery 15- Self Pay 16 - Medicaid LIA Husky D 17 - Medicare Part A 18 - Medicare Part B 19 – Money Follows The Person (MFP) 20 – Nursing Home Waiver 21 – Medicaid BHH 22 – Medicaid- Husky A 23 – Medicaid BHH - Waiver 96- Other 97- Unknown	Some additional values added		All Programs
125	Insurance Policy Number 2 (Client)	Secondary Insurance specific policy #	Alpha-numeric	N	Required only if insurance type is Medicaid.	Any Alpha-numeric value			
126	Insurance Policy Start Date 2 (Client)	Date when Secondary Insurance policy/coverage starts	Date (format MM/DD/YYYY)	N		Date must be greater than date of birth where DOB is not NULL, and greater than or equal to current date - fifty years where DOB is null.			All Treatment Programs
127	Insurance Policy End Date 2 (Client)	Date when Secondary Insurance policy/coverage ends	Date (format MM/DD/YYYY)	N		Date must be greater than Insurance Policy Start Date.			All Treatment Programs

## DDaP Standard File Format

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
128	Insurance Type 3 (Client)	Type of Tertiary Insurance used by client	Numeric	N		2- No health insurance 4- Other private insurance 5- Medicare 6- Champus 8- Medicaid Husky C 9- HMO (including Managed Medicaid) 12- GA-SAGA 14- ATR-Access to Recovery 15- Self Pay 16 - Medicaid LIA Husky D 17 - Medicare Part A 18 - Medicare Part B 19 – Money Follows The Person (MFP) 20 – Nursing Home Waiver 21 – Medicaid BHH 22 – Medicaid- Husky A 23 – Medicaid BHH - Waiver 96- Other 97- Unknown	Some additional values added		All Programs
129	Insurance Policy Number 3 (Client)	Tertiary Insurance specific policy #	Alpha-numeric	N	Required only if insurance type is Medicaid.	Any Alpha-numeric value			
130	Insurance Policy Start Date 3 (Client)	Date when Tertiary Insurance policy/coverage starts	Date (format MM/DD/YYYY)	N		Date must be greater than date of birth where DOB is not NULL, and greater than or equal to current date - fifty years where DOB is null.			All Treatment Programs
131	Insurance Policy End Date 3 (Client)	Date when Tertiary Insurance policy/coverage ends	Date (format MM/DD/YYYY)	N		Date must be greater than Insurance Policy Start Date.			All Treatment Programs

## DDaP Standard File Format

#	Data Element	Description	Data Type	Required?	Conditional Requirements	Allowable Values	New to SA or MH	Update Frequency A=Admit P=Periodic D=Discharge	LOC
132	Insurance Type 4 (Client)	Type of Quaternary Insurance used by client	Numeric	N		2- No health insurance 4- Other private insurance 5- Medicare 6- Champus 8- Medicaid Husky C 9- HMO (including Managed Medicaid) 12- GA-SAGA 14- ATR-Access to Recovery 15- Self Pay 16 - Medicaid LIA Husky D 17 - Medicare Part A 18 - Medicare Part B 19 – Money Follows The Person (MFP) 20 – Nursing Home Waiver 21 – Medicaid BHH 22 – Medicaid- Husky A 23 – Medicaid BHH - Waiver 96- Other 97- Unknown	Some additional values added		All Programs
133	Insurance Policy Number 4 (Client)	Quaternary Insurance specific policy #	Alpha-numeric	N	Required only if insurance type is Medicaid.	Any Alpha-numeric value			
134	Insurance Policy Start Date 4 (Client)	Date when Quaternary Insurance policy/coverage starts	Date (format MM/DD/YYYY)	N		Date must be greater than date of birth where DOB is not NULL, and greater than or equal to current date - fifty years where DOB is null.			All Treatment Programs
135	Insurance Policy End Date 4 (Client)	Date when Quaternary Insurance policy/coverage ends	Date (format MM/DD/YYYY)	N		Date must be greater than Insurance Policy Start Date.			All Treatment Programs