Substance Abuse Treatment Information System
ADAP’s
Client Data System
Please note that **ALL** definitions are taken from SAMHSA’s Treatment Episode Data Set (TEDS).

The SATIS Manual can be found on the Vermont Department of Health Website: [http://www.healthvermont.gov](http://www.healthvermont.gov)

Enter the VDH Website above in your web browser and follow these steps:

**Select**
- Alcohol & Drug Abuse
- Grantee & Contractors
- Reporting Forms & Guidance Documents – Read More
- Treatment – All Providers
- Substance Abuse Treatment Information System - Manual

**IMPORTANT**: All entries MUST have valid field codes. Any field in **BLUE** is a required primary key and/or a new NOMS requirement, effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result in inaccurate utilization.
CHAPTER 1 - Data Elements

The data elements for each of the datasets (admissions, transactions and discharges) are presented in this chapter. Raw data column numbers and data type are in brackets far right opposite the field name.

A. CLIENT DATA SET FOR ADMISSIONS

1. Provider Identifier *  
   [A15, 1-15]
   The unique Provider Identifier assigned at the time of enrollment. It is also the state assigned ID as it appears in SAMHSA’s National Facility Register. This ID also represents the LOCATION if a provider has more than one site.
   Cannot be blank.

2. Client Identification *  
   Cannot be blank.
   First three letters of the client’s first name  
   [A3, 16-18]
   First three letters of the client’s mother’s maiden name  
   [A3, 19-21]
   Client’s date of birth (MMDDYY)  
   [D6, 22-27]

A “Client” is a person who meets ALL of the following criteria:

-- Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
-- Has completed the screening and intake process.
-- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
-- Has his or her own client record.

A person is NOT a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

NOTE: These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client’s Social Security Number and no longer includes the mother’s maiden name.

3. Client Type *  
   Cannot be blank.
   [N1, 28]

Valid entries:
   1 -- Co-dependent/Collateral
   2 -- SA Client

Co-dependent/Collateral – a person who has no alcohol or drug abuse problem, but satisfies all of the following conditions:

-- Is seeking services because of problems arising from his or her relationship with an alcohol or drug user.
-- Has been formally admitted for service to a treatment unit.
-- Has his/her own client record or has a record within a primary client record.

NOTE: Co-dependent services are no longer eligible for payment by ADAP. Effective: 07/01/06

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**SA Client** – a person who has been admitted for services for treatment of their drug or alcohol problem.

If a substance abuse client with an existing record in SATIS becomes a co-dependent, a new client record should be submitted indicating that the client is an “Admission” as a co-dependent. The reverse is also true for a person who is a co-dependent first and then becomes a substance abuse client.

4. **Transaction Type** *
   
   This field identifies whether an admission record is for an initial admission or a transfer/change in service. *Cannot be blank.*
   
   Valid entries:
   
   A -- Admission
   T -- Transfer

5. **Date of Admission** *
   
   Record the month, day and year when the client receives his or her first direct treatment or recovery service. If the admission is for a transfer of service type only, the date *MUST BE* one day later than the discharge date of the original admission. *Cannot be blank.*
   
   Valid Entry:
   
   MMDDYY

6. **Number of Prior Treatment Episodes** *
   
   Indicates the number of previous treatment episodes the client has received in *ANY* drug or alcohol program. Changes in service for the same episode (transfers) should *not* be counted as separate prior episodes. *Cannot be blank.*
   
   Valid entries:
   
   0 -- No previous episodes
   1 -- One previous episode
   2 -- Two previous episodes
   3 -- Three previous episodes
   4 -- Four previous episodes
   5 -- Five or more previous episodes
   7 -- Unknown

7. **Principal Source of Referral** *
   
   Describes the person or agency referring the client to the alcohol or drug abuse treatment program. *Cannot be blank.*
   
   Valid entries:
   
   01 -- Individual (includes self-referral)
   Includes the client, a family member, friend or any other individual who would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI.

   02 -- Alcohol/Drug Abuse Care Provider
   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.

   03 -- Other Health Care Provider
   A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.

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04 -- School/Educational
   A school principal, counselor, or teacher; or a student assistance program (SAP),
   the school system, or an educational agency.

05 -- Employer/EAP
   A supervisor or an employee counselor.

06 -- Other Community Referral
   A community and religious organization or any federal, state or local agency that
   provides aid in the areas of poverty relief, unemployment, shelter or social welfare.
   Self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics
   Anonymous (NA) are also included in this category. Defense attorneys are also
   included in this category.

07 -- Court/Criminal Justice Referral/DUI/DWI
   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 DUI/DWI,
   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 TASC. Client need not be officially designated as “on parole”.
   Includes clients referred through civil commitment.

97 -- Unknown

8. Sex * [N1, 39]
   Identifies the client’s gender at birth. Per SAMHSA, transgender individuals should be recorded
   by birth gender. Cannot be blank.

   Valid entries:
   1 -- Male
   2 -- Female
   7 -- Unknown

9. Race * [N2, 40-41]
   Identifies the client’s origin. Cannot be blank.

   Valid entries:
   01 -- Alaskan Native
       (Aleut, Eskimo, Indian or any origins in any of the original people of Alaska)

   02 -- American Indian
       (Other than Alaskan Native, any origins in any of the original people of North
       America and South America (including Central America) and who maintain cultural
       identification through tribal affiliation or community attachment)

   03 -- Asian or Pacific Islander
       (Origins in any of the original people of the Far east, the Indian subcontinent,
       Southeast Asia or the Pacific Islands)

   04 -- Black or African American
       (Origins in any of the black racial groups of Africa)

   05 -- White
       (Origins in any of the original people of Europe, North Africa or the Middle East)

   97 -- Unknown

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effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result
in inaccurate utilization.
10. **Ethnicity** *[N2, 42-43]*
    Identifies the client's ethnic background. *Cannot be blank.*
    
    Valid entries:
    - **01 -- Puerto Rican**  
      (Of Puerto Rican origin regardless of race)
    - **02 -- Mexican**  
      (Of Mexican origin regardless of race)
    - **03 -- Cuban**  
      (Of Cuban origin regardless of race)
    - **04 -- Other Specific Hispanic**  
      (Of known Central or South American or any other Spanish cultural origin (including Spain), but other than Puerto Rican, Mexican or Cuban, regardless of race)
    - **05 -- Not of Hispanic origin**
    - **06 -- Hispanic – specific origin not specified**
    - **97 -- Unknown**

11. **Education at Time of Admission** *[N2, 44-45]*
    Client's level of schooling completed at the time of admission. *Cannot be blank.*
    
    Valid entries:
    - **00 -- Less than one grade completed**
    - **01-25 -- Actual Number of Years of School Completed (GED = 12)**
    - **97 -- Unknown**

12. **Employment Status** *[N2, 46-47]*
    Client's current employment status at time of admission. *Cannot be blank.*
    
    Valid entries:
    - **01 -- Employed Full Time**  
      (Working 35 hours or more each week; including members of the uniformed services)
    - **02 -- Employed part time**  
      (Working fewer than 35 hours per week)
    - **03 -- Unemployed**  
      (Looking for work during the past 30 days or on a layoff from a job)
    - **04 -- Not in labor force**  
      (Not looking for work during the past 30 days & not one of the following categories)
    - **05 -- Student**
    - **06 -- Retired**
    - **07 -- Disabled**
    - **08 -- Incarcerated**
    - **09 -- Homemaker**
    - **97 -- Unknown**

    **NOTE:** Seasonal workers are coded in this category based on their employment status at time of admission. If they are employed full time at the time of admission, they are coded 01. If they are not working at the time of admission, they are coded 04.
13. **Primary Substance Use Problem** * [N2, 48-49]  
Client’s primary substance reason for treatment at time of admission. *Cannot be blank.*

Valid entries:

- **01 -- None** *(NOT an option for Client Type 2)*
- **02 -- Alcohol**
- **03 -- Cocaine/Crack**
- **04 -- Marijuana/Hashish**
  
  Includes THC and any other *cannabis sativa* preparations.
- **05 -- Heroin**
- **06 -- Non-prescription Methadone**
- **07 -- Other Opiates and Synthetic Drugs**  
  Includes: codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **08 -- PCP**
  phencyclidine
- **09 -- Other Hallucinogens**
  Includes: LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.
- **10 -- Methamphetamine**
- **11 -- Other Amphetamines**
  Includes: amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.
- **12 -- Other Stimulants**
  Includes: methylphenidate and any other stimulants.
- **13 -- Benzodiazepines**  
  Includes: alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.
- **14 -- Other Non-Benzodiazepine Tranquilizers**
  Includes: meprobamate, tranquilizers, etc.
- **15 -- Barbiturates**  
  Includes: amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
- **16 -- Other Non-Barbiturate Sedatives or Hypnotics**
  Includes: chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.
- **17 -- Inhalants**
  Includes: chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.
- **18 -- Over-the-Counter**
  Includes: aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.
- **20 -- Other**
  Includes: diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.
- **97 -- Unknown** *(NOT an option for Client Type 2)*

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14. **Primary Route of Administration** [*N2, 50-51*]  
How client administers the aforementioned substance. *Cannot be blank.*  

Valid entries:  
01 -- Oral  
02 -- Smoking  
03 -- Inhalation  
04 -- Injection (IV or intramuscular)  
20 -- Other  
96 -- Not Applicable *(NOT an option for Client Type 2)*  
97 -- Unknown  

15. **Primary Frequency of Use** [*N2, 52-53*]  
Client’s admitted frequency of use at time of admission. *Cannot be blank.*  

Valid entries:  
01 -- No use in past month  
02 -- 1-3 times in past month  
03 -- 1-2 times in past week  
04 -- 3-6 times in past week  
05 -- Daily  
96 -- Not Applicable *(NOT an option for Client Type 2)*  
97 -- Unknown  

16. **Primary Age of First Use or Alcohol Intoxication** [*N2, 54-55*]  
Client’s age at time of first use of *drug abuse* or *alcohol intoxication*. *Cannot be blank.*  

Valid entries:  
00 -- Indicates a newborn with a substance dependency problem  
01-95 -- Indicates age at first use  
96 -- Not Applicable *(NOT an option for Client Type 2)*  
97 -- Unknown  

17. **Secondary Substance Use Problem** [*N2, 56-57*]  
Same options as in Number 13 above, except as noted here.  

Valid entries:  
01 -- None *(All corresponding fields MUST BE 96)*  
*Can be left blank, but all corresponding fields must be left blank.*  

18. **Secondary Route of Administration** [*N2, 58-59*]  
Same options as in Number 14 above, except as noted here.  

Valid entries:  
96 -- Not Applicable *(MUST be used if #17 is 01)*  
97 -- Unknown *(Can only be used if #17 is anything but 01)*  

19. **Secondary Frequency of Use** [*N2, 60-61*]  
Same options as in Number 15 above, except as noted here.  

Valid entries:  
96 -- Not Applicable *(MUST be used if #17 is 01)*  
97 -- Unknown *(Can only be used if #17 is anything but 01)*
20. **Secondary Age of First Use or Alcohol Intoxication**
   [N2, 62-63]
   Same options as in Number 16 above, except as noted here.
   Valid entries:
   - **96 -- Not Applicable** (Should only be used if #17 is 01)
   - **97 -- Unknown** (Can only be used if #17 is anything but 01)

21. **Tertiary Substance Use Problem**
   [N2, 64-65]
   Same options as in Number 13 above, except as noted here.
   Valid entries:
   - **01 -- None** (All corresponding fields **MUST BE 96**)
     - *Can be left blank, but all corresponding fields must be left blank.*
   - **96 -- Not Applicable** (MUST be used if #21 is 01)
   - **97 -- Unknown** (Can only be used if #21 is anything but 01)

22. **Tertiary Route of Administration**
   [N2, 66-67]
   Same options as in Number 14 above, except as noted here.
   Valid entries:
   - **96 -- Not Applicable** (MUST be used if #21 is 01)
   - **97 -- Unknown** (Can only be used if #21 is anything but 01)

23. **Tertiary Frequency of Use**
   [N2, 68-69]
   Same options as in Number 15 above, except as noted here.
   Valid entries:
   - **96 -- Not Applicable** (MUST be used if #21 is 01)
   - **97 -- Unknown** (Can only be used if #21 is anything but 01)

24. **Tertiary Age of First Use of Alcohol Intoxication**
   [N2, 70-71]
   Same options as in Number 16 above, except as noted here.
   Valid entries:
   - **96 -- Not Applicable** (MUST be used if #17 is 01)
   - **97 -- Unknown** (Can only be used if #17 is anything but 01)

25. **Provided Service at time of Admission** *
   [N2, 72-73]
   Describes the type of service the client received at time of admission. *Cannot be blank.*
   Valid entries:
   - **02 -- Detoxification, 24-hour service, free-standing residential**
     - 24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.
   - **04 -- Rehabilitation/Residential - Short Term (30 days or less)**
     - Typically, 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.
   - **05 -- Rehabilitation/Residential - Long Term (More than 30 days/Halfway)**
     - Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. This may include transitional living arrangements such as halfway houses.
   - **06 -- Ambulatory -- Intensive Outpatient**
     - At a minimum, the client must receive treatment lasting two or more hours per day for three or more days per week.
   - **07 -- Ambulatory -- Outpatient Treatment, non-intensive**
     - Ambulatory treatment services including individual, family and/or group services. These may include pharmacological therapies.

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26. **Opioid Replacement Therapy * [N1, 74]**
This field identifies whether the use of methadone or buprenorphine is part of the client’s treatment plan (regardless of where client is getting the doses).

**Valid entries:**
- 1 -- Yes
- 2 -- No
- 7 -- Unknown

27. **Residence * [A5, 75-79]**
Enter client’s Zip Code of address where residing or where sleeping if homeless.

28. **Payment Responsibility * [A1, 80]**
Record the primary payer source at the time of admission. *Cannot be blank.*

**Valid Entries:**
- A -- Blue Cross/Blue Shield
- B -- Private Insurance/Self Pay
- C -- State
- E -- Private Contract
- F -- Corrections Contract
- G -- SRS Contract
- H -- School Contract
- J -- Unknown
- K -- Medicaid
- D -- Medicaid/Medicare & VHAP -- Inactive Code - Effective: 10/01/16

**NOTE:** Medicaid (J) and Medicare (K) are recorded separately.

29. **Gross Annual Income * [N5, 81-85]**
Enter actual annual income rounded to the nearest dollar based on the client's current income. (This is a whole dollar, 5-digit field, so $35,000.00 is entered 35000.)

30. **Dependents * [N1, 86]**
Enter the number of minor children (under 18) living with the client for whom the client has legal responsibility. Do not include the client, even if the client is a minor. *Effective: 02/13/17*

0-7 -- Actual Number of Dependents
- 8 -- 8 or more Dependents
- 9 -- Unknown

31. **Social Connectedness * [N1, 87]**
[In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, Recovery Centers visits such as Turning Point organizations that support recovery other than the organizations described above such as mental health peer support programs, Wellness Co-Op, etc.] *Cannot be blank.*

**Valid entries:**
- 1 -- No attendance in past month
- 2 -- 1-3 times in past month (less than weekly)
- 3 -- 4-7 times in past month (1-2 times a week)
- 4 -- 8-15 times in past month (2-3 times a week)
- 5 -- 16-30 times in past month (4 or more times a week)
- 6 -- Some attendance in past month, but frequency unknown
- 7 -- Unknown

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32. **Pregnant at Time of Admission** * [N2, 88-89]
   Specifies whether the client was pregnant at the time of admission. *Cannot be blank.*

   Valid entries:
   
   01 -- Yes
   02 -- No
   96 -- Not Applicable (always use if client is male)
   97 -- Unknown

33. **Living Arrangement** *
    [N2, 90-91]
    Client’s current living situation at the time of admission. *Cannot be blank.*

    Valid entries:
    
    01 -- Homeless
    - Client has no fixed address; includes shelters.
    
    02 -- Dependent Living
    - Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.
    
    03 -- Independent Living
    - Client is living alone or with others without supervision.
    
    97 -- Unknown

34. **Client ID** *
    [A12, 92-103]
    The client identification number is assigned by the treatment facility. This number may be alpha-numeric or numeric. This number is a manually entered or generated from the provider’s data system. The Client ID may also be used as the Demographic ID (see number 39 below), if it is 9 numeric digits or less. *Cannot be blank.*

35. **Arrests in past 30 days** *
    [N1, 104]
    The number of arrests the client has had in the past 30 days preceding the date of admission to treatment services. *Cannot be blank.*

    Since SAMHSA did not define, we are using the DOC definition of arrest:
    * Must be charged of a crime (Miranda rights read)
    * Must be incarcerated (restriction of freedom)
    * Must be arraigned in a court

    Valid entries:
    
    0-6 -- Actual number of arrests, with 6 being six or more
    7 -- Unknown

36. **Social Security Number** *(Last four digits)*
    [N4, 105-108]
    Client’s last four digits of their Social Security Number. *Cannot be blank.*

37. **DSM-IV Criteria Diagnosis**
    [N5, 109-113]
    The diagnosis for the primary substance problem from the American Psychiatric Association’s "The Diagnostic and Statistical Manual of Mental Disorders".

    **NOTE:** Must have all 5 digits (e.g., 30390) without the decimal. This must be provided for all admissions on or before 09/30/15.

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38. **ICD-10-CM Diagnosis Code * [A7, 114-120]**

   **NOTE:** Must have 7 alpha-numeric characters with the decimal point, first character must begin with "F" (e.g., F11.013). This must be provided for all admissions beginning 10/01/15, but may be provided at any time after 07/01/14.

39. **Demographic ID * [N9, 121-129]**
   The Demographic ID is a unique identification number pertaining to the client. This is a generated number from the provider’s data system and is never reused for a different client. **Cannot be blank.**

   **NOTE:** This unique identifier remains with the client no matter how many times the client has received services in the treatment facility. The Client ID may also be used as the Demographic ID (see number 34 above), if it is 9 numeric digits or less.

40. **Admit ID * [N9, 130-138]**
   The Admit ID is a unique identification number pertaining to the admission record. This is a generated number from the provider’s data system and is never reused for another admission record. The Admit ID identifies an episode of care, admission through services and discharge. **Cannot be blank.**

   **NOTE:** This unique identifier changes with every new admission into the treatment facility.
B. CLIENT DATA SET FOR TRANSACTIONS (SERVICES)

1. **Provider Identification * [A15, 1-15]**
   The unique Provider Identifier assigned at the time of enrollment. It is also the state assigned ID as it appears in SAMHSA's National Facility Register. This ID also represents the LOCATION if a provider has more than one site.
   *Cannot be blank.*

2. **Client Identification * [A3, 16-21]**
   *Cannot be blank:*
   - First three letters of the client’s first name  
   - First three letters of the client’s mother’s maiden name  
   - Client’s date of birth (MMDDYY)

   A "Client" is a person who meets **ALL** of the following criteria:
   - Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
   - Has completed the screening and intake process.
   - Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
   - Has his or her own client record.

   A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

   **NOTE:** These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client’s Social Security Number and no longer includes the mother’s maiden name.

3. **Date of Transaction * [D6, 28-33]**
   The date that the service transaction was provided.
   **Valid Entry:** MMDDYY

4. **Diagnosis & Evaluation Encounter. Units = 1 [N2, 34-35]**
   There is a maximum of one unit per day. An encounter can be a full Assessment of an addendum.

5. **Individual & Couples Therapy Units [N2, 36-37]**
   See instructions in Number 4 above, except with a cap of 6 units per day.

6. **Group Therapy Encounter. Units = 1 [N2, 38-39]**
   There must be 3 or more persons in a group. There is a maximum of 1 unit per day

7. **Intensive Outpatient Units [N2, 40-41]**
   The number of units of service. Allow one unit for each day the client is in the program, with a cap of 20 days per episode and 30 days per year. (1 = 1 day)

8. **Residential Treatment Units [N2, 42-43]**
   Count the day of admission, but **NOT** the day of discharge.
   **[Not applicable if it is for transfer of treatment type only.]** (1 = 1 day)

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9. **Halfway Units** [N2, 44-45]
   See instructions in Number 8 above.

10. **Opioid Replacement Therapy Units** [N2, 46-47]
    01 = 1 month of Opioid Hub services provided to a client. Includes all clients receiving methadone or buprenorphine treatment at the Hub.

11. **Client ID * ** [A12, 48-59]
    The client identification number is assigned by the treatment facility. This number may be alpha-numeric or numeric. This number is a manually entered or generated from the provider’s data system. The Client ID may also be used as the Demographic ID (see number 16 below), if it is 9 numeric digits or less. *Cannot be blank.*

    **[Columns 60 through 94 no longer used]**

12. **Payment Responsibility * ** [A1, 95]
    Record the primary payer source for each individual service date. *Cannot be blank.*

    **NOTE:** Medicaid and Medicare are now recorded separately. This must be provided for services by 10/01/16.

    Valid Entries:
    
    A -- Blue Cross/Blue Shield
    B -- Private Insurance/Self Pay
    C -- State
    E -- Private Contract
    F -- Corrections Contract
    G -- SRS Contract
    H -- School Contract
    I -- Unknown
    J -- Medicaid
    K -- Medicare

    **NOTE:** Medicaid (J) and Medicare (K) are recorded separately.
    
    D -- Medicaid/Medicare & VHAP – *Inactive Code - Effective: 10/01/16*

13. **Family Encounter** [N2, 96-97]
    There is a maximum of 1 unit per day.

14. **Case Management Units** [N2, 98-99]
    Follow instructions as in Number 13 above.

15. **HIV Informed * ** [N1, 100]
    Denotes whether the risks of HIV was discussed at the time of this service. Should **always** be discussed at time of diagnosis and evaluation.

    Valid Entries:
    
    1 -- Yes
    2 -- No

16. **Demographic ID * ** [N9, 101-109]
    The Demographic ID is a unique identification number pertaining to the client. This is a generated number from the provider’s data system and is never reused for a different client. *Cannot be blank.*

    **NOTE:** This unique identifier remains with the client no matter how many times the client has received services in the treatment facility. The Client ID may also be used as the Demographic ID (see number 11 above), if it is 9 numeric digits or less.

**IMPORTANT:** All entries MUST have valid field codes. Any field in **BLUE** is a required primary key and/or a new NOMS requirement, effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result in inaccurate utilization.
17. **Service ID** * [N9, 110-118]
The Service ID is a unique identification number pertaining to the service record for a client. This is a generated number from the provider’s data system and is never reused for another service record. *Cannot be blank.*

**NOTE:** This unique identifier changes with every new service provided at the treatment facility.

18. **Admit ID** * [N9, 119-127]
The Admit ID is a unique identification number pertaining to the admission record. This is a generated number from the provider’s data system and is never reused for another admission record. The Admit ID identifies an episode of care, admission through services and discharge. *Cannot be blank.*

**NOTE:** This unique identifier changes with every new admission into the treatment facility.

**IMPORTANT:** All entries MUST have valid field codes. Any field in **BLUE** is a required primary key and/or a new NOMS requirement, effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result in inaccurate utilization.
C. CLIENT DATA SET FOR DISCHARGES

1. **Provider Identifier * [A15, 1-15]**
The unique Provider Identifier assigned at the time of enrollment. It is also the state assigned ID as it appears in SAMHSA's National Facility Register. This ID also represents the LOCATION if a provider has more than one site.

   Cannot be blank.

2. **Client Identifier * Cannot be blank:**

   First three letters of the client’s first name [A3, 16-18]
   First three letters of the client’s mother’s maiden name [A3, 19-21]
   Client’s date of birth (MMDDYY) [D6, 22-27]

   A “Client” is a person who meets **ALL** of the following criteria:
   
   -- Has an alcohol or drug related problem or is being treated as a co-dependent as defined below.
   -- Has completed the screening and intake process.
   -- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit.
   -- Has his or her own client record.

   A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

   **NOTE:** These fields make up the ADAP ID that is submitted to TEDS. However, because of requirements to make it more robust, as of July 1, 2009, it has changed to include the last four digits of the client’s Social Security Number and no longer includes the mother’s maiden name.

3. **Date of Discharge and/or Transfer * [D6, 28-33]**
Specifies the month, day and year when the client was formally discharged from the treatment facility or service. The date may be the same as date of last contact. In the event of a change of service or provider within an episode of treatment, it is the date of service terminated or the date the treatment ended at a particular provider.

   Cannot be blank.

   **Valid Entry:**
   MMDDYY

4. **Reason for Discharge, Transfer or Discontinuance of Treatment * [N2, 34-35]**
Indicates the outcome of treatment or the reason for transfer or discontinuance of treatment.

   Cannot be blank.

   **Valid Entries:**
   
   01 -- Treatment Completed
   02 -- Client left against professional advice (dropped out)
   03 -- Terminated by facility
   04 -- Transferred to another substance abuse treatment program or facility

   This code is for all clients who have a change of service or provider within an episode of treatment, except when it is known that the client did not report to the next program.

**IMPORTANT:** All entries MUST have valid field codes. Any field in **BLUE** is a required primary key and/or a new NOMS requirement, effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result in inaccurate utilization.
05 -- **Incarcerated**
This code is for all clients whose course of treatment is terminated because the client has been incarcerated.

06 -- **Death**

07 -- **Other**

08 -- **Client determined not to need this level of care**

**NOTE:** While TEDS has discontinued the use of “unknown” because of over usage, be sure to not dump everything into “Other”.

5. **Education at Time of Discharge** * [N2, 36-37]
Client’s level of schooling completed at the time of discharge. *Cannot be blank.*

Valid entries:
- 00 -- Less than one grade completed
- 01-25 -- Actual Number of Years of School Completed (GED = 12)
- 97 -- Unknown

6. **Employment Status at Time of Discharge** * [N2, 38-39]
Client’s current employment status at time of discharge. *Cannot be blank.*

Valid entries:
- 01 -- **Employed Full Time**
  (Working 35 hours or more each week; including members of the uniformed services)
- 02 -- **Employed part time**
  (Working fewer than 35 hours per week)
- 03 -- **Unemployed**
  (Looking for work during the past 30 days or on a layoff from a job)
- 04 -- **Not in labor force**
  (Not looking for work during the past 30 days & not one of the following categories)
- 05 -- **Student**
- 06 -- **Retired**
- 07 -- **Disabled**
- 08 -- **Incarcerated**
- 09 -- **Homemaker**
- 97 -- **Unknown**

**NOTE:** Seasonal workers are coded in this category based on their employment status at time of admission. If they are employed full time at the time of admission, they are coded 01. If they are not working at the time of admission, they are coded 04.
7. **Primary Substance Use problem**

Client’s primary substance, if any, at time of discharge. *Cannot be blank.*

Valid entries:

- **01 -- None** *(NOT an option for Client Type 2)*
- **02 -- Alcohol**
- **03 -- Cocaine/Crack**
- **04 -- Marijuana/Hashish**
  Includes THC and any other *cannabis sativa* preparations.
- **05 -- Heroin**
- **06 -- Non-prescription Methadone**
- **07 -- Other Opiates and Synthetics**
  Includes: codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **08 -- PCP**
  phencyclidine
- **09 -- Other Hallucinogens**
  Includes: LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.
- **10 -- Methamphetamine**
- **11 -- Other Amphetamines**
  Includes: amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.
- **12 -- Other Stimulants**
  Includes: methylphenidate and any other stimulants.
- **13 -- Benzodiazepines**
  Includes: alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.
- **14 -- Other Non-Benzodiazepine Tranquilizers**
  Includes: meprobamate, tranquilizers, etc.
- **15 -- Barbiturates**
  Includes: amobarbital, pentobarbital, phenobarbital, secobarbital, etc.)
- **16 -- Other Non-Barbiturate Sedatives or Hypnotics**
  Includes: chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.
- **17 -- Inhalants**
  Includes: chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.
- **18 -- Over-the-Counter**
  Includes: aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.
- **20 -- Other**
  Includes: diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.
- **97 -- Unknown** *(NOT an option for Client Type 2)*
8. **Primary Route of Administration** * [N2, 42-43]
How client administers the aforementioned substance, if any. *Cannot be blank.*

Valid entries:
- 01 -- Oral
- 02 -- Smoking
- 03 -- Inhalation
- 04 -- Injection (IV or intramuscular)
- 20 -- Other
- 96 -- Not Applicable (*MUST be used if #17 is 01*)
- 97 -- Unknown

9. **Primary Frequency of Use** * [N2, 44-45]
Client’s admitted frequency of use at time of discharge. *Cannot be blank.*

Valid entries:
- 01 -- No use in past month
- 02 -- 1-3 times in past month
- 03 -- 1-2 times in past week
- 04 -- 3-6 times in past week
- 05 -- Daily
- 96 -- Not Applicable (*MUST be used if #17 is 01*)
- 97 -- Unknown

10. **Secondary Substance Use Problem** [N2, 46-47]
Same options as in Number 7 above, except as noted here.

Valid entries:
- 01 -- None (*All corresponding fields MUST BE 96*)
  Can be left blank, but all corresponding fields must then also be left blank.

11. **Secondary Route of Administration** [N2, 48-49]
Same options as in Number 8 above, except as noted here.

Valid entries:
- 96 -- Not Applicable (*MUST be used if #10 is 01*)
- 97 -- Unknown (Can only be used if #10 anything but 01)

12. **Secondary Frequency of Use** [N2, 50-51]
Same options as in Number 9 above, except as noted here.

Valid entries:
- 96 -- Not Applicable (*MUST be used if #10 is 01*)
- 97 -- Unknown (Can only be used if #10 anything but 01)

13. **Tertiary Substance Use Problem** [N2, 52-53]
Same options as in Number 7 above, except as noted here.

01 -- None (*All corresponding fields MUST BE 96*)
Can be left blank, but all corresponding fields must then also be left blank.

14. **Tertiary Route of Administration** * [N2, 54-55]
Same options as in Number 8 above, except as noted here.

Valid entries:
- 96 -- Not Applicable (*MUST be used if #13 is 01*)
- 97 -- Unknown (Can only be used if #13 anything but 01)

**IMPORTANT:** All entries MUST have valid field codes. Any field in **BLUE** is a required primary key and/or a new NOMS requirement, effective 07/01/08. If records are submitted without the valid field codes, the SATIS Database will reject the entire record, which will result in inaccurate utilization.
15. **Tertiary Frequency of Use** [N2, 56-57]

Same options as in Number 9 above, except as noted here.

Valid entries:

- **96 -- Not Applicable** *(MUST be used if #13 is 01)*
- **97 -- Unknown** *(Can only be used if #13 anything but 01)*

16. **Frequency of Use** *

[**N1, 58**]

Pattern & Frequency of Use at time of Discharge – Has it Improved?

Valid Entries:

- **1 -- Yes**
- **2 -- No**

17. **Social Connectedness** *

[**N1, 59**]

*[In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, Recovery Centers visits such as Turning Point organizations that support recovery other than the organizations described above such as mental health peer support programs, Wellness Co-Op, etc.] Cannot be blank.*

Valid entries:

- **1 -- No attendance in past month**
- **2 -- 1-3 times in past month (less than weekly)**
- **3 -- 4-7 times in past month (1-2 times a week)**
- **4 -- 8-15 times in past month (2-3 times a week)**
- **5 -- 16-30 times in past month (4 or more times a week)**
- **6 -- Some attendance in past month, but frequency unknown**
- **7 -- Unknown**

18. **Living Arrangement** *

[**N2, 60-61**]

Client’s current living situation at the time of discharge. Cannot be blank.

Valid entries:

- **01 -- Homeless**
  Client has no fixed address; includes shelters.
- **02 -- Dependent Living**
  Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.
- **03 -- Independent Living**
  Client is living alone or with others without supervision.
- **97 -- Unknown**

19. **Arrests in past 30 days** *

[**N1, 62**]

*The number of arrests in the 30 days preceding the date of admission to treatment services. Cannot be blank.*

Since SAMHSA did not define, we are using the DOC definition of arrest:

* Must be charged of a crime (read their Miranda rights)
* Must be incarcerated (restriction of freedom)
* Must be arraigned in a court

Valid entries:

- **0-6 -- Actual number of arrests, with 6 being six or more**
- **7 -- Unknown**
20. **Social Security Number** * (Last four digits)  
[N4, 63-66]
Client’s last four digits of their Social Security Number. *Cannot be blank.*

21. **Functioning Improved** *  
[N1, 67]
Client’s Overall Functioning Improved at time of Discharge.

Valid Entries:
- 1 -- Yes
- 2 -- No

22. **Demographic ID** *  
[N9, 68-76]
The Demographic ID is a unique identification number pertaining to the client. This is a generated number from the provider’s data system and is never reused for a different client. *Cannot be blank.*

**NOTE:** This unique identifier remains with the client no matter how many times the client has received services in the treatment facility. The Client ID may also be used as the Demographic ID (see number 25 below), if it is 9 numeric digits or less.

23. **Discharge ID** *  
[N9, 77-85]
The Discharge ID is a unique identification number pertaining to the discharge record. This is a generated number from the provider’s data system and is never reused for another discharge record. *Cannot be blank.*

**NOTE:** This unique identifier changes with every new discharge out of the treatment facility.

24. **Admit ID** *  
[N9, 86-94]
The Admit ID is a unique identification number pertaining to the admission record. This is a generated number from the provider’s data system and is never reused for another admission record. The Admit ID identifies an episode of care, admission through services and discharge. *Cannot be blank.*

**NOTE:** This unique identifier changes with every new admission into the treatment facility.

25. **Client ID** *  
[A12, 95]
The client identification number is assigned by the treatment facility. This number may be alpha-numeric or numeric. This number is a manually entered or generated from the provider’s data system. The Client ID may also be used as the Demographic ID (see number 22 above), if it is only numeric. *Cannot be blank.*
Chapter 2 - Reporting Requirements

I. ADMISSIONS

A. Data Collection for Admissions by Client Type

The Client Data Set (CDS) for admissions has two Client Types for clients receiving services (see data element #3).

1. Co-dependent is a person who meets the following criteria:

   (a) Has a major life dysfunction which is directly related to his/her relationship to an alcohol and/or drug abuser who refuses to seek treatment;
   (b) Has completed the screening and intake process;
   (c) Has his/her own client record (records must be in compliance with State standards); and
   (d) Has actually received his/her first treatment service.

   NOTE: Co-dependent clients must be admitted as 07 -- Ambulatory -- Outpatient Treatment, non-intensive for Provided Service at time of Admission (see data element #25).

   Co-dependent services are no longer eligible for payment by ADAP. **Effective 07/01/06**

Admission Core Data Elements (required to establish a record for a Co-dependent/Collateral Clients)

- Provider ID
- Client Identification
- Client Type
- Transaction Type
- Date of Admission
- Number of Prior Treatment Episodes
- Principal Source of Referral
- Sex (Gender at birth)
- Race
- Ethnicity
- Education at time of Admission
- Employment Status
- Primary Substance Use Problem
- Primary Route of Administration
- Primary Frequency of Use
- Primary Age of First Use
- Provided Service at time of Admission
- Opioid Replacement Therapy
- Residence (Zip Code)
- Payment Responsibility
- Gross Annual Income
- Dependents (under 18, whom the client is responsible for)
- Social Connectedness
- Pregnant at Time of Admission
- Living Arrangement
- Client ID
- Arrests in past 30 Days
- SSN (last four digits)
- DSM Diagnosis (Admissions dated on or before 09/30/15)
- ICD-10 Diagnosis (Admissions dated on or after 10/01/15)
- Demographic ID
- Admit ID

If any of these six data elements are missing, the record will be rejected and require correction by the treatment provider.
Although all other fields are not core data elements, it is recommended that the record still include all other data to provide accurate and informational statistics to TEDS. It will also be a requirement in the not too distant future. Payment Responsibility (data element #28) must be completed. If a record is submitted without this data, it will be entered as a Private/Third Party payer. This could affect a provider’s service utilization report.

2. **SA-Client** is a person in treatment for substance abuse who meets all of the following criteria:

   (a) Has a major life dysfunction which is directly related to the abuse of alcohol and/or drugs;
   (b) Has completed the screening and intake process;
   (c) Has been formally admitted for substance abuse service;
   (d) Has his/her own client record (records must be in compliance with State standards), and;
   (e) Has actually received his/her first substance abuse treatment service.

**Admission Core Data Elements** *(required to establish a record for a SA-Client)*
- Provider ID
- Client Identification
- Client Type
- Transaction Type
- Date of Admission
- Number of Prior Treatment Episodes
- Principal Source of Referral
- Sex *(Gender at birth)*
- Race
- Ethnicity
- Education at time of Admission
- Employment Status
- Primary Substance Use Problem
- Primary Route of Administration
- Primary Frequency of Use
- Primary Age of First Use
- Provided Service at time of Admission
- Opioid Replacement Therapy
- Residence *(Zip Code)*
- Payment Responsibility
- Gross Annual Income
- Dependents *(under 18, whom the client is responsible for)*
- Social Connectedness
- Pregnant at Time of Admission
- Living Arrangement
- Client ID
- Arrests in past 30 Days
- SSN *(last four digits)*
- DSM Diagnosis *(Admissions dated on or before 09/30/15)*
- ICD-10 Diagnosis *(Admissions dated on or after 10/01/15)*
- Demographic ID
- Admit ID

All 36 data elements in the CDS Admissions are required to be completed, except that data elements #29 and #30 (income and dependents) are required only when the “payer” is the State *(selection C, #28, Payment Responsibility)*. If any one of the data elements is missing (except as noted), the record will be rejected.

SA-Clients must be admitted to one of the following services (see data element #25):

- 02 -- Detoxification, 24-hour service, free-standing residential detox
- 04 – Rehabilitation/Residential – Short Term (30 days or less)
- 05 – Rehabilitation/Residential – Long Term (More than 30 days/Halfway)
IMPORTANT: If an individual is referred to treatment because of a particular incident (e.g., DUI) and upon the initial D&E it is determined that individual does not have a substance abuse problem, then the individual STILL gets entered as Client Type “2” with a substance use of (using example) “02” alcohol. He/she may not have a problem, but was still ordered to be evaluated for such; therefore, a substance was the problem and the resulting reason for his/her being seen!

For any Co-dependent and SA-Client, it is expected that all data will be completed and submitted accurately.

II. SERVICE TRANSACTIONS

A. Data collection for Services by Client Type

1. Co-dependent and SA-Clients

Service Core Data Elements (required to establish a record for a Co-dependent and SA-Client)
- Provider ID
- Client Identification
- Date of Transaction
- Client ID
- Payment Responsibility
- HIV Informed
- Demographic ID
- Service ID
- Admit ID

Services records must contain one or more of the following Services Types:
- Outpatient Assessment (D&E) – H0001
- Outpatient Individual (Ind) – H0004
- Outpatient Group (Grp) – H0005
- Intensive Outpatient (IOP) – H0015
- Residential Treatment (Res) – H0018, H0010, H0011
- Halfway
- Medication Assisted Treatment (HUB) – H0020
- Outpatient Family – T1006
- Case Management (CM) – H0006

IMPORTANT: Service records must have an Admission record which is identified by the Admit ID from the admission record. If an admission record is not found, the service submitted will be rejected and may result in inaccurate utilization.

For any Co-dependent and SA-Client, it is expected that all data will be completed and submitted accurately.

III. DISCHARGES

1. Co-dependent and SA-Clients

Discharge records must be submitted on all clients who were admitted under the conditions set forth in Section I – Admissions indicated above. A record must be submitted when a client is formally discharged or is no longer considered active in treatment. A treatment episode should be assumed to have ended if the client has not been seen in 3 days in the case of an inpatient or residential treatment, and 30 days in the case of an outpatient. If this
condition is not met, the provider must submit a discharge record within 60 days and must be retroactive to the last date of face-to-face contact.

If a client is transferred due to change in Level of Service (e.g. Detox to Residential), then a discharge must be submitted along with a new corresponding admission record. In this instance, the admission date MUST BE one day following the Detox discharge date.

**Discharge Core Data Elements** *(required to establish a record for a Co-dependent and SA-Client)*
- Provider ID
- Client Identification
- Client Type
- Date of Discharge and/or Transfer
- Reason for Discharge, Transfer, or Discontinuance of Treatment
- Education at time of Discharge
- Employment Status
- Primary Substance Use Problem
- Primary Route of Administration
- Primary Frequency of Use
- Frequency of Use
- Social Connectedness
- Living Arrangement
- Arrests in past 30 Days
- SSN (*last four digits*)
- Functioning Improved
- Demographic ID
- Discharge ID
- Admit ID
- Client ID

For any Co-dependent and SA-Client, it is expected that all data will be completed and submitted accurately.
CHAPTER 3 - Technical Specifications

Each Treatment Provider is required to submit three types of Substance Abuse records:

1. Admissions and/or Admission Transfers Records
2. Service Transaction Records
3. Discharge Records

This chapter will discuss technical reporting specifications in more detail.

A. MEDIA SPECIFICATIONS & IDENTIFICATION

Due to HIPAA and 42 CFR, Part 2 requirements, data must be transmitted only by means of secured capability. ADAP has a secure FTP site and all providers have their own area with a unique login and password. Data will not be accepted by any other means.

B. FILE FORMAT & SUBMISSIONS

All records must be submitted in ASCII flat file format. Each line must contain only one record. Field locations must correspond exactly to the specifications given below and as described in the dataset section. All fields should contain valid values and submitted data should be accurate.

The following names should be used for records:

<table>
<thead>
<tr>
<th>Record Name</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>rawinp.asc</td>
<td>Admission and/or Admission Transfer Records</td>
</tr>
<tr>
<td>rawinp2.asc</td>
<td>Service Transactions Records</td>
</tr>
<tr>
<td>rawinpd.asc</td>
<td>Discharges Records</td>
</tr>
</tbody>
</table>

**EMR Providers**

Providers who are not enrolled in the Vermont SATIS Client Data Online System, must place all files onto the secure FTP server and email the SATIS Administrator (colleen.gorun@vermont.gov) and the ADAP SATIS email box (ahs.vdhadapsatis@vermont.gov) stating the files have been placed on the FTP site. The email should include the month(s) of the files, along with the number of records in each table.

**Vermont SATIS Client Data Providers**

Providers who are enrolled in the Vermont SATIS Client Data Online System, must email the SATIS Administrator (colleen.gorun@vermont.gov) and the ADAP SATIS email box (ahs.vdhadapsatis@vermont.gov) stating all monthly required data has been entered into the Vermont SATIS Client Data Online System and are ready for extraction. The email should include the month(s) for which the extraction is being run.

C. OTHER KEY INFORMATION

Admission records must meet certain criteria to be accepted into the SATIS Data Processing system. All fields listed above in the Core Data Elements (Admissions, Services, and Discharges) are considered key fields and must contain a valid value or the record(s) will not be accepted.

**Data Completeness:** Data is considered received for purposes of meeting the grant deliverables if 85% or more of the records submitted are accepted into the SATIS Data System. Providers will be notified via email whether or not data has been considered received.
### Admission - Raw Input Structure

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<th>Type / Length</th>
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<th>Primary Key</th>
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</tr>
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<td>*</td>
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<tr>
<td>Maiden Name</td>
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<td>19</td>
<td>*</td>
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<td>Date of Birth</td>
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**Service - Raw Input Structure**

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**Total Characters in Each Row:** 106