Substance

Abuse

Treatment

Information

System

ADAP's Client Data System

VERMONT
DEPARTMENT OF HEALTH
Agency of Human Services

Contact: Colleen M. Gorun
(802) 651-1554
colleen.gorun@vermont.gov

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/

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 * **[N1, 28]**
Cannot be blank.

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**

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.

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 * [A1, 29]

This field identifies whether an admission record is for an initial admission or a transfer/change in service. C*annot be blank.*

Valid entries:

A -- Admission
T -- Transfer

5. Date of Admission * [D6, 30-35]

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. C*annot be blank.*

Valid Entry:

MMDDYY

6. Number of Prior Treatment Episodes * [N1, 36]

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. C*annot 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 * [N2, 37-38]

Describes the person or agency referring the client to the alcohol or drug abuse treatment program. C*annot 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.

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. C*annot be blank.*

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

9. Race * [N2, 40-41]
Identifies the client's origin. C*annot 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

10. Ethnicity * **[N2, 42-43]**

Identifies the client's ethnic background. C*annot 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. C*annot 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. C*annot 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, clonasepam, 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)

14. Primary Route of Administration * **[N2, 50-51]**

How client administers the aforementioned substance. C*annot 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. C*annot 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**. C*annot 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.

22. Tertiary Route of Administration **[N2, 66-67]**
Same options as in Number 14 above, except as noted here.

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. C*annot 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.

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. C*annot 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
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**

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.] C*annot 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

32. Pregnant at Time of Admission * [N2, 88-89]

Specifies whether the client was pregnant at the time of admission. C*annot 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. C*annot 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. C*annot 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.

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

The diagnosis for the **primary substance problem** from the International Classification of Diseases, 10th Edition, Clinical Modification.

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 *

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 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)

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.

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. C*annot 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.

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.

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.

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. I 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 * **[N2, 40-41]**

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, clonasepam, 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)

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.] C*annot 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. C*annot 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. Payer 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)

06 – Ambulatory -- Intensive Outpatient
07 – Ambulatory -- Outpatient Treatment, non-intensive

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:

rawinp.asc = Admission and/or Admission Transfer Records
rawinp2.asc = Service Transactions Records
rawinpd.asc = Discharges Records

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

Field Name	Type / Length	Start	Primary Key
Provider ID	A15	1	*
First Name	A3	16	*
Maiden Name	A3	19	*
Date of Birth	D6	22	*
Client Type	N1	28	*
Transaction Type	A1	29	
Admission Date	D6	30	*
Prior Treatments	N1	36	
Principal Referral	N2	37	
Gender	N1	39	
Race	N2	40	*
Ethnicity	N2	42	*
Education at Admission	N2	44	*
Employment Status	N2	46	*
Primary Substance Use	N2	48	*
Primary Route	N2	50	*
Primary Frequency	N2	52	*
Primary Age	N2	54	*
Secondary Substance Use	N2	56	
Secondary Route	N2	58	
Secondary Frequency	N2	60	
Secondary Age	N2	62	
Tertiary Substance Use	N2	64	
Tertiary Route	N2	66	
Tertiary Frequency	N2	68	
Tertiary Age	N2	70	
Provided Service	N2	72	*
Opioid Replacement Therapy	N1	74	
Residence	A5	75	
Payment Responsibility	A1	80	*
Gross Annual Income	N5	81	
Dependents	N1	86	
Social Connectedness	N1	87	*
Pregnant at Admission	N2	88	
Living Arrangement	N2	90	*
Client ID	A12	92	*
# Arrests in past 30 days	N1	104	*
Last 4 digits of Client's SSN	N4	105	*
DSM-IV Diagnosis	N5	109	
ICD-10	A7	114	*
Demographic ID	N9	121	*
Admit ID	N9	130	*
Total Characters in Each Row:		**138**	

Service - Raw Input Structure			
Field Name	**Type / Length**	**Start**	**Primary Key**
Provider ID	A15	1	*
First Name	A3	16	*
Maiden Name	A3	19	*
Date of Birth	D6	22	*
Transaction Date	D6	28	*
D&E Units	N2	34	
Individual Units	N2	36	
Group Units	N2	38	
IOP Units	N2	40	
Residential Units	N2	42	
Halfway Units	N2	44	
Opioid Tx Units	N2	46	
Client ID	A12	48	*
Placeholder	A9	60	
Placeholder	A2	69	
Placeholder	N6	71	
Placeholder	N6	77	
Placeholder	N6	83	
Placeholder	N6	89	
Payment Responsibility	A1	95	
Family Units	N2	96	
Case Management Units	N2	98	
HIV Informed	N1	100	
Demographic ID	N9	101	*
Service ID	N9	110	*
Admit ID	N9	119	*
Total Characters in Each Row:		**127**	

Discharge - Raw Input Structure			
Field Name	**Type / Length**	**Start**	**Primary Key**
Provider ID	A15	1	*
First Name	A3	16	*
Maiden Name	A3	19	*
Date of Birth	D6	22	*
Discharge Date	D6	28	*
Discharge Reason	N2	34	*
Discharge Education	N2	36	*
Discharge Employment	N2	38	*
Primary Substance Use	N2	40	*
Primary Route	N2	42	*
Primary Frequency	N2	44	*
Secondary Substance Use	N2	46	
Secondary Route	N2	48	
Secondary Frequency	N2	50	
Tertiary Substance Use	N2	52	
Tertiary Route	N2	54	
Tertiary Frequency	N2	56	
Frequency of Use Improvement	N1	58	
Social Connectedness	N1	59	
Living Arrangement	N2	60	*
# Arrests in past 30 days	N1	62	*
Last 4 digits of Client's SSN	N4	63	*
Client Overall Improvement	N1	67	
Demographic ID	N9	68	*
Discharge ID	N9	77	*
Admit ID	N9	86	*
Client ID	A12	95	*
Total Characters in Each Row:		**106**	