

DDaP Standardized File Format: New File Format

(Updated: 06/23/2017)

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

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

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

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

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

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

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

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

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

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

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| 57 | Minors Dependent On Income (Periodic Assmt) | Total number of individuals age 17 and younger dependent on income. | Numeric | N | | 0-14 | New to MH | A, D, P | All Programs |
| 58 | Principal Source Of Support (Periodic Assmt) | Client's Principal income source. | Numeric | Y | | 0- None, 1- Public Assistance, 2- Retirement, 3- Salary, 4- Disability, 96- Other, 97- Unknown | New to MH | A, D, P | All Programs |

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

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

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

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

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

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

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

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| # | Data Element | Description | Data Type | Required? | Conditional Requirements | Allowable Values | New to SA or MH | Update Frequency A=Admit P=Periodic D=Discharge | LOC |
|-----|--|---|---------------|-----------|--------------------------|--|------------------|--|------------------------|
| 93 | Axis I-Diagnosis Field 7 (Diagnosis) | The listing of a client's clinical disorders. | Alpha-numeric | N | | See Axis I-Diagnosis Field 1 for allowable values | New to MH and SA | A, D, P | All Treatment Programs |
| 94 | Axis II Diagnosis Field 1 (Diagnosis) | The listing of a client's personality and mental retardation disorders. | Alpha-numeric | N | | Axis II will be delineated by diagnoses 799.9 and V71.09 if Diagnosis effective Date >= 07/01/2017 Axis II will be delineated by diagnoses 301.00 to 301.99, 299.00 to 299.99, 317.00 to 319.99 if Diagnosis effective Date < 07/01/2017 | | A, D, P | All Treatment Programs |
| 95 | Axis II Diagnosis Field 2 (Diagnosis) | The listing of a client's personality and mental retardation disorders. | Alpha-numeric | N | | See Axis II-Diagnosis Field 1 for allowable values | | A, D, P | All Treatment Programs |
| 96 | Axis II Diagnosis Field 3 (Diagnosis) | The listing of a client's personality and mental retardation disorders. | Alpha-numeric | N | | See Axis II-Diagnosis Field 1 for allowable values | | A, D, P | All Treatment Programs |
| 97 | Axis II Diagnosis Field 4 (Diagnosis) | The listing of a client's personality and mental retardation disorders. | Alpha-numeric | N | | See Axis II-Diagnosis Field 1 for allowable values | New to MH and SA | A, D, P | All Treatment Programs |
| 98 | Axis II Diagnosis Field 5 (Diagnosis) | The listing of a client's personality and mental retardation disorders. | Alpha-numeric | N | | See Axis II-Diagnosis Field 1 for allowable values | New to MH and SA | A, D, P | All Treatment Programs |
| 99 | Axis III Diagnosis Field 1 (Diagnosis) | The listing of a client's general medical conditions. | Alpha-numeric | N | | Axis III will be delineated by all ICD-10 diagnosis codes that are not listed in Axes I and II if Diagnosis effective Date >= 07/01/2017 Axis III will be delineated by all ICD-9 diagnosis codes that are not listed in Axes I and II if Diagnosis effective Date < 07/01/2017 | | A, D, P | All Treatment Programs |
| 100 | Axis III Diagnosis Field 2 (Diagnosis) | The listing of a client's general medical conditions. | Alpha-numeric | N | | See Axis III-Diagnosis Field 1 for allowable values | | A, D, P | All Treatment Programs |

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

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| # | Data Element | Description | Data Type | Required? | Conditional Requirements | Allowable Values | New to SA or MH | Update Frequency A=Admit P=Periodic D=Discharge | LOC |
|-----|---|---|--------------------------|-------------|---|---|-----------------|--|-------------------------------|
| 112 | Axis IV Diagnosis Field 9 (Diagnosis) | Other psychosocial and environmental problems. | Alpha-numeric | N | | Y= Yes, N= No | | A, D, P | All Treatment Programs |
| 113 | Axis V GAF (Global Assessment of Functioning) Score (or MGAF Score) (Diagnosis) | Client's Global Assessment of Functioning (GAF) score at the time of an assessment. | Numeric | Y | | Ranges of values: 0 -100 | | A, D, P | All Treatment Programs |
| 114 | Service Code (Services) | The code for a service given to a client. | Alpha-numeric | N | | Any standard HCPCS, CPT or DMHAS-defined non-billable code | | A,D,P for funded agencies, None for non-funded agencies | Based on current requirements |
| 115 | Service Start Date (Services) | The first date on which a service was given to a client. | Date (format MM/DD/YYYY) | Conditional | Required if services are provided in record | The date value in this field must be greater than or equal to the admission date and less than or equal to the discharge date. | | A,D,P for funded agencies, None for non-funded agencies | All Programs |
| 116 | Service End Date (Services) | The end date for the specific service | Date (format MM/DD/YYYY) | Conditional | Required if services are provided in record | Minute based services Service End Date must equal the Service Start Date for TX programs, greater than or equal to Service Start Date for non-TX programs. Daily services Service End Date must be less than or equal to discharge date | | A,D,P for funded agencies, None for non-funded agencies | All Programs |
| 117 | Service Units (Services) | The number of units of the service | Numeric | Conditional | Required if services are provided in record | An integer between 1 and 100 | | A,D,P for funded agencies, None for non-funded agencies | All Programs |

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

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

DDaP Standard File Format

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

DDaP Standard File Format

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

DDaP Standard File Format

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