

DUGless Output File Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
PROVIDER ID	X(06)	1	6	
HEALTH PLAN ID	X(06)	7	12	
AHCCCS ID	X(09)	13	21	
DOB	X(8)	22	29	YYYYMMDD
REFERRAL DATE	X(8)	30	37	YYYYMMDD
REFERRAL SOURCE	X(2)	38	39	01 - Self/Family/Friend 03 - Other Behavioral Health Provider 05 - RBHA Customer Service 19 - Federal Agency (VA, IHS, Federal Prison, etc.) 35 - AHCCCS Health Plan and/or PCP 36 - DCS Urgent Response (child only) 37 - Community agency other than Behavioral Health Provider (homeless shelter, church, employer) 38 - Arizona Department of Economic Security (ADES) or Tribal Social Services (Adult or other non-urgent DCS referral, DDD, RSA) 39 - Arizona Department of Education (ADE) or Tribal Schools 40 - Criminal justice/correctional (includes AOC-Probation, ADOC, ADJC, Jail, including Tribal) 41 -Other
TREATMENT PARTICIPATION	X(1)	40	40	V - Voluntary C - Involuntary – Criminal: DUI or conditions of parole/probation N - Involuntary – Civil: MH court order, Drug court
NUMBER OF ARRESTS	X(2)	41	42	Number between 00 – 31
OA ADC	X(1)	43	43	Y – Yes N – No X – Not applicable due to age

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OA ADJC	X(1)	44	44	Y – Yes N – No X – Not applicable due to age
OA AOC ADULT	X(1)	45	45	Y – Yes N – No X – Not applicable due to age
OA AOC JUVENILE	X(1)	46	46	Y – Yes N – No X – Not applicable due to age
OA DES RSA	X(1)	47	47	Y – Yes N – No
OA SCHOOL SPECIAL ED	X(1)	48	48	Y – Yes N – No X – Not applicable due to age
EMPLOYMENT STATUS	X(2)	49	50	24 - Competitively Employed Full Time 25 - Competitively Employed Part Time 28 - Other Employment 20 - Student 17 - Unpaid Rehabilitation Activity 29 - Inactive in the Community 99 - Unknown
SP WOMAN DC	X(1)	51	51	Y – Yes N – No X – Not applicable due to gender
SUPPORT GROUPS PARTICIPATION	X(1)	52	52	1 - No attendance in the past month 2 - 1-4 times in past month 3 - 5-12 times in past month 4 - 13-20 times in past month 5 - 21 or more times in past month
MILITARY STATUS	X(1)	53	53	A - Active Military B - Veteran C - Retired Veteran D - Disabled Veteran (See considerations) E - Military Family Member F - No Active or Veteran Military Status G - Unknown (See considerations) X - Not applicable due to age (0 through 16 only)
CASII INTENSITY LEVEL	X(2)	54	55	00 - Basic Services for Prevention and Maintenance 01 - Recovery Maintenance and Health Management 02 - Outpatient Services 03 - Intensive Outpatient Services 04 - Intensive Integrated Services without 24-

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				Hour Psychiatric Monitoring 05 - Non-Secure, 24-Hour Services with Psychiatric Monitoring 06 - Secure, 24-Hour Services with Psychiatric Management XX - Not applicable due to age
CASII INTENSITY DATE	X(8)	56	63	YYYYMMDD
SA PRIMARY TYPE	X(4)	64	67	0001 - None 0201 - Alcohol 0302 - Cocaine/Crack (CNS Stimulants) 0401 - Marijuana/Hashish 0501 - Heroin / Morphine (Opiates / Narcotics) 0706 - Other Opiates/Synthetics 0902 - Hallucinogens 1001 - Methamphetamine/Speed (CNS Stimulants) 1201 - Other Stimulants 1308 - Benzodiazepines (CNS Depressants) 1605 - Other Sedatives/Tranquilizers (CNS Depressants) 1703 - Inhalants 2002 - Other Drugs
SA FREQUENCY 1	X(1)	68	68	1 - No use during the past month 2 - 1 –3 times in past month 3 - 1 – 2 times per week 4 - 3 – 6 times per week 5 - 1 or more times per day 6 - No use during the past 3 months 7 - No use during the past 6 months 8 - No use during the past 12 months
SA ROUTE 1	X(1)	69	69	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
SA AGE 1	X(2)	70	71	Number between 00 – 99
SA SECONDARY TYPE	X(4)	72	75	0001 - None 0201 - Alcohol 0302 - Cocaine/Crack (CNS Stimulants) 0401 - Marijuana/Hashish 0501 - Heroin / Morphine (Opiates / Narcotics) 0706 - Other Opiates/Synthetics 0902 - Hallucinogens 1001 - Methamphetamine/Speed (CNS

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				Stimulants) 1201 - Other Stimulants 1308 - Benzodiazepines (CNS Depressants) 1605 - Other Sedatives/Tranquilizers (CNS Depressants) 1703 - Inhalants 2002 - Other Drugs
SA FREQUENCY 2	X(1)	76	76	1 - No use during the past month 2 - 1 –3 times in past month 3 - 1 – 2 times per week 4 - 3 – 6 times per week 5 - 1 or more times per day 6 - No use during the past 3 months 7 - No use during the past 6 months 8 - No use during the past 12 months
SA ROUTE 2	X(1)	77	77	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
SA AGE 2	X(2)	78	79	Number between 00 – 99
SA TERTIARY TYPE	X(4)	80	83	0001 - None 0201 - Alcohol 0302 - Cocaine/Crack (CNS Stimulants) 0401 - Marijuana/Hashish 0501 - Heroin / Morphine (Opiates / Narcotics) 0706 - Other Opiates/Synthetics 0902 - Hallucinogens 1001 - Methamphetamine/Speed (CNS Stimulants) 1201 - Other Stimulants 1308 - Benzodiazepines (CNS Depressants) 1605 - Other Sedatives/Tranquilizers (CNS Depressants) 1703 - Inhalants 2002 - Other Drugs
SA FREQUENCY 3	X(1)	84	84	1 - No use during the past month 2 - 1 –3 times in past month 3 - 1 – 2 times per week 4 - 3 – 6 times per week 5 - 1 or more times per day 6 - No use during the past 3 months 7 - No use during the past 6 months 8 - No use during the past 12 months

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SA ROUTE 3	X(1)	85	85	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
SA AGE 3	X(2)	86	87	Number between 00 – 99
FILLER	X(63)	88	150	

***2018-09-19 Update – Included OA OAC ADULT field (1 byte) – shifted layout by 1 byte.**

***2018-10-23 Update – Updated Referral Source Field Length (8 bytes to 2 bytes) – shifted subsequent records on layout by 6 bytes.**

File Name: DUGLESS.XXXXXX.YYMMDD.TXT - where XXXXXX is the ACC health plan ID and YYMMDD is the date the file was created.

File Placement: SFTP directory - XXX/PROD/OUT - where XXX is the contractor's folder name

Schedule: Files will be produced twice monthly – 2nd and 4th Friday nights.

Testing: Test files are currently available in XXX/TEST/OUT