AHCCCS
Arizona Health Care Cost Containment System

DUGless
Portal Guide

Version 1.5
Effective October 1, 2018
Updated February 2019

Division of Health Care Management (DHCM)
Data Analysis and Research (DAR)

Table of Contents

I.   Introduction

Purpose

The DUGless Portal Guide (DPG) serves as a procedures manual which outlines the requirements, definitions, and values for submission of the identified data elements. Required information is collected by Providers within the Arizona Health Care Cost Containment System (AHCCCS) system and submitted via the DPG. Data and information are recorded and reported to Managed Care Organizations (MCO's), Regional Behavioral Health Authorities (RBHA), and Tribal Regional Behavioral Health Authorities (TRBHAs), to assist in monitoring and tracking of the following:

- Access and utilization of services
- Community and stakeholder information
- Compliance of Federal, State, and grant requirements
- Health disparities and inequities
- Member summaries and outcomes
- Quality and Medical Management activities
- Social Determinants of Health

The data fields contained within the DPG are required as outlined by contacts and to support healthcare management practices across the AHCCCS systems. Timeframes for submission are outlined within the following sections; demographic data records must match the Member's medical records. The DPG will not contain will not include any data previously submitted through the former DUG system.

Scope of Members to be Reported

The suggested scope of Member data to be submitted is for any Members for whom the data applies to and is collected by the Provider. AHCCCS Complete Care Contracts, MCOs, RBHAs, and TRBHAs may provide additional support and recommendations on information submitted.

Timeframes for Data Submission

Data is to be submitted for all new Members and when the Member's data changes and/or is updated (i.e. a Member's employment status changed from full-time to part-time employment).

Data Submission Options

The portal has two options for providers to submit data, by individual Member (single case, page 9) and by multiple Members in a text file (file upload, page 10). Data may be submitted through either one of these options, not both.

Data Distribution

Data submitted through the portal may be shared with AHCCCS Complete Care Contractors, MCOs, RBHAs, and TRBHAs, as applicable, and if requested from AHCCCS.

Provider Data Management Vendors

In the event a provider will utilize a vendor to assist with the capture and submission of DUGless data, the vendor will not be able (at this time) to upload text files or single cases directly and must prepare text files on behalf of providers which will then be uploaded by the individual provider to the portal.

Contacts

Any questions about the portal or the data fields in the portal should be submitted to DHCM/DAR Information Management/Data Analytics Unit (IMDAU) Manager, Angela Aguayo at Angela.Aguayo@azahcccs.gov and should also include Lori Petre (Lori.Petre@azahcccs.gov), Data Analysis and Research Manager for DHCHM/DAR. If there are any technical issues with the portal contact Customer Support at either ISDCustomerSupport@azahcccs.gov or 602-417-4451.

Guide Updates and Revisions

This document serves as a document of reference and will be updated to ensure consistency of changes within the AHCCCS data healthcare system. Revisions to this document are tracked and listed at the end of this document.

Interactive Reference

In an effort to support paper-reduction practices this document is developed as an interactive reference Acrobat PDF (Portable Document Format) document medium. The Table of Contents contains links to the specific data fields and sections within the DPG for the corresponding data elements/fields. This allows for a quick single-click reference to the key sections, policies, and supportive documents located throughout AHCCCS's website. Hyperlinks are displayed with a blue underlined font.

Portal Data Fields Layout Descriptions

All data submitted via the DPG is identified by a field number and a field name. Data fields and names include subsections: field labels, descriptions, valid values, rules and definitions, updates, and examples to assist in submission of data elements and consistency of data; further explanation is provided within the following sections.

Sub-Section	Description
Field Label	Label utilized for data submission within the Demographics Portal.
Description	Describes the data field with a brief definition and/or description of the population specifics.
Valid Values	A list of all current valid values.
Rules and Definitions	Defines valid values, when applicable; describes how often the information should be updated, and any other applicable rules and/or data validations.
Updates	Provides a list of history, updates, and revisions based on manual editions.
Examples	Describes one or more situations and the valid value(s) used in the situation(s). Bolded areas are examples of the data submission.

II.   Portal Registration

Portal Registration

The following information is required in order to register to the portal:

1. National Provider Identifier (NPI) **OR** AHCCCS Provider ID
   AND
2. Tax Identification Number (TIN)
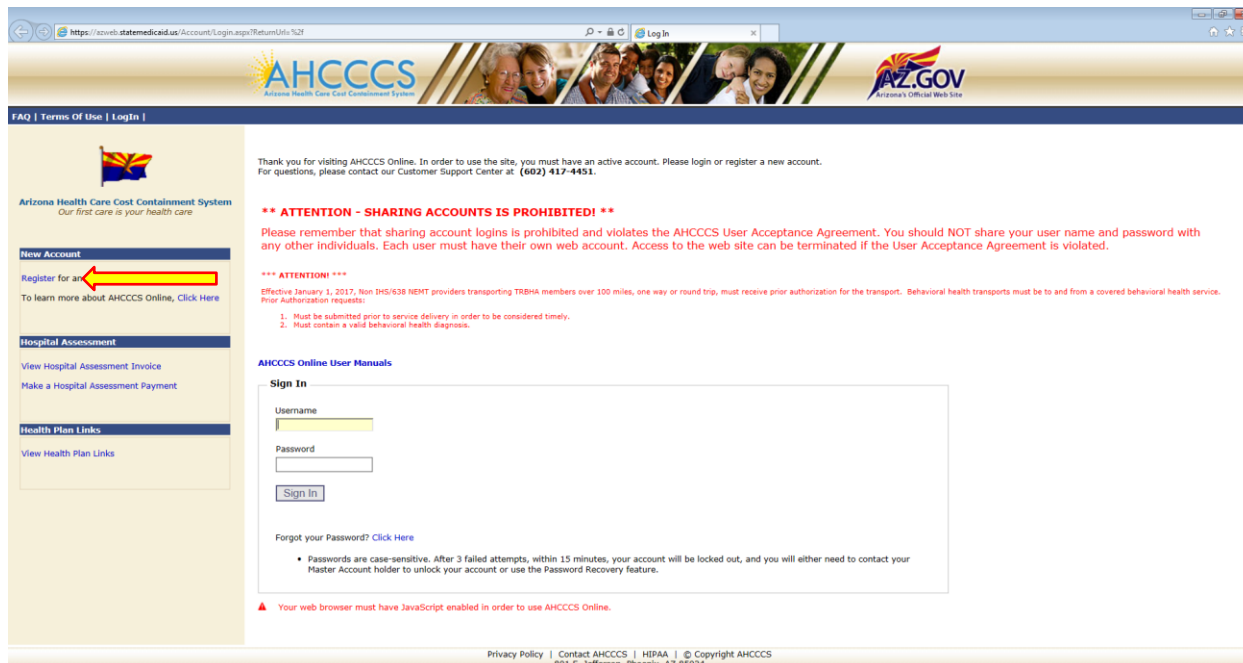
Master Account vs. Individual Accounts

There are two types of accounts that can be created for the DUGless Portal website, Master Accounts and Individual Accounts. A Master Account is the administrator for all accounts created under their Provider ID. This includes activating new accounts, removing accounts for those no longer working for the organization, maintaining site privileges for each user, initiating the password recovery process, and maintaining some of the account information for the Individual accounts. Please contact AHCCCS Provider Registration at *602-417-7670 Option 5* for questions concerning provider group affiliation.

The first account registered for the Provider/Agency will be the Master Account holder. For more detailed information regarding Master Accounts see AHCCCS Online Learn More or visit the website.

If the Provider/Agency already has a Master Account, additional user may register for an Individual Account. When an Individual Account is created, the Master Account holder for the Provider/Agency will receive an email to approve the account and they will need to grant individual access to the Supplemental Member Data (DUGless Portal)

Step 1: Go to the following website: https://azweb.statemedicaid.us
Click on the '*Register*' link, under the '*New Account*' section, on the left hand side of the website

Step 2: To proceed with the registration, please read the **User Acceptance Agreement - Terms of Use** and accept the agreement by selecting 'I agree' and click on 'Next'

Step 3: Next enter the provider NPI or AHCCCS Provider ID* **AND** TIN. Make sure 'Provider' is selected under the ID, click 'Next'
NOTE: If your Provider ID is associated to more than one NPI, you must use your NPI

If your organization does not have a Master Account, you will receive the following message:

> Either select an address to continue and create a Master Account OR
> Select Cancel and suspend the registration process
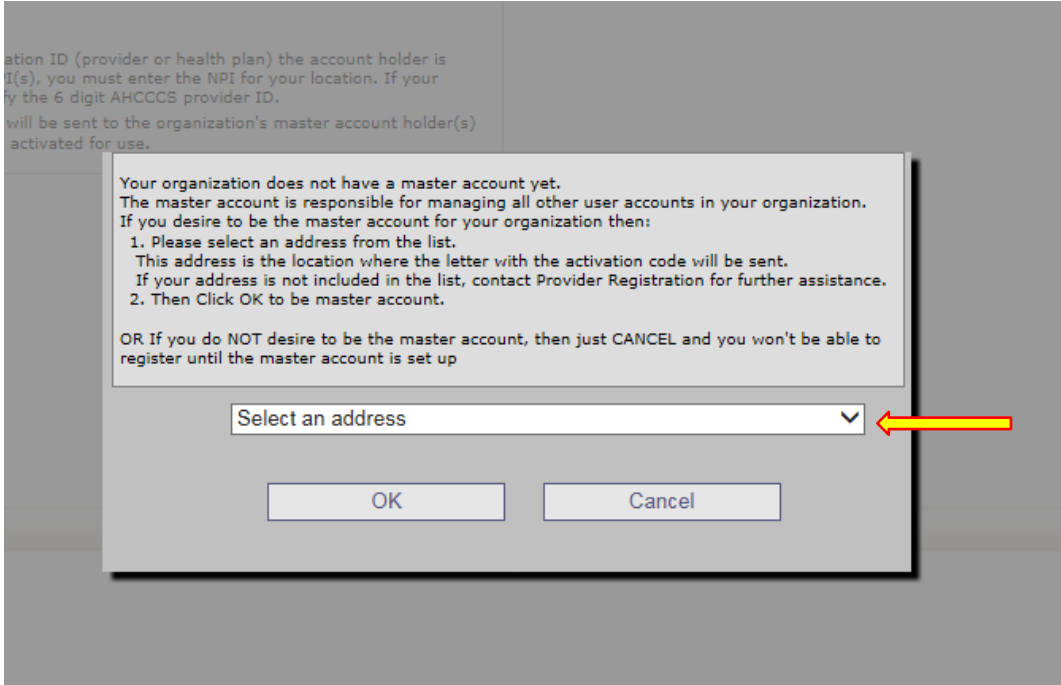
Step 4: Complete the user information, select two security questions, and create a password to create the new account, and then click 'Create User'

NOTE: The password requirements are located on top of the webpage:
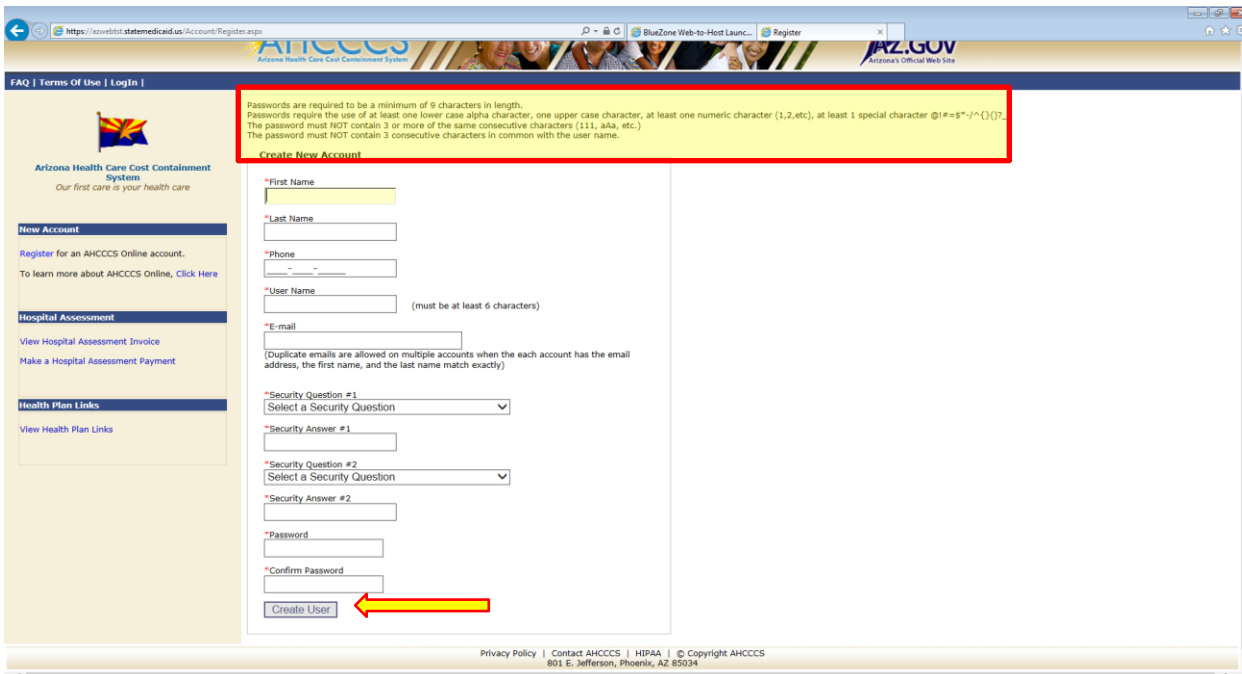
Password Requirements:

Passwords are required to be a minimum of 9 characters in length.

Passwords require the use of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character @!#=$*-/^{}()?_

The password must NOT contain 3 or more of the same consecutive characters (111, aAa, etc.)

The password must NOT contain 3 consecutive characters in common with the user name.

Step 5: Once you have successfully completed the information requested, you will see the following page:
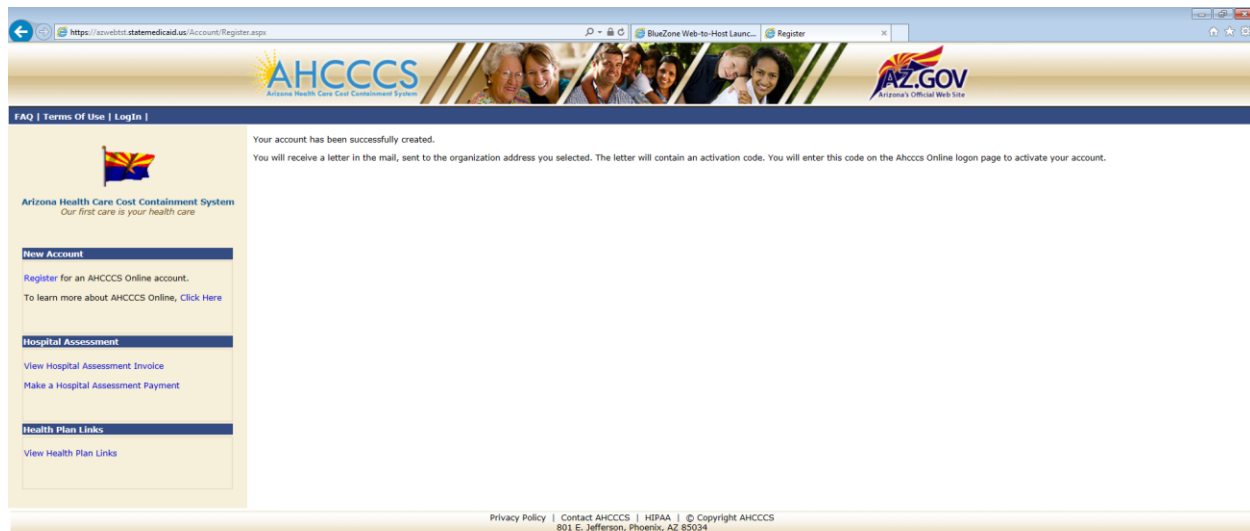
Step 6: You will receive a letter in the mail, sent to the organization address you selected. The letter will contain an activation code. You will enter this code on the portal logon page to activate your account.

Step 7: After receiving the code in the Mail enter user credentials and the activation code to activate Master user account, the next time you log into the portal.

Please also refer to 'Frequently Asked Questions' on the website for any additional registration and/or account questions and who to contact for any questions regarding the AHCCCS Online accounts.

As a reminder, please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account and access to the web site can be terminated if the User Acceptance Agreement is violated.

III. Guidelines for Single Case Data Submissions

Single Case Submissions

Providers may submit data for individual Members through the AHCCCS Online Main Screen, under 'Member Supplemental Data' and selecting the 'Single Entry Record' option in the portal.
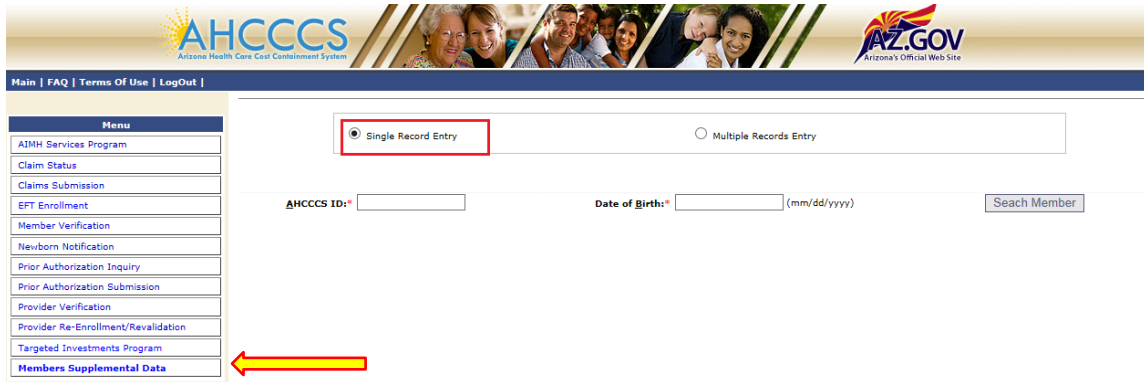
The Member's AHCCCS ID **AND** Date of Birth are required in order to submit single case data. Once the Member is identified in the system, the appropriate data fields auto-populated based on the Member's age and gender.

Once the data fields are completed, Providers must click on the 'Submit' button on the bottom on the page. A message will appear on the screen to indicate the data was successfully recorded. If there are any errors with the data, an error message will appear. Any data that receives an error message will not be saved in our system and will need to be re-submitted.
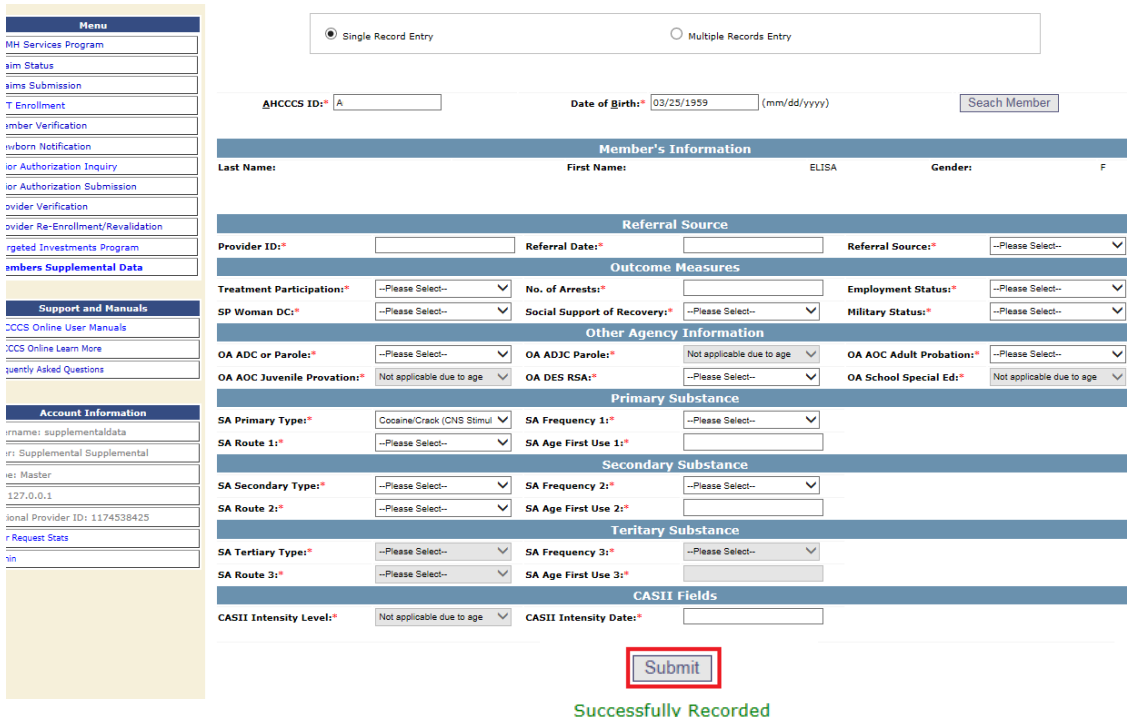
IV.   Guidelines for File Upload Submissions

File Format and Name

Providers may submit data on various Members by uploading a file through the AHCCCS Online Main Screen, under 'Member Supplemental Data' and selecting the 'Multiple Records Entry' option in the portal. The file must be in a plain text format with fixed length values, as detailed in File Layout Table below (page 12), and a file size limit of 10 MB. Providers may submit data on Members from any Provider IDs, as long as ID is active in our system.
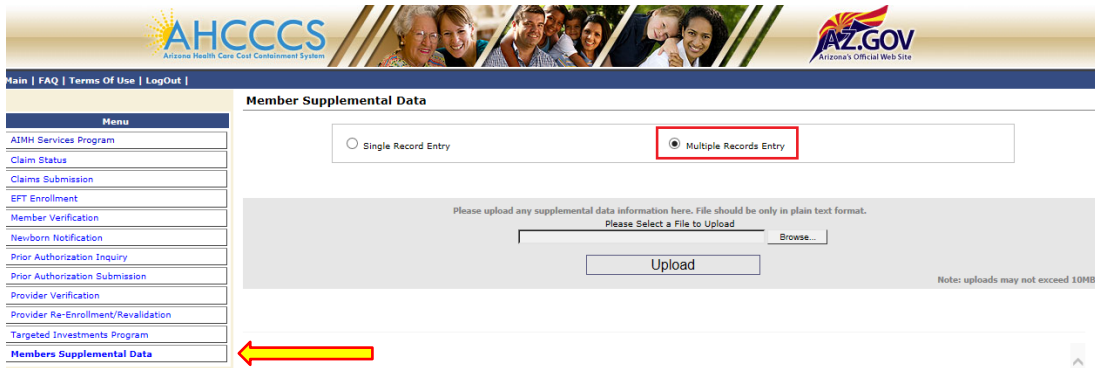
The following standards should be used for all file names:
- MMDDCCYY of submission
- Provider ID the user registered with, regardless of Provider IDs included in the file
- 3 digit sequence number (in the event of multiple files in a single day)

For example, 10012018111111001.txt

File Submission Results

When data is submitted, a summary of the results of the processed file will be displayed. If there are errors, reason of record rejection will be specified next to that line number and AHCCCS ID, in red. To correct errors, a new file will need to be submitted. The error detail list can be uploaded to Excel. Any data that receives an error message will not be saved in our system and will need to be re-submitted.
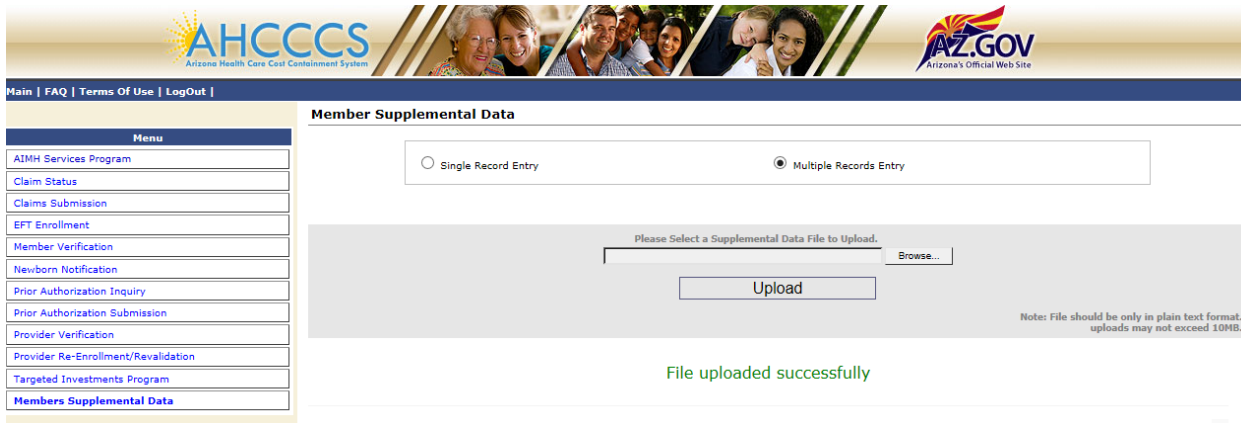
Member Supplemental Data

○ Single Record Entry   ● Multiple Records Entry

Please Select a Supplemental Data File to Upload.

[   ] Browse...

Total number of lines: 1

[Upload]

Note: File should be only in plain text format.
uploads may not exceed 10MB.

No of lines successfully inserted : 0

[Export To Excel]

Line Number			Error Detail
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Either Provider ID is not Active or not found.
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Referral date is not in right format.
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Referral source is not in right format.
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Member not found.
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Error found in CASII Intensity Date.
Line 1 , AHCCCS IDA(	,Date Of Birth:	, Provider ID:	Error found in SA values.

Records processed: ###
Records accepted: ###
Records rejected: ###
Rejection Details:
Line: ###   AHCCCS ID: ###   DOB: ###   Provider ID: ###   Error Detail: *<reason for record rejection>*

Possible Rejection Reasons:
- Invalid AHCCCS ID
- Invalid Date Format
- Member Not Found
- Value Not Applicable to the Field
- Value Out of Range
- Value Not applicable for Member Age
- Value Not Applicable for Member Gender

File Upload Example

```
502818A0015663619590325201805010 3V02YXYXYX24Y1AXX20180514000116000001160000011600
502818A0015663619590325201805040 3V12YXYXYX24Y1AXX20180514201211600011 60000011600
502818A0015663619590325201805030 3V12YXYXYX24Y1AXX20180514201211600011 60000011600
502818A0015663619590325201805020 3V12YXYXYX24Y1AXX20180514201211600011 60000011600
```

File Layout Table for File Upload (Multiple Records Entry)

Field Label	Data Type	Length	Start	End
PROVIDER_ID	varchar	6	1	6
AHCCCS_ID	varchar	9	7	15
DOB (YYYYMMDD)	datetime	8	16	23
REFERRAL_DATE (YYYYMMDD)	datetime	8	24	31
REFERRAL_SOURCE	varchar	2	32	33
TREATMENT_PARTICIPATION	varchar	1	34	34
NUMBER_OF_ARRESTS	tinyint	2	35	36
OA_ADC	varchar	1	37	37
OA_ADJC	varchar	1	38	38
OA_AOC_ADULT	varchar	1	39	39
OA_AOC_JUVENILE	varchar	1	40	40
OA_DES_RSA	varchar	1	41	41
OA_SCHOOL_SPECIAL_ED	varchar	1	42	42
EMPLOYMENT_STATUS	varchar	2	43	44
SP_WOMAN_DC	varchar	1	45	45
SUPPORT_GROUPS_PARTICIPATION	varchar	1	46	46
MILITARY_STATUS	varchar	1	47	47
CASII_INTENSITY_LEVEL	varchar	2	48	49
CASII_INTENSITY_DATE (YYYYMMDD)	datetime	8	50	57
SA_PRIMARY_TYPE	varchar	4	58	61
SA_FREQUENCY_1	varchar	1	62	62
SA_ROUTE_1	varchar	1	63	63
SA_AGE_1	tinyint	2	64	65
SA_SECONDARY_TYPE	varchar	4	66	69
SA_FREQUENCY_2	varchar	1	70	70
SA_ROUTE_2	varchar	1	71	71
SA_AGE_2	tinyint	2	72	73
SA_TERTIARY_TYPE	varchar	4	74	77
SA_FREQUENCY_3	varchar	1	78	78
SA_ROUTE_3	varchar	1	79	79
SA_AGE_3	tinyint	2	80	81

V.   Portal Data Fields

1- Provider ID	
Field Label	Provider_ID
Description	Identifies the provider submitting the file
Valid Values	Valid AHCCCS Provider ID (6 characters)
Rules and Definitions	Required on all submissions/transactions
Updates	10/01/2018 Field added.
Examples	The Provider submitting the file is 111111. **Enter 111111**

2- AHCCCS ID	
Field Label	AHCCCS_ID
Description	The unique identifier (ID) assigned by AHCCCS
Valid Values	A unique type 'A' AHCCCS ID.
Rules and Definitions	AHCCCS ID is required on all submissions/transactions. ID must match ID in 834 enrollment AHCCCS table. Field will be a single text box with a maximum length of 9 characters. Verification will be implemented to ensure that entered values must start with an "A" and have digits for the rest of the field length.
Updates	10/01/2018 Field added.
Examples	Enter Member's unique AHCCCS 'A' or 'S' type ID assigned. **Enter A55555555**

3- Date of Birth (DOB)	
Field Label	DOB
Description	The day the Member was born.
Valid Values	YYYYMMDD Format
Rules and Definitions	Required on all transactions Must match DOB on 834 enrollment record AHCCCS table.
Updates	10/01/2018 Field added.
Examples	Date is recorded as the 4-digit year, 2-digit month and 2-digit day. A Member's date of birth is March 9, 1943. **Enter 19430309**

4- Referral Date

Field Label	Referral_Date
Description	The date when the provider received a referral for service. A referral includes an oral, written, faxed or electronic request for services made by the Member or on the Member's behalf.
Valid Values	YYYYMMDD Format
Rules and Definitions	The Referral Date should be equal to or less than date of data submission. The Referral Date should be equal to or less than the Member's first date of service/treatment.
Updates	10/01/2018 Field added.
Examples	The Provider receives a call on January 3, 2019, requesting services. **Enter 20190103**

5- Referral Source

Field Label	Referral_Source
Description	Identifies the principal source of referral for a Member.
Valid Values	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
Rules and Definitions	Data should only be collected beginning of services/treatment.
Updates	10/01/2018 Field added.
Examples	A referral is received from the Arizona Department of Economic Security/Department of Child Safety (ADES/DCS) for an urgent response to provide behavioral health services to a child removed from the home. **Enter 36**

6- Treatment Participation	
Field Label	Treatment_Participation
Description	Refers to the presence of a court order or conditions of parole/probation pertaining to the delivery of Behavioral Health services.
Valid Values	V - Voluntary C - Involuntary – Criminal; DUI or conditions of parole/probation N - Involuntary – Civil: MH court order, Drug court
Rules and Definitions	**Voluntary** participation is when a Member (or a parent/guardian, if applicable) is applying for or receiving services voluntarily. **Involuntary – Criminal; DUI/ Drug Court /condition of parole/probation** is when a Member applies for/receives services as a result of criminal court ordered treatment OR when a Member applies for/receives services as a result of a court ordered DUI screening, education or treatment. **Involuntary - Civil/MH Court Order** is when a Member applies for/receives services as a result of Title 36 proceedings for a court ordered evaluation (COE) or court ordered treatment (COT)
Updates	10/01/2018 Field added.
Examples	The Member walked in and requested services on their own accord. **Enter V**

7- Number of Arrests	
Field Label	Number_of_Arrests
Description	The number of times the Member has been arrested within the last 30 days.
Valid Values	00 - 31
Rules and Definitions	Entry must be ascertained by a clinical professional. Any arrest that occurred within the last 30 days from the date of service. Field will be single line text box with maximum length of 2 characters.
Updates	10/01/2018 Field added.
Examples	The Member has been arrested once during the last 30 days. **Enter 01**

8- Arizona Department of Corrections (ADC) or Parole

Field Label	OA_ADC
Description	**Age 18 and Older Only**. Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 18 and older, involved with the ADC or on parole?
Valid Values	Y - Yes N - No X - Not applicable due to age
Rules and Definitions	If Member's age is 0-17 years old, then 'X' is the only accepted value.
Updates	10/01/2018 Field added.
Examples	The Adult Member is currently on parole with ADC. **Enter Y**

9- Arizona Department of Juvenile Corrections (ADJC)

Field Label	OA_ADJC
Description	**Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 0 thru 17, involved with the ADJC?
Valid Values	Y - Yes N - No X - Not applicable due to age
Rules and Definitions	If Member's age is 18 years old or older, then 'X' is the only accepted value.
Updates	10/01/2018 Field added.
Examples	The Youth Member is currently involved with ADJC. **Enter Y**

10- Adult Probation

Field Label	OA_AOC_ADULT
Description	**Age 18 and Older Only.** Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 18 and older, on adult probation through the Administrative Office of the Courts (AOC)?
Valid Values	Y - Yes N - No X - Not applicable due to age
Rules and Definitions	If Member's age is 0-17 years old, then 'X' is the only accepted value.
Updates	10/01/2018 Field added.
Examples	The Adult Member is currently on adult probation through AOC. **Enter Y**

11- Juvenile Probation

Field Label	OA_AOC_JUVENILE
Description	**Age 0 thru 17 Only.** Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 0 thru 17, on probation through the County Juvenile Probation Department?
Valid Values	Y - Yes N - No X - Not applicable due to age
Rules and Definitions	If Member's age is 18 years old or older, then 'X' is the only accepted value.
Updates	10/01/2018 Field added.
Examples	The Youth Member is currently on juvenile probation through AOC. **Enter Y**

12- DES/RSA Involvement

Field Label	OA_DES_RSA
Description	Refers to other agencies with a current and/or ongoing role with the Member. Is the Member involved with the Department of Economic Security (DES)/ Rehabilitative Services Administration (RSA)?
Valid Values	Y - Yes N - No
Rules and Definitions	-
Updates	10/01/2018 Field added.
Examples	The Member is currently involved with DES/RSA. **Enter Y**

Updated February 2019

13- School Special Education	
Field Label	OA_SCHOOL_SPECIAL_ED
Description	Refers to other agencies with a current and/or ongoing role with the Member. Is the Member receiving special education services through an Individualized Education Program (IEP) or accommodations through a 504 Accommodation Plan at their school?
Valid Values	Y - Yes N - No X - Not applicable due to age
Rules and Definitions	Member must be 3 years of age, but not more than 21 years old. Refers to other agencies with a current and/or ongoing role with the Member. The Member is receiving special education services through an IEP at their school.
Updates	10/01/2018 Field added.
Examples	The Member is currently receiving special education services. **Enter Y** The Member is 22 years of age or older. **Enter X**

14- Employment Status	
Field Label	EMPLOYMENT_STATUS
Description	The Member's current employment status.
Valid Values	17 - Unpaid Rehabilitation Activity 25 - Competitively Employed Part-Time 20 - Student 28 - Other Employment 24 - Competitively Employed Full-Time 29 - Inactive in the Community
Rules and Definitions	**17 - Unpaid Rehabilitation Activity** Individuals engaging in any rehabilitation activity not already specified in one of the other categories (employed or student), including, but not limited to, work exploration, pre-vocational skill building groups and activities, community activities such as church groups, social skill building activities, mobility training, adjustment to disability training, volunteerism, seeking employment, etc. **20 - Student** If an individual is currently in an educational institution, including, but not limited to, secondary or post-secondary education, trade school, or vocational college, and not involved in any employment activity, they shall be categorized as "student". If an individual is in an educational institution, but also competitively employed or involved in any other type of employment, they shall be categorized in the appropriate employment category. **24 - Competitively Employed Full-Time** Refers to competitive employment performed in an integrated community setting on a full-time basis (35 or more hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or the individual is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher; a job located in an integrated community setting; and a job that was not set aside for a particular population. Employment may be with or without interventions, assistance, or supports, typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program or on their own. *(Continued on the next page)*

14- Employment Status

	25 - Competitively Employed Part-Time Refers to competitive employment performed in an integrated community setting on a part-time basis (less than 35 hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or the individual is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher; a job located in an integrated community setting; and a job that was not set aside for a particular population. Employment may be with or without interventions, assistance, or supports, typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program or on their own. **28 - Other Employment** Refers to employment not otherwise classified as full-time or part-time integrated community employment. This may include, but is not limited to, the following: • Work Adjustment Training: Facility or community based training program that teaches the meaning, value and demands of work, while developing the soft skills needed to obtain competitive employment. Participation in Work Adjustment Training programs is time-limited, with a long-term goal of obtaining competitive employment. Participation in a Work Adjustment Training program is set aside for certain populations and/or other participants of a rehabilitation program. • Transitional Employment Placement: Secured by a vocational agency and set aside for certain populations. Employment is paid and is in an integrated community business setting. Individuals are actual employees of the company, not of the vocational agency. Individuals are paid at least minimum wage and preferably the prevailing rate received by regular company employees for the same job. • Homemaker: When an individual manages their family household, and performs household duties for others, as a principal occupation. **29 - Inactive in the Community** Refers to individuals who are not currently employed, looking for work, or involved in any other rehabilitation activity. It may also refer to individuals who are retired or individuals who are inmates of institutions. Use this category only if the individual does not fit in any other category.
Updates	10/01/2018 Field added.
Examples	A Member works 20 hours per week. **Enter 25**

15- Dependent Children

Field Label	SP_WOMAN_DC
Description	Identifies Members who have dependent child(ren). Includes children that have been removed and are in the custody of DCS.
Valid Values	Y - Yes N - No X - Not applicable due to gender/sex
Rules and Definitions	**Female Only.** If the Member is male, then 'X' is the only accepted value
Updates	10/01/2018 Field added.
Examples	The Member is a woman with a dependent child or children. **Enter Y**

16- Social Supports of Recovery

Field Label	SUPPORT_GROUPS_PARTICIPATION
Description	How often did the Member participate in any self-help or recovery groups (such as Alcoholics Anonymous, Narcotics Anonymous, WRAP/WELL, Recovery Center programming, etc.) in the past 30 days?
Valid Values	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 X - Not involved in any self-help or recovery groups
Rules and Definitions	Entry must be ascertained by a clinical professional.
Updates	10/01/2018 Field added. 02/01/2019 Added valid value
Examples	The Member has participated in a self-help group 2 times in the past month. **Enter 2**

17- Military Status

Field Label	MILITARY_STATUS
Description	Is the Member a current or former Member of the U.S. Army, Army Reserve/National Guard, U.S. Navy, Navy Reserve, U.S. Marine Corps, Marine Corps Reserve, U.S. Air Force OR are they a military family Member?
Valid Values	A - Active Military B - Veteran C - Retired Veteran D - Disabled Veteran (See Rules and Definitions) E - Military Family Member F - No Active or Veteran Military Status G - Unknown (See Rules and Definitions) X - Not applicable due to age (0 through 16 only)
Rules and Definitions	**D – Disabled Veteran** A veteran whose disability was a result of an injury or disease that was incurred or aggravated while on active duty or active duty for training; or from injury, heart attack, or stroke that occurred during inactive duty training. A disability may apply to physical and mental health conditions. **G – Unknown** An individual who may not disclose their military status, if any. For individuals age 16 and younger, the only valid values allowed are 'X' and 'E'.
Updates	10/01/2018 Field added.
Examples	A Member reports that they are currently serving in the U.S. Army. **Enter A** A Member is 15 years old and reports not having a family Member in the military. **Enter X**

18- CASII Intensity Level

Field Label	CASII_INTENSITY_LEVEL
Description	The CASII (Children and Adolescent Service Intensity Instrument) applies to children ages 6 thru 17, measuring objective quantifiable criteria for determination of service intensity. It describes an array of services and a level of service intensity rather than a specific treatment setting or program. It does not describe a recommended level of care. The CASII is required as part of the initial 45 day assessment period, then at a minimum annually and thereafter, and at the end of treatment from BH services.
Valid Values	00 - Basic Services for Prevention and Maintenance 01 - Recovery Maintenance and Health Management 05 - Non-Secure, 24-Hour Services with Psychiatric Monitoring 02 - Outpatient Services 06 - Secure, 24-Hour Services with Psychiatric Management 03 - Intensive Outpatient Services 04 - Intensive Integrated Services without 24-Hour Psychiatric Monitoring XX - Not applicable due to age (0-5, 18+)
Rules and Definitions	Entry must be ascertained by a clinical professional. If a Member is age 6 or older and less than age 18, a CASII Intensity Level is required at a minimum annually. If a Member is younger than 6 years OR 18 years old or greater CASII Intensity Level must be XX.
Updates	10/01/2018 Field added.
Examples	A Member is assessed using the CASII at the time of the initial assessment and is determined to have needs requiring intensive integrated services without 24-hour psychiatric monitoring. **Enter 04**

19- CASII Intensity Date

Field Label	CASII_INTENSITY_DATE
Description	The CASII Intensity Date must reflect the date on which the CASII Intensity Level (Field 18) was assessed. The CASII is required as part of the initial 45 day assessment period, at a minimum annually and thereafter, and at the end of treatment from BH services.
Valid Values	YYYYMMDD Format
Rules and Definitions	Entry must be ascertained by a clinical professional. A valid date value must be provided each time a CASII Intensity Level is provided. If data is submitted via file upload and level the CASII Intensity level is XX, leave all eight (8) spaces blank in place of the date (spaces 50 to 57).
Updates	10/01/2018 Field added.
Examples	Date is recorded as the 4 digit year, 2 digit month and 2 digit day. A Member's CASII Intensity Level (Field 19) changed on March 26, 2018. **Enter 20180326**

20-Substance Use Primary Type

Field Label	SA_PRIMARY_TYPE
Description	The primary psychoactive substance used.
Valid Values	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
Rules and Definitions	Entry must be ascertained by a clinical professional. If valid value "0001" (None) is used, then: • Only valid values of "none / no use" will be accepted in Substance Use Primary Fields (21-23), in the Substance Use Secondary Fields (24-27), and in the Substance Use Tertiary Fields (28-31). If a valid value other than "0001" (None) is entered, then: • This value may NOT be repeated in Substance Use Secondary Type or Substance Use Tertiary Type (used only once). • When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order. • Fields 21-Substance Use Primary Frequency and 22-Substance Use Primary Route cannot be null.
Updates	10/01/2018 Field added.
Examples	The Member's primary substance use has been heroin. **Enter 0501**

21-Substance Use Primary Frequency

Field Label	SA_FREQUENCY_1
Description	The frequency of use of the current primary substance use (Field 20-Substance Use Primary Type).
Valid Values	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
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Primary Type (Field 20), then only a valid value "1" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has been using heroin one time per day for the past month. **Enter 5**

22- Substance Use Primary Route

Field Label	SA_ROUTE_1
Description	The route of administration of the current primary substance use (Field 21-Substance Use Primary Type).
Valid Values	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Primary Type (Field 21), then only a valid value "6" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has been administering heroin via intravenous injection. **Enter 4**

23- Substance Use Primary Age First Use

Field Label	SA_AGE_1
Description	The Member's age at first use of the reported current primary substance use (Field 21- Substance Use Primary Type).
Valid Values	01-99 - Years of age 00 - No use
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Primary Type (Field 20), then only a valid value "00" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member began using heroin at age 25. **Enter 25**

24- Substance Use Secondary Type	
Field Label	SA_SECONDARY_TYPE
Description	The secondary psychoactive substance used.
Valid Values	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
Rules and Definitions	Entry must be ascertained by a clinical professional. If valid value "0001" (None) is used in Field 20-Substance Use Primary Type, then: • Only a valid value "0001" (None) will be accepted. • Only valid values of "none / no use" will be accepted in Substance Use Secondary Fields (24-27). If a valid value other than "0001" (None) is entered, then: • This value may NOT be repeated in Substance Use Primary Type or Substance Use Tertiary Type (used only once). • When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order. • Fields 25-Substance Use Secondary Frequency and 26-Substance Use Secondary Route-cannot be null.
Updates	10/01/2018 Field added.
Examples	The Member's secondary substance use was alcohol. **Enter 0201**

25- Substance Use Secondary Frequency	
Field Label	SA_FREQUENCY_2
Description	The frequency of use of the current secondary substance use (Field 24-Substance Use Secondary Type).
Valid Values	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
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Secondary Type (Field 24), then only a valid value "1" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has used alcohol three times in the past month. **Enter 2**

26-Substance Use Secondary Route

Field Label	SA_ROUTE_2
Description	The route of administration of the current secondary substance use (Field 25-Substance Use Secondary Type).
Valid Values	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Secondary Type (Field 24), then only a valid value "6" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has been administering alcohol orally. **Enter 1**

27-Substance Use Secondary Age First Use

Field Label	SA_AGE_2
Description	The Member's age at first use of the reported current secondary substance use (Field 25- Substance Use Secondary Type).
Valid Values	01-99 - Years of age 00 - No use
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Secondary Type (Field 24), then only a valid value "00" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member began using alcohol at age 15. **Enter 15**

28- Substance Use Tertiary Type	
Field Label	SA_TERTIARY_TYPE
Description	The tertiary psychoactive substance used.
Valid Values	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
Rules and Definitions	Entry must be ascertained by a clinical professional. If valid value "0001" (None) is used in Field 20-Substance Use Primary Type and Field 24-Substance Use Secondary Type then: • Only a valid value "0001" (None) will be accepted. • Only valid values of "none / no use" will be accepted in fields the Substance Use Tertiary Fields (28-31). If a valid value other than "0001" (None) is entered, then: • This value may NOT be repeated in Substance Use Primary Type or Substance Use Secondary Type (used only once). • When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order. • Fields 29-Substance Use Tertiary Frequency and 30-Substance Use Tertiary Route cannot be null.
Updates	10/01/2018 Field added.
Examples	The Member's tertiary substance use has been methamphetamine.　**Enter 1001**

29- Substance Use Tertiary Frequency	
Field Label	SA_TERTIARY_3
Description	The frequency of use of the current tertiary substance use (Field 29-Substance Use Tertiary Type).
Valid Values	1 - No use during the past month　　5 - 1 or more times per day 2 - 1 –3 times in past month　　　　6 - No use during the past 3 months 3 - 1 – 2 times per week　　　　　7 - No use during the past 6 months 4 - 3 – 6 times per week　　　　　8 - No use during the past 12 months
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Tertiary Type (Field 28), then only a valid value "1" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has used methamphetamine 5 times in the past month.　**Enter 4**

30- Substance Use Tertiary Route

Field Label	SA_ROUTE_3
Description	The route of administration of the current tertiary substance use (Field 29-Substance Use Tertiary Type).
Valid Values	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Tertiary Type (Field 29), then only a valid value "6" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member has been administering methamphetamine by smoking. **Enter 2**

31- Substance Use Tertiary Age First Use

Field Label	SA_AGE_3
Description	The Member's age at first use of the reported current tertiary substance use (Field 29- Substance Use Tertiary Type).
Valid Values	01-99 - Years of age 00 - No use
Rules and Definitions	Entry must be ascertained by a clinical professional. If "0001" (None) is entered for Substance Use Tertiary Type (Field 28), then only a valid value "00" will be accepted.
Updates	10/01/2018 Field added.
Examples	The Member began using methamphetamine at age 28. **Enter 28**

VI.   Document Revision History

Version	Effective Date	Revision Type	Revision Section	Revision Reason/Description
1.5	02/2019	Field Value Added	Portal Data Fields	Field 16 – Social Supports of Recovery, Added valid value: X - Not involved in any self-help or recovery groups
1.5	02/2019	Field Correction	Portal Data Fields	Field 18 – CASII Intensity Level, revised Description and Rules and Definitions to require the assessment to be completed at a minimum annually.