

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

GENERAL INFORMATION

The HSRS ALCOHOL AND OTHER DRUG ABUSE module is a system to collect data on alcohol and other drug abuse clients, their characteristics, the services they receive, and the quality and quantity of their participation in services. Module reporting is a required condition of the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds. All county departments of community programs and human services are required to report.

Administrative Code HFS 75 - Community Substance Abuse Standards

New to this handbook are several SPC subprogram codes that will be phased in as a result of the promulgation of new administrative standards in substance abuse. Reporting of the new codes should begin as providers become certified under the HFS 75 standards.

For reporting purposes, a client is a person who has been authorized by a DCP or HSD for services related to alcohol or drug abuse and has their own client record.

In instances where a client has been previously opened on CORE or a non-AODA module, and the client is now being admitted for AODA services, the client must also be opened in the AODA module.

We encourage departments of social services to use CORE field 17, target group, as appropriate, for AODA clients. AODA codes for the target group field are 18 or 74.

The AODA module has a 90 day episode closing feature. Ninety days after all SPC end dates have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The episode end date will be the last SPC end date.

REPORTING FREQUENCY

The AODA module provides the option of monthly reporting of services. Quarterly reporting is required on the module for each client.

First quarter	January - March	Due April month end
Second quarter	April - June	Due July month end
Third quarter	July - September	Due October month end
Fourth quarter	October - December	Due January month end

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

REGISTRATION - Screen A3 N, U or I (Module Key:) MODULE TYPE 6

1 Worker ID		2 Social Security Number			3 Client ID		
4a Last Name		4b First Name	4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)	6 Sex <input type="checkbox"/> F <input type="checkbox"/> M
7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	7b Race (Circle up to 5) <input type="checkbox"/> A=Asian <input type="checkbox"/> B=Black or African American <input type="checkbox"/> P=Native Hawaiian or Pacific Islander <input type="checkbox"/> I=American Indian or Alaska Native <input type="checkbox"/> W=White		8 Client Characteristics	9 Start Date	10 Closing Date	11 Co-dependent <input type="checkbox"/> Yes <input type="checkbox"/> No	12 Referral Source
13 Education at Time of Admission	14 Family Relationship	15 Number of Arrests 30 Days Prior to Admission	16 Living Arrangement at Admission	17 Brief Service <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Employment Status	19 Pregnant at Time of Admission <input type="checkbox"/> Yes <input type="checkbox"/> No	
20 Diagnosis	21 Case Review Date	22 Family ID	23 Local Data		24 Special Project Reporting		
If "Yes" in fields 11 or 17, skip fields 25-29 Substance Problem		25a Primary	25b Secondary		25c Tertiary		26 At Discharge
Usual Route of Administration		27a Primary	27b Secondary		27c Tertiary		
Use Frequency		28a Primary	28b Secondary		28c Tertiary		
Age of First Drug Use or Alcohol Intoxication		29a Primary	29b Secondary		29c Tertiary		

SERVICES - Screen A4 (Module Key:) UNITS - Screen A7

Prog. No.	30 SPC Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	34 SPC End Reason	35 Closing Status					36 Target Group	37 SPC Review Date		38 Days of Care	39 Other Units	40 Delivery Date	
						A	F	E	AR	LA		mm	yyyy			mm	yyyy

OPTIONAL DATA - Screen 18 (Module Key:)

Street Address	City	State	Zip Code	County	Telephone Number ()
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Shaded areas are optional.

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE CO-DEPENDENT OR BRIEF SERVICES

REGISTRATION - Screen A3 N, U or I

1 Worker ID		2 Social Security Number			3 Client ID		
4a Last Name		4b First Name	4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)	6 Sex <input type="checkbox"/> F <input type="checkbox"/> M
7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	7b Race (Circle up to 5) <input type="checkbox"/> A=Asian <input type="checkbox"/> W= White <input type="checkbox"/> B=Black or African American <input type="checkbox"/> P=Native Hawaiian or Pacific Islander <input type="checkbox"/> I=American Indian or Alaska Native		8 Client Characteristics	9. Start Date		10 Closing Date	11 Co-dependent <input type="checkbox"/> Yes <input type="checkbox"/> No
12 Referral Source	17 Brief Service <input type="checkbox"/> Yes <input type="checkbox"/> No	20 Diagnosis	21 Case Review Date		22 Family ID		23 Local Data

SERVICES - Screen A4 (Module Key:)

UNITS - Screen A7

Prog. No.	30 SPC	Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	36 Target Group	37 SPC Review Date mm yyyy	39 Other Units	40 Delivery Date mm yyyy

OPTIONAL DATA - Screen 18 (Module Key:)

Street Address		City	State	Zip Code	County	Telephone Number ()
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Shaded areas are optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

PURPOSE: For local use to connect reports to specific case managers.

SOCIAL SECURITY NUMBER (Field 2)

OPTIONAL; REQUIRED IF MEDICAL ASSISTANCE RECIPIENT

CODES: Enter the client's 9 digit Social Security Number or 10 digit MA Number.

PURPOSE: For comparison with other databases (Medical Assistance; DWD employment data; Crime Information Bureau, etc.)

CLIENT ID (Field 3)

REQUIRED, COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: To maintain client confidentiality while allowing reports to be produced on individual clients for audit purposes; to produce reports on multiple services to the same individual; to produce client number listings for recidivist clients.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a-d)
REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

PURPOSE: To produce client ID number; for local use client listings.

BIRTHDATE (Field 5)
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.

PURPOSE: To calculate the client's age for preparation of reports; to determine if various age groups are being reached in similar proportions to the general population and AODA prevalence.

SEX (Field 6)
REQUIRED

CODES: F = Female
M = Male

PURPOSE: To prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population and AODA prevalence.

HISPANIC/LATINO (Field 7a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 7b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

PURPOSE: To prepare reports cross tabulated by race in order to determine relationships/differences; to determine if various minority groups are being reached in proportion to their representation in the general population and AODA prevalence.

CLIENT CHARACTERISTICS (Field 8)
REQUIRED

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Code definitions are in the HSRS CORE Client Characteristics (Field 7). We encourage the use of all three client characteristics fields since the bureau uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities.

NOTES: Client Characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected. If codependent enter 99.
Care should be taken to record developmentally disabled, physically disabled, sensory disabled, mental illness, and frail elderly if applicable.

CODES:

19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism spectrum
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
29	Family member of developmental disability client
86	Severe emotional disturbance - child/adolescent
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
14	Family member of mental health client
04	Alcohol client
05	Drug client
10	Chronic alcohol or other drug client (includes SSI clients)
12	Alcohol and other drug client
16	Family member of alcohol and other drug client
17	Intoxicated driver
39	Gambling client
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
36	Other handicap
59	Unmarried parent
71	Victim of domestic abuse
50	Regular caregiver of dependent person
55	Frail elderly
57	Abused/neglected elder

CLIENT CHARACTERISTICS (Field 8) continued

- 18 Alzheimer's disease/related dementia
 - 43 Migrant
 - 44 Refugee
 - 45 Cuban/Haitian entrant
 - 33 Corrections/criminal justice client (adult only)
 - 80 Homeless
 - 91 Hurricane Katrina evacuee
 - 92 Hurricane Rita evacuee
 - 99 None of the above (codependent client only)
- SPECIAL CHILDREN'S SERVICES CATEGORIES**
- 61 CHIPS - abuse and neglect
 - 62 CHIPS - abuse
 - 63 CHIPS - neglect
 - 64 Family member of abused/neglected child
 - 69 JIPS - status offender
 - 70 Family member of status offender
 - 68 CHIPS - other
 - 74 Family member of CHIPS - other
 - 66 Delinquent
 - 73 Family member of delinquent

PURPOSE: To allow comparisons across the HSRS database outside of the AODA module; to assess outreach to and accessibility in relation to special client groups (dually diagnosed, hearing impaired, physically disabled, etc.); to separate codependents receiving services from clients with AODA diagnosis.

START DATE (Field 9)

DEFAULTS to the earliest SPC Start Date after services are entered.

PURPOSE: To determine active and closed cases; for case management purposes; for determining recidivism; determining episode length/duration.

CLOSING DATE (Field 10)

OPTIONAL

DEFINITION: The date all AODA services are completed and the case is closed.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTES: The episode will be closed automatically 90 days after all services are closed.

PURPOSE: To determine active and closed cases; for case management purposes; for determining recidivism; determining episode duration

CODEPENDENT (Field 11)

REQUIRED

DEFINITION: Enter a Y if the client of this record is a person who:

- is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser, and
- has no current alcohol/drug abuse or dependency problem of their own.

CODES: Y = Yes
N = No

NOTES: Family involvement in treatment alone is not sufficient criteria for codependent designation. The client of this record is one who is seeking their own services arising from their codependency problems not substance abuse problems. This field is not to be coded YES if the substance using client of this record has a significant other who is codependent. This field is not to be coded YES if the substance using client of this record has collateral involvement in services.

PURPOSE: To identify codependents receiving services, and allowing simpler brief reporting.

REFERRAL SOURCE (Field 12)
REQUIRED

DEFINITION: The individual or agency at the point of origin, that referred the client for services.

CODES:

01	Self
02	Family, friend, or guardian
03	AODA program (includes AA and Al-Anon)
04	Hospital, clinic, physician, health agency
05	School, college
06	IDP - Court
07	IDP - Division of Motor Vehicles (DMV)
08	Probation and parole
09	Other court, criminal or juvenile justice, or law enforcement
10	Employer, Employee Assistance Program (EAP)
11	County social services
13	IV drug outreach worker
14	Other social agency or community referral
15	Drug court
16	OWI court – monitors the multiple OWI offender
17	Screening Brief Intervention Referral Treatment (SBIRT)

REFERRAL SOURCE CODE DEFINITIONS

- 03 **AODA Program** (Includes AA and Al-Anon)
Any program/clinic whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.
- 04 **Hospital, Clinic, Physician, Health Agency**
Includes a physician, psychiatrist or other licensed health care professional, general hospitals, psychiatric hospitals, mental health programs and nursing homes.
- 05 **School, College**
Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.
- 06-09 **Criminal Justice Referral**
Includes referrals from the court, juvenile court intake, a judge, prosecutor, probation officer or other personnel affiliated with a federal, state and/or county judicial system, referrals from the police, and Treatment Alternative Program (TAP). This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally it includes clients on pre-parole, pre-release, work and/or home furlough, and Ch. 51 commitments. The client need not be officially designated as on parole.
- 10 **Employer, Employee Assistance Program (EAP)**
Includes a federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included.

17 Screening Brief Intervention Referral Treatment (SBIRT)

Includes referrals to services that originated from the federal/state/UW SBIRT project also known as the Wisconsin Initiative on Promoting Healthy Lifestyles (WIPHL).

EDUCATION AT TIME OF ADMISSION (Field 13)

REQUIRED

DEFINITION: The highest grade completed.

PURPOSE: Assess success of outreach/marketing and agency coordination efforts; identify intoxicated driver clients; assess success in reaching special target groups (criminal justice client; EAP; etc.).

CODES: Enter the two digit number of years.
01-11 Highest grade completed
12 High school diploma or GED
14 Some college or vocational/technical school;
assoc. degree or voc. tech. degree
16 Bachelor's degree
18 Advanced degree (Master's; Ph.D.)

PURPOSE: Identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population to assess differences.

FAMILY RELATIONSHIP (Field 14)

REQUIRED

DEFINITION: The client's marital, family, interpersonal relationships, or social support system (whichever is most applicable to the client) status at time of admission in terms of the frequency and quality of contact.

CODES: Marital, Family, Interpersonal Relationships, or Support System
1 Very frequent, positive contact
2 Frequent or more often, usually positive contact
3 Occasional or more often, sometimes positive, sometimes negative contact
4 Contact is usually negative
5 Little or no contact

NOTES: The Family Relationship is an overall assessment of the client's marital, family, significant other, close friend/intimate relationships or support system (whichever is most applicable to the client) as follows:

Positive means constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.
Negative means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts.

Very Frequent means daily or nearly daily.

Frequent means at least weekly.

Occasional means at least monthly.

Significant Others include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

PURPOSE: Describe the level of familial, social, or support deterioration that usually characterizes alcohol/drug clients when entering treatment. The admission data will be compared with discharge data to assess changes.

**NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION (Field 15)
REQUIRED**

DEFINITION: The number of arrests during the 30 days prior to the start of the episode. If the client came from a controlled setting (e.g., jail, hospital, residential program, etc.), use the 30 day period prior to entry into the controlled setting.

NOTES: An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. Does not include minor tickets or citations.

CODES: Numeric value between 00 and 96.

PURPOSE: Describe the degree of criminal justice involvement when entering treatment. The admission data will be compared with the discharge data to assess changes.

LIVING ARRANGEMENT AT ADMISSION (Field 16)
REQUIRED

DEFINITION: The living arrangement prior to the start of the episode. It specifies whether the client is homeless, living with parents, in a supervised setting, or on their own.

CODES:

- 01 Street, shelter, no fixed address, homeless
- 02 Private residence or household; living alone or with others or without supervision; includes persons age 18 and older living with parents
- 03 Supported or semi-supervised residence
- 04 Specialized facility with on-site supervision
- 05 Other institution
- 06 Jail or correctional facility
- 07 Child under age 18 living with parents

PURPOSE: Describe the living situation just prior to beginning services. The admission data will be compared with the discharge data to assess changes.

BRIEF SERVICE (Field 17)
REQUIRED

DEFINITION: This field may be checked YES if any of the following standard program categories are the sole SPCs to be provided in an entire episode of care:

SPC	301	Court intake studies
	501	Crisis intervention
	507/50	Outpatient, emergency regular
	507/65	Medication management
	601	Outreach
	602	Information and referral
	603	Intake assessment

CODES: Y = Yes
N = No (default)

PURPOSE: To reduce reporting burden for relatively brief services.

EMPLOYMENT STATUS (Field 18)

REQUIRED

DEFINITION: The current employment status.

- CODES:
- 1 Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs.
 - 2 Employed part-time - less than 35 hours a week.
 - 3 Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job
 - 4 Unemployed - not looking for work in the past 30 days
 - 5 Not in the labor force - homemaker
 - 6 Not in the labor force – student
 - 7 Not in the labor force – retired
 - 8 Not in the labor force – disabled
 - 9 Not in the labor force – inmate of jail, prison, or other institution

NOTES: It is the provider’s responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources or pay stubs. Special audits of this data may be performed.

PURPOSE: Identify financial resources of client groups; assess employment status for vocational service needs.

PREGNANT AT TIME OF ADMISSION (Field 19)

REQUIRED - DEFAULTS TO NO.

DEFINITION: Self-explanatory.

CODES: Y = Yes
N = No

PURPOSE: To assess outreach and accessibility of services to special client groups; to monitor trends.

DIAGNOSIS (Field 20)

OPTIONAL

DEFINITION: The current diagnosis of the client's condition.

CODES: The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

CODE MENTAL ILLNESS

290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic disorders
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
300.02	Generalized anxiety disorder
301	Personality disorders
301.6	Dependent personality disorder
302	Sexual deviations and disorders
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders due to organic brain damage
311	Depressive disorder, not classified elsewhere
312.0	Undersocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere classified
313	Disturbance of emotions specific to childhood and adolescence
314	Hyperkinetic syndrome of children
316	Psychic factor associated with diseases classified Elsewhere

DEVELOPMENTAL DISABILITIES

299.0	Infantile autism
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)

DIAGNOSIS (Field 20) continued

DEVELOPMENTAL DISABILITIES (continued)

- 319 Unspecified mental retardation
- 343 Infantile cerebral palsy
- 345 Epilepsy

ALCOHOLISM - ALCOHOL ABUSE

- 291 Alcoholic psychoses
- 303 Alcoholic dependence syndrome
- 303.91 Other and unspecified continuous alcohol dependence (chronic alcoholism-dipsomania)
- 303.93 Other and unspecified alcohol dependence in remission
- 305.0 Alcohol abuse

OTHER DRUG ABUSE

- 292 Drug psychoses
- 304 Drug dependence
- 304.0 Opioid type dependence
- 304.1 Barbiturate and similarly acting sedative hypnotic dependence
- 304.2 Cocaine dependence
- 304.3 Cannabis dependence
- 304.4 Amphetamine and other psychostimulant dependence
- 304.5 Hallucinogen dependence
- 304.6 Other specified drug dependence
- 304.9 Unspecified drug dependency
- 305 Nondependent abuse of drugs
- 305.01 Continuous alcohol abuse
- 305.02 Episodic alcohol abuse
- 305.1 Tobacco use disorder
- 305.2 Cannabis abuse
- 305.3 Hallucinogen abuse
- 305.4 Barbiturate and similarly acting sedative or hypnotic abuse
- 305.5 Opioid abuse
- 305.6 Cocaine abuse
- 305.7 Amphetamine or related acting sympathomimetic abuse
- 305.8 Antidepressant type abuse
- 305.9 Other, mixed or unspecified drug abuse
- 309.89 Other

DIAGNOSIS (Field 20) continued

PHYSICAL LIMITATION

359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742.0	Encephalocele
742.3	Congenital hydrocephalus
784.0	Symptoms involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

OTHER DISORDER

316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition

PRESENTING PROBLEM

V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victim of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstances or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Child or adolescent antisocial behavior

ADMINISTRATIVE CATEGORIES

799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V68.81	Referral of patient without examination or treatment
V70.7	Examination for normal comparison or control in clinical research

PURPOSE: For local use in billing-related reports.

CASE REVIEW DATE (Field 21)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

PURPOSE: For local use in case monitoring/case management.

FAMILY ID (Field 22)

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use.

LOCAL DATA (Field 23)

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

PURPOSE: For local use.

SPECIAL PROJECT REPORTING (Field 24)

REQUIRED, WHEN APPLICABLE, THROUGH SPECIAL CIRCUMSTANCES, USUALLY A GRANT PROGRAM. AGENCIES WILL BE NOTIFIED BY THE BUREAU OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHEN THIS FIELD IS APPLICABLE TO THEIR SPECIAL PROJECTS.

DEFINITION: The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.

**SUBSTANCE PROBLEM (Fields 25a - 25c)
REQUIRED**

DEFINITION: Self-explanatory

CODES: Enter primary, secondary, and tertiary substance problem codes.
Code up to three.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

**SUBSTANCE PROBLEM AT DISCHARGE (Field 26)
REQUIRED**

DEFINITION: The primary substance problem at the time of discharge.

The code at discharge should be different from the code at admission only in the case of a change of substance. Therefore, the system defaults the code at discharge to the code at admission. The code 01 for None is reserved for codependent clients.

CODES:

01	None (co-dependent)
02	Alcohol
03	Cocaine/crack
04	Marijuana/hashish/cannabis/THC
05	Heroin
06	Nonprescription methadone
07	Dilaudid/hydromorphone
08	Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
09	PCP (phencyclidine)
10	LSD
11	Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, ketamine)
12	Methamphetamine/ice: methcathinone/cat
13	Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs
14	Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
15	Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
16	Other tranquilizers (Meproamate, Equanil, Miltown)
17	Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
18	Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
19	Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
20	Over-the-counter diet, alert, sleep aids, cough syrup
21	Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

USUAL ROUTE OF ADMINISTRATION (Fields 27a - 27c)
REQUIRED

DEFINITION: How the substance is taken into the body.

CODES:

- 1 Oral (by mouth swallowing)
- 2 Smoking (inhale by burning/heating substance)
- 3 Inhalation (inhale or snort through the nose or mouth without burning substance)
- 4 Injection (IV or intramuscular or skin popping)
- 5 Other

PURPOSE: To determine level of associated health risks connected with route of administration; assess extent and trends of AIDS risk clients.

USE FREQUENCY (Fields 28a - 28c)
REQUIRED

DEFINITION: How often the substance is used during the 30 days prior to the start of the episode.

CODES:

- 1 No use in the past month (abstinent)
- 2 1-3 days in the past month (less often than once a week)
- 3 1-2 days per week
- 4 3-6 days per week
- 5 Daily

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources, or drug tests. Special audits of this data may be performed.

PURPOSE: To identify the level of severity of addiction, compare with treatment setting and changes from admission to discharge.

**AGE OF FIRST DRUG USE OR ALCOHOL INTOXICATION (Field 29a - 29c)
REQUIRED**

DEFINITION: Self-explanatory

CODES: Enter actual age using 2 digits.

A value of zero (00) indicates a newborn with a substance dependency problem.

NOTES: For drugs other than alcohol record the age of first use. For alcohol record age of first intoxication. The recorded age should reflect willful use.

PURPOSE: Assesses success of prevention efforts; for planning school curricula; compare with national drug surveys of the general population.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30)
REQUIRED**

DEFINITION: The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. The following are basic AODA SPCs. Any other appropriate SPCs associated with alcohol and other drug abuse services should be reported even though not listed here. SPCs are defined in Appendix E. Subprogram definitions follow.

CODES: Enter the 3 digit SPC code and the 2 digit subprogram code if applicable.

AODA SPCs	SUB-PRGRM	STANDARD PROGRAM CATEGORY NAME	REPORT
Detox 703	10	Medically managed inpatient detox (75.06)	Days
	20	Medically monitored residential detox (75.07)	Days
	50	Ambulatory detoxification (75.08)	Hours
705	10	Residential intoxication monitoring (75.09)	Days
Residential 503	50	Medically managed inpatient (75.10)	Days
	60	Medically monitored hospital treatment (124, 75.11)	Days
	70	Medically monitored CBRF treatment (83, 75.11)	Days

504		Residential care center	Days
506	10	Transitional residential-hospital setting (124, 75.14)	Days
	20	Transitional residential (83, 75.14)	Days
203		Foster home	Days
204		Group home	Days
507	00	Outpatient – regular (75.13)	Hours
	05	Outpatient – intensive (75.13)	Hours
	65	Medication management	Hours
	70	Methadone or narcotic detox	Hours
	75	Methadone maintenance or narcotic treatment (75.15)	Hours
603		Intake assessment	Hours
509		Community support	Hours
510		Comprehensive community services	Days
704	10	Day treatment (75.12)	Hours
112	55	Specialized medical supplies	Items

The following optional subprograms may be used in place of 00 and 05 if the agency wants additional detail. Unless noted, the subprograms are redefined in HFS 75.13.

507	10	Outpatient, individual regular	(75.13)	Hours
	15	Outpatient, individual intensive	(75.13)	Hours
	20	Outpatient, family regular	(75.13)	Hours
	25	Outpatient, family intensive	(75.13)	Hours
	30	Outpatient, group regular	(75.13)	Hours
	35	Outpatient, group intensive	(75.13)	Hours
	40	Outpatient, in-home regular	(75.13)	Hours
	45	Outpatient, in-home intensive	(75.13)	Hours
	50	Emergency outpatient	(75.05)	Hours

NOTES: Units are required on these SPCs.
Regular and Intensive are types of outpatient services and do not always reflect the amount of service **delivered** to a specific client. A client can be in Intensive even though they don't complete the required units of service.
Reporting of self-pay intoxicated driver assessments (SPC 603) which are assessed by contract providers is no longer required, but may be continued at the discretion of the county agency. Similarly, reporting of any wholly self-paid or third party paid treatment services by contract agencies is not required.

PURPOSE: To determine the type, amount, duration, and outcome of services provided; to develop common costs centers for cost analyses. It also meets federal requirements.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30) continued

SUBPROGRAM DEFINITIONS

- 112/55 **Specialized Medical Supplies**
Specialized medical supplies, specified in the plan of care, which are necessary to ensure the health of the individual or enable the individual to function with greater independence as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.
- 503/50 **Medically Managed Inpatient**
HFS 75.10 medically managed inpatient treatment service means a service provided in a general or specialty hospital with 24 hours per day nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.
- 503/60 **Medically Monitored Hospital Treatment**
HFS 75.11 medically monitored treatment service means a hospital based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
- 503/70 **Medically Monitored CBRF Treatment**
HFS 75.11 medically monitored treatment service means a community based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
- 506/10 **Transitional Residential - Hospital Setting**
HFS 75.14 transitional residential treatment service (defined below) in a general or specialty hospital approved under ch. HFS 124.
- 506/20 **Transitional Residential**
HFS 75.14 transitional residential treatment service means a clinically supervised, peer supported, 24 hour therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling equaling between three and 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.
- 507/all **Outpatient**
HFS 75.13 outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning and totaling less than 12 hours of counseling per week. Intensive outpatient is at least six hours per week and regular outpatient is less than six hours per week.
- 507/61 **Antabuse**
The administration of the medication disulfiram as a treatment adjunct, to help patients overcome drinking problems.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 30) continued
SUBPROGRAM DEFINITIONS

- 507/62 **Other Medical**
For use by Milwaukee County only.
- 507/64 **Urinalysis Tests**
In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood altering substances.
- 507/65 **Medication Management**
Includes prescription, directions on use, and review of medication in an outpatient setting.
- 507/70 **Methadone or Narcotic Detox**
Services provided to ensure the safe withdrawal of methadone from the body's tissues.
- 507/75 **Narcotic Treatment**
HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.
- 703/10 **Medically Managed Inpatient Detoxification**
HFS 75.06 medically managed inpatient detoxification service means a 24 hour per day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.
- 703/20 **Medically Monitored Residential Detoxification**
HFS 75.07 medically monitored residential detoxification service means a 24 hour per day service in a residential setting providing detoxification and monitoring, with care provided by a multidisciplinary team of service personnel including 24 hour nursing care under the supervision of a physician.
- 703/50 **Ambulatory Detoxification**
HFS 75.08 ambulatory detoxification service means a medically managed or monitored, structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.
- 704/10 **Day Treatment**
HFS 75.12 day treatment service means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).

705/10

Residential Intoxication Monitoring

HFS 75.09 residential intoxication monitoring service means a service providing 24 hour per day observation by a nonmedical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.

SPC START DATE (Field 31)

REQUIRED FOR AODA SPCs

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: Coupled with SPC End Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

PROVIDER NUMBER (Field 32)

REQUIRED

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk.

PURPOSE: Will be used to produce various reports by facility.

SPC END DATE (Field 33)

REQUIRED FOR AODA SPCs

DEFINITION: The date on which service in this SPC ended (i.e., last contact).

CODES: Enter an 8 digit number in the format month/day/full year.

NOTES: The episode will be closed automatically 90 days after all services are closed.

PURPOSE: Coupled with SPC Start Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

SPC END REASON (Field 34)

REQUIRED, WHEN APPLICABLE FOR AODA TREATMENT SPCs **EXCEPT** FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND BRIEF SERVICES.

DEFINITION: The reason the client was discharged from the service.

CODES: If the service was completed, use codes 01, 02, or 03.
01 Completed service - major improvement
02 Completed service - moderate improvement
03 Completed service - no positive minimal change

If the service was not completed, use codes 04–16.
04 Referred to another nonalcohol/drug agency, program, or service before completing service
05 Behavioral termination - staff/program decision to terminate due to rule violation
06 Withdrew against staff advice before completing service
07 Funding/authorization expired, same service not reopened
08 Incarcerated
09 Death
14 Referral to another AODA agency or program
15 Transfer to another AODA service within an agency or program
16 Funding/authorization expired, same service reopened

Clients who completed the SPC should not be coded under 04–16.

LEVEL OF IMPROVEMENT EXPLANATION (major, moderate, minimal change):

For clients who have completed services (above codes 01-03) in inpatient, outpatient, day treatment, or residential treatment, this is an overall rating of the client’s condition at discharge:

Major Improvement. Successful completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- length or duration of treatment consistent with the treatment plan
- all or nearly all objectives of the individualized treatment plan were achieved
- discharge plan

Moderate improvement. Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- moderate progress on objectives in the individualized treatment plan
- maximum benefit achieved
- discharge plan

SPC END REASON (Field 34) continued

Minimal change. Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- minimal progress on objectives in the individualized treatment plan
- discharge plan

NOTES: SPC End Reason is not required for SPCs 703 Detox and 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Service SPCs like assessment, case management, etc. because of their short-term nature.

PURPOSE: To evaluate service retention and outcome.

CLOSING STATUS (Field 35)

REQUIRED, FOR AODA TREATMENT SPCs EXCEPT FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND BRIEF SERVICES.

DEFINITION: The client's AODA (A), Family (F), and Employment (E) status, Number of Arrests (AR), and Living Arrangement (LA) at the time the client was discharged from treatment (last contact).

CODES: Enter a one digit code in each of the three categories (A, F, E).

A = AODA = Frequency of alcohol/drug use during the 30 days prior to discharge, or since admission if less than 30 days.

- 1 No use (abstinent)
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily

F = FAMILY = Marital/family/interpersonal relationships or social support system.

- 1 Very frequent, positive contact
- 2 Frequent or more often, usually positive contact
- 3 Occasional or more often, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

CLOSING STATUS (Field 35) continued

E = EMPLOYMENT STATUS

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed looking for work
- 4 Unemployed not looking for work
- 5 Not in the labor force – homemaker
- 6 Not in the labor force – student
- 7 Not in the labor force – retired
- 8 Not in the labor force – disabled
- 9 Not in the labor force – inmate of jail, prison, or other institution

AR = ARRESTS = Number of arrests 30 days prior to discharge, or since admission if less than 30 days.

Numeric value between 00 and 96.

LA = LIVING ARRANGEMENT = Living arrangement at discharge or, in the case of residential services, the arrangement to which the client is discharged.

- 01 Street, shelter, no fixed address, homeless
- 02 Private residence or household; living alone or with others without supervision; includes persons age 18 and older living with parents
- 03 Supported or semi-supervised residence
- 04 Specialized facility with on-site supervision
- 05 Other institution
- 06 Jail or correctional facility
- 07 Child under age 18 living with parents

NOTES:

The F scale above is an overall assessment of the client's familial, marital, significant other, or close friend relationships as follows:

Positive means supportive, constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.

Negative means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts.

Very Frequent means daily or nearly daily.

Frequent means at least weekly.

Occasional means at least monthly.

Significant Others include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

It is the provider's responsibility to verify the accuracy of the codes entered into the record for the A, E, and AR scales. These methods of verification may include collaterals (spouse, relative, significant others), structured clinical interview, records sources, drug tests, or pay stubs. Special audits of this data may be performed.

PURPOSE:

The data will be compared with admission data to assess changes.

TARGET GROUP (Field 36)

OPTIONAL

DEFINITION: Indicates the more specific AODA need and/or problem that best explains the primary reason this client is receiving services in a particular Standard Program Category. Target Group describes why this service is being delivered to the client, and thus may vary by service. If 74 is entered, then Yes should be entered in Field 11, Codependent/collateral.

CODES:

- 04 Alcohol abuse
- 05 Drug abuse
- 17 Intoxicated driver
- 18 Alcohol and other drug abuse
- 74 Family member/other of AODA client (codependent)

PURPOSE: To identify the number of and service usage of the above target groups.

SPC REVIEW DATE (Field 37)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

NOTES: An output report can be produced indicating when a review is due.

PURPOSE: For local use in case monitoring/case management.

DAYS OF CARE (Field 38)

REQUIRED FOR APPROPRIATE SPCs

DEFINITION: The number of days of care provided in each SPC/subprogram that require days reporting.

CODES: Enter up to 3 digits. No decimals allowed.

PURPOSE: To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

OTHER UNITS (Field 39)
REQUIRED FOR AODA SPCs

- DEFINITION: The number of program activity units the client has received.
- CODES: The appropriate number of units. This is a 5 digit field with a maximum of 2 decimal places.
- NOTES: This field is not required for non-AODA SPCs. It is allowable for emergency inpatient services (hours only).
- PURPOSE: To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

DELIVERY DATE MONTH/FULL YEAR (Field 40)
REQUIRED

- DEFINITION: The month and full year during which units of an SPC were delivered.
- CODES: Enter a 6 digit number in the format month/full year.
- PURPOSE: For easy production of reports connected to a particular month/full year.