KEPRO

West Virginia CareConnection for Behavioral Health Services

Provider to KEPRO File Layout

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
1	Agency_Request_Date	10	1	10	Date	DATE: MM/DD/YYYY	Date the CareConnection® was Completed	Core	1	1	X
2	Case_Status	2	11	12	Numeric		1=New Admission 2=Readmission of a D/C Case 4=Discharge 5=Crisis 8=Change in Level of Care 9=Update	Core	2	1	X
3	Agency_Id	10	13	22	Character			Core	3	1	X
4	Retired Field	40	23	62				Retired Field	4	1	
5	Clinician Name	30	63	92	Character	TEXT	LastName, FirstName	Core	5	1	X
6	Clinician Phone Number	10	93	102	Numeric	VALUE 10 DIGITS	_ _ _ _ _ _ _ _ _ _	Core	6	1	X
7	Consumer Last Name	20	103	122	Character	TEXT	LastName	Core	7	1	X
8	Consumer First Name	15	123	137	Character	TEXT	FirstName	Core	8	1	X
9	Consumer Middle Name	15	138	152	Character	TEXT	MiddleName	Core	9	1	X
10	Consumer_ID	11	153	163	Character	TEXT	_ _ _ _ _ _ _ _ _ _	Core	10	1	X
11	Consumer_Medicaid_Number	11	164	174	Character	Must contain 11 characters for Medicaid Eligibility Validation. (BHHF Contract Providers: If non-Medicaid Consumer, please enter 99999999999)	_ _ _ _ _ _ _ _ _ _ _	Core	11	1	X
12	Retired Field	6	175	180				Retired Field	12	2	
13	Gross_Monthly_Household_Income	6	181	186	Numeric	When reporting, the consumer's income is to be included in the total household income as reported to the IRS.	BHHF Contracted LBHC Providers may submit this data and must, in combination with Dependents_Household and necessary clinical data, in order for the Consumer's BHHF Eligibility to be determined. If this field is null, Contract Providers, as well as, other providers, will not received an error.	BHHF Only	1	2	X
14	Employment_Status	2	187	188	Numeric		2 Supported Work 3 Sheltered Work 4 In Employment Training 5 Not in Labor Force: Homemaker 6 Not in Labor Force: Student 7 Not in Labor Force: Retired 8 Not in Labor Force: Physically Impaired 9 Not Employed, Not Looking 10 Not Employed, but Looking 12 Volunteer 13 Competitive Employment - FT 14 Competitive Employment - PT 15 Not in Labor Force: Inmate of Institution 16 Not in Labor Force: Disabled 17 Not in Labor Force: Other	OP	1	**3**	X

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15	Consumer_County	2	189	190	Character		1 Barbour 2 Berkeley 3 Boone 4 Braxton 5 Brooke 6 Cabell 7 Calhoun 8 Clay 9 Doddridge 10 Fayette 11 Gilmer 12 Grant 13 Greenbrier 14 Hampshire 15 Hancock 16 Hardy 17 Harrison 18 Jackson 19 Jefferson 20 Kanawha 21 Lewis 22 Lincoln 23 Logan 24 McDowell 25 Marion 26 Marshall 27 Mason 28 Mercer 29 Mineral 30 Mingo 31 Monongalia 32 Monroe 33 Morgan 34 Nicholas 35 Ohio 36 Pendleton 37 Pleasants 38 Pocahontas 39 Preston 40 Putnam 41 Raleigh 42 Randolph 43 Ritchie 44 Roane 45 Summers 46 Taylor 47 Tucker 48 Tyler 49 Upsher 50 Wayne 51 Webster 52 Wetzel 53 Wirt 54 Wood 55 Wyoming 56 Out of State	Core	13	1	**X**
16	Consumer_SSN	9	191	199	Character	9 Characters	_ _ _ _ _ _ _ _ _	Core	14	1	**X**
17	Consumer_Birth_Date	10	200	209	Date	May not be greater than Agency_Request_Date or today's date.	MM/DD/YYYY	Core	18	1	**X**
18	Consumer_Gender	1	210	210	Numeric		1 Male 2 Female	Core	19	1	**X**

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19	Consumer_Referral_Source	2	211	212	Numeric		1 Individual / Self 2 Family or Friend 3 Police 4 Court or Correction Agency 5 School System or Education Agency 6 Social Services Agency 8 State or County Psychiatric Program 9 General Hospital Psychiatric Program 10 Other Inpatient/Residential Program 11 Alcohol Inpatient/Residential Program 12 Drug Abuse Inpatient Residential Program 13 Nursing Home / Extended Care 14 Community Residential Organization 15 Other Inpatient/Residential Organization (i.e., PRTF) 16 Multi-Service Mental Health Agency 17 Outpatient Psychiatric Agency 18 Private Psychiatrist 19 Other Physician 20 Other Private Pay Mental Health Practitioner 21 Partial Day Organization 22 Homeless/Abuse Shelter 23 Outpatient Alcohol Program 24 Outpatient Drug Program 25 Developmental Disabilities Program 26 Employer/Employee Assistance Program 27 Behavioral Health Organization 28 Multi-Disciplinary Team (MDT) 29 Advocacy Agency 30 Information and Referral Agency 31 Other Referral Source 32 Mental Hygiene 33 WV DHHR 34 Drug Court 35 Inpatient/Psychiatric Hospital	Core	20	1	**X**
20	Race_American_Indian	1	213	213	Numeric		1 - Yes 2 - No	OP	**110**	**3**	**X**
21	Race_Alaska_Native	1	214	214	Numeric		1 - Yes 2 - No	OP	**111**	**3**	**X**
22	Race_Asian	1	215	215	Numeric		1 - Yes 2 - No	OP	**112**	**3**	**X**
23	Race_Black_African_American	1	216	216	Numeric		1 - Yes 2 - No	OP	**113**	**3**	**X**
24	Race_Hawaiian_Pacific_Islander	1	217	217	Numeric		1 - Yes 2 - No	OP	**114**	**3**	**X**
25	Race_White	1	218	218	Numeric		1 - Yes 2 - No	OP	**115**	**3**	**X**
26	Race_Other	1	219	219	Numeric		1 - Yes 2 - No	OP	**116**	**3**	**X**
27	Consumer Ethnicity	2	220	221	Numeric		8 Not of Hispanic Origin 9 Puerto Rican 10 Mexican 11 Cuban 12 Other Specific Hispanic 13 Hispanic - Specific Origin Not Collected 14 Not Available/Unknown/Not Collected	OP	**2**	**3**	**X**

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28	Consumer_Living_Arrangement	2	222	223	Numeric		1 Own or Rent Non-Subsidized House/Apartment 2 Subsidized Rental House/Apartment 3 Supported Housing - Staff Supported 4 Rooming House - Hotel - YMCA 5 Private Boarding House 6 Home of Biological Parents 7 Adoptive Home 8 Home of Relative 9 Home of Friend 10 Homeless/Homeless Shelter 11 Family Emergency Shelter 12 Youth Emergency Shelter 13 Adult Family Care Home 14 Independent Living Group Home 15 Regular Foster Home 16 Treatment Foster Home 17 Specialized Family Care Home 18 Personal Care Home 19 Residential Group Treatment 20 Large Group Board & Care Home (>8) 21 Small Group Board & Care Home (8 and Less) 22 Wilderness Camp 23 Rest Home 24 Nursing Home 25 ICF-IID Group Home 26 Medical Hospital 27 Acute Care Psychiatric Facility 28 Long-Term Psychiatric Facility 29 Psychiatric Residential TX Facility (21yrs and Less) 30 Adult Drug/Alcohol Rehabilitation Center 31 Youth Drug/Alcohol Rehabiliation Center 32 Dependent Living (includes Halfway Houses) 33 Independent Support Setting (ISS) 34 Youth Correctional Center 35 Adult Correctional Center 36 Inpatient Psychiatric Facility 98 Other	OP	**3**	**3**	**X**
29	Length_Live_Arrange	3	224	226	Numeric			OP	**4**	**3**	**X**
30	Loss_Live_Arrange	2	227	228	Numeric		1 Not at Risk 2 At Risk 3 Currently Out of Home Placement	OP	**5**	**3**	**X**
31	Dependents_Household	2	229	230	Numeric	When reporting, the consumer is to be included in the number of dependents in the household.	BHHF Contracted LBHC Providers may submit this data and must, in combination with Gross_Monthly_Household_Income and necessary clinical data, in order for the Consumer's BHHF Eligibility to be determined. If this field is null, Contract Providers, as well as, other providers, will not received an error.	BHHF Only	2	2	**X**

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32	Grade_Level	2	231	232	Numeric		0 Zero Years 1 One Year 2 Two Years 3 Three Years 4 Four Years 5 Five Years 6 Six Years 7 Seven Years 8 Eight Years 9 Nine Years 10 Ten Years 11 Eleven Years 12 Twelve Years 13 Thirteen Years 14 Fourteen Years 15 Fifteen Years 16 Sixteen Years 17 Seventeen Years 18 Eighteen Years 19 Nineteen Years 20 Twenty Years 21 Greater than Twenty Years	OP	**6**	**3**	**X**
33	Educ_Status	2	233	234	Numeric		1 Preschool Program 2 Headstart 3 Regular Education 4 Special Education 5 Alternative School 6 GED Program 7 Homebound 8 Trade, Vocational or Technical 9 College (2 or 4 year programs) 10 Graduate School 11 Post Graduate School 12 Not in School	OP	**7**	**3**	**X**
34	Consumer_Legal_Status	2	235	236	Numeric		1 Non-Adjudicated (Delinquent or Status Offender) -Youth Only 2 Dependent (Abuse, Neglect, Abandonment) -Youth Only 5 Adjudicated Delinquent -Youth Only 7 No Legal Problems- Youth or Adult 8 Adjudicated Status Offender - Youth Only 9 One or More Arrests - Adult Only 10 Involuntary - Civil 11 Involuntary - Criminal Justice 12 Mental Health/Drug Court	OP	**8**	**3**	**X**
35	Guardianship	1	237	237	Numeric	1 or 2	1 Yes 2 No	OP	**9**	**3**	**X**
36	Guardianship_Description	2	238	239	Numeric	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_ last_name must be completed.	1 Both Parents 2 Mother Only 3 Father Only 4 Relative 5 Court Appointed Guardian 6 Temporary State Custody-Youth Only 7 State Ward - Youth Only 8 Other	OP	**10**	**3**	
37	Guardian_Last_Name	20	240	259	Character	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_ Firstname must be completed.	Text Field: LastName	OP	**11**	**3**	

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38	Guardian_Firstname	20	260	279	Character	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_address must be completed.	Text Field: FirstName	OP	**12**	**3**	
39	Guardian_Address	50	280	329	Character	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_ last_name must be completed.	Full Street, Route, P.O Box and/or Apartment Address	OP	**13**	**3**	
40	Guardian_City	30	330	359	Character	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_City must be completed.		OP	**14**	**3**	
41	Guardian_State	2	360	361	Character	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_State must be completed.	USPS Two Character State Abbreviations must be used	OP	**15**	**3**	
42	Guardian_ZipCode	10	362	371	Numeric	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_ZipCode must be completed.	_ _ _ _ _-_ _ _ _	OP	**16**	**3**	
43	Guardian_Phone_Number	10	372	381	Numeric	IF Guardianship = 1 (yes) THEN Guardian_ description, guardian_Phone_Number must be completed.	_ _ _ _ _ _ _ _ _ _	OP	**17**	**3**	
44	Protective_Services	2	382	383	Numeric		1=Never 2=Currently 3=In the Past	OP	**18**	**3**	**X**
45	Consumer_Primary_Disability_Group	2	384	385	Numeric		1=Mental Health 2=Substance Abuse 3=Intellectual Disability/Developmental Disability 4=Mental Health & Substance Abuse 5=Mental Health & ID/DD 6=Substance Abuse & ID/DD 7=Mental Health & Substance Abuse & ID/DD 8=Early Childhood/Intervention 9=Public Inebriate	Core	16	1	**X**
46	Retired Field(s)	2	386	387				Retired Field		11	

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47	Primary_Presenting_Problem	2	388	389	Numeric		1 = Abandonment 2 = Abuse: Physical, Psychological and/or Sexual 3 = Acting Out: Aggression 4 = Acting Out: Sexual 5 = Behavioral Problems 6 = Catastrophic Loss (i.e., theft, flood, fire) 7 = Change in Family Circumstances 8 = Criminal Charges: Drug Related 9 = Criminal Charges: Other, Not Drug Related 10 = Death / Bereavement 11 = Developmental Disability (Non-ID) 12 = Divorce / Marital Problems 13 = Fire Setting 14 = Housing 15 = Job / Job Loss / Work Related Problems 16 = Legal Reason / Legal Problem 17 = Mental Illness 18 = Moved to New Residence 19 = Intellectual Disabilities 20 = Neglect 21 = Physical Health Problems 22 = Physical Health Problems related to Substance Abuse 23 = Physical Disability / Handicap 24 = Pregnancy 25 = Relationship Problems 26 = School / Educational Problems 27 = Serious Illness Diagnosed 28 = Sibling Conflict 29 = Social Problems 30 = Substance Abuse: Drugs 31 = Substance Abuse: Alcohol 32 = Substance Abuse: During Pregnancy 33 = Suicidal / Suicide Attempt 34 = Other Mental Health Problems 35 = Other Substance Abuse Problem	OP	**19**	**3**	
48	Present_Problem2	2	390	391	Numeric		1 = Abandonment 2 = Abuse: Physical, Psychological and/or Sexual 3 = Acting Out: Aggression 4 = Acting Out: Sexual 5 = Behavioral Problems 6 = Catastrophic Loss (i.e., theft, flood, fire) 7 = Change in Family Circumstances 8 = Criminal Charges: Drug Related 9 = Criminal Charges: Other, Not Drug Related 10 = Death / Bereavement 11 = Developmental Disability (Non-ID) 12 = Divorce / Marital Problems 13 = Fire Setting 14 = Housing 15 = Job / Job Loss / Work Related Problems 16 = Legal Reason / Legal Problem 17 = Mental Illness 18 = Moved to New Residence 19 = Intellectual Disabilities 20 = Neglect 21 = Physical Health Problems 22 = Physical Health Problems related to Substance Abuse 23 = Physical Disability / Handicap 24 = Pregnancy 25 = Relationship Problems 26 = School / Educational Problems 27 = Serious Illness Diagnosed 28 = Sibling Conflict 29 = Social Problems 30 = Substance Abuse: Drugs 31 = Substance Abuse: Alcohol 32 = Substance Abuse: During Pregnancy 33 = Suicidal / Suicide Attempt 34 = Other Mental Health Problems 35 = Other Substance Abuse Problem 36 = No Additional Presenting Problem 38 = Parent/Child Conflict 39 = Concern about Sexual Identity/Orientation	OP	**20**	**3**	

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49	Present_Problem3	2	392	393	Numeric		1 = Abandonment 2 = Abuse: Physical, Psychological and/or Sexual 3 = Acting Out: Aggression 4 = Acting Out: Sexual 5 = Behavioral Problems 6 = Catastrophic Loss (i.e., theft, flood, fire) 7 = Change in Family Circumstances 8 = Criminal Charges: Drug Related 9 = Criminal Charges: Other, Not Drug Related 10 = Death / Bereavement 11 = Developmental Disability (Non-ID) 12 = Divorce / Marital Problems 13 = Fire Setting 14 = Housing 15 = Job / Job Loss / Work Related Problems 16 = Legal Reason / Legal Problem 17 = Mental Illness 18 = Moved to New Residence 19 = Intellectual Disabilities 20 = Neglect 21 = Physical Health Problems 22 = Physical Health Problems related to Substance Abuse 23 = Physical Disability / Handicap 24 = Pregnancy 25 = Relationship Problems 26 = School / Educational Problems 27 = Serious Illness Diagnosed 28 = Sibling Conflict 29 = Social Problems 30 = Substance Abuse: Drugs 31 = Substance Abuse: Alcohol 32 = Substance Abuse: During Pregnancy 33 = Suicidal / Suicide Attempt 34 = Other Mental Health Problems 35 = Other Substance Abuse Problem 36 = No Additional Presenting Problem 38 = Parent/Child Conflict 39 = Concern about Sexual Identity/Orientation	OP	**21**	**3**	
50	AXIS1 On the CareConnection Web Page this field will be labeled "Diagnosis One"	6	394	399	Character		Agency_Request_Date < 10/1/15 - DSM-IV:TR AXIS I Diagnostic Codes Only; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only	Core	17	1	X
51	AXIS12 On the CareConnection Web Page this field will be labeled "Diagnosis Two"	6	400	405	Character		Agency_Request_Date < 10/1/15 - DSM-IV:TR AXIS I Diagnostic Codes Only; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only	Core	18	1	X
52	AXIS2 On the CareConnection Web Page this field will be labeled "Diagnosis Four"	6	406	411	Character		Agency_Request_Date < 10/1/15 - DSM-IV:TR AXIS II Diagnostic Codes Only; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only	Core	19	1	X
53	AXIS22 On the CareConnection Web Page this field will be labeled "Diagnosis Five"	6	412	417	Character		Agency_Request_Date < 10/1/15 - DSM-IV:TR AXIS II Diagnostic Codes Only; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only	Core	20	1	X
54	AXIS3 On the CareConnection Web Page this field will be labeled "Diagnosis/Medical Condition"	24	418	441	Text		Use ICD-10 Code or Medical Condition Descriptor	OP	22	3	

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55	AXIS4 On the CareConnection Web Page this field will be labeled "Other Factor/Diagnosis"	2	442	443	Numeric	If Agency_Request_Date < 10/1/15 use only 0-9 values; If Agency_Request_Date >= 10/1/15 use only 10-52 values	0 = No Identified Stressor 1 = Problems with Primary Support Group 2 = Problems Related to the Social Environment 3 = Educational Problems 4 = Occupational Problems 5 = Housing Problems 6 = Economic Problems 7 = Problems with Access to Health Care 8 = Problems Related to Interactions with Legal System 9 = Other Psychosocial and Environmental Problems 10 = NONE No other factors 11 = V15.41 Personal history of abuse in childhool or Spousal/partner violence 12 = V15.49 other personal history of psychological trauma 13 = V15.59 personal history of self harm 14 = V15.89 other personal risk factors 15 = V15.81 Noncompliance with medical treatment 16 = V40.31 Wandering associated with a mental disorder 17 = V60.0 homelessness 18 = V60.1 inadequate housing 19 = V60.2 Lack of adequate food or safe drinking water, extreme poverty, low income, insufficient social insurance or welfare support 20 = V60.3 problem related to living alone 21 = V60.89 Discord with Neighbor, Lodger, or Landlord 22 = V60.6 Problem related to living in a residential institution 23 = V60.9 Unspecified Housing or economic problems 24 = V61.03 Disruption of Family by seperation or divorce 25 = V61.10 Relationship Distress with Spouse or Intimate Partner 26 = V61.11 Counseling for victim of spousal and partner abuse (physical, sexual, neglect, psychological) 27 = V61.12 Counseling for perpetrator of spousal and partner abuse (physical, sexual, neglect, psychological) 28 = V61.20 Parent-child Relational problem 29 = V61.21 Encounter for MH services for victim of child physical,	OP	23	3	
56	AXIS5	3	444	446	Numeric		Agency_Request_Date < 10/1/15 - Value Range: 0 - 100; Agency_Request_Date >= 10/1/15 - AXIS V not required	**OP**	**24**	**3**	
57	MRDD_WO_DSMIV_Diag On the CareConnection Web Page this field will be labeled "Developmentally Disabled without a DSM Diagnosis?"	1	447	447	Numeric		1 = Yes 2 = No	OP	**25**	**3**	**X**
58	Retired Field(s)	6	448	453				Retired Field		11	

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59	Medications	1	454	454	Numeric	IF 1 (YES) THEN at least one of meds_antidepressant, meds_anticholinergics, meds_moodstabilizer, meds_antipsychotic, **meds_antianxiety**, meds_anticonvulsant, meds_hypnotic, meds_ stimulant, or meds_ other must be a value from their list or text must be present in at least one of meds_antidepressant_ other, meds_anticholinergics_ other, meds_mood_other, meds_psychotic_other, meds_anxiety_other, meds_convulsant_other, meds_hypnotic_other, meds_stimulant_other or meds_ other_other OTHERWISE Error: No Medication has been reported.	1 =Yes 2 =No	OP	**26**	**3**	
60	Med_Antidepressant	4	455	458	Numeric	See Medication Note.	2010 Medication Values only	OP	**27**	**3**	
61	Med_Antidepressant_Other	20	459	478	Character		May be null value.	OP	**28**	**3**	
62	Med_Anticholinergics	4	479	482	Numeric	See Medication Note.	2010 Medication Values only	OP	**29**	**3**	
63	Med_Anticholinergic_Other	20	483	502	Character		May be null value.	OP	**30**	**3**	
64	MEDS_MoodStabilizer	4	503	506	Numeric	See Medication Note.	2010 Medication Values only	OP	**31**	**3**	
65	MEDS_Mood_Other	20	507	526	Character		May be null value.	OP	**32**	**3**	
66	MEDS_AntiPsychotic	4	527	530	Numeric	See Medication Note.	2010 Medication Values only	OP	**33**	**3**	
67	MEDS_Psychotic_Other	20	531	550	Character		May be null value.	OP	**34**	**3**	
68	MEDS_Antianxiety	4	551	554	Numeric	See Medication Note.	2010 Medication Values only	OP	**35**	**3**	
69	MEDS_Anxiety_Other	20	555	574	Character		May be null value.	OP	**36**	**3**	
70	MEDS_AntiConvulsant	4	575	578	Numeric	See Medication Note.	2010 Medication Values only	OP	**37**	**3**	
71	MEDS_Convulsant_Other	20	579	598	Character		May be null value.	OP	**38**	**3**	
72	MEDS_Hypnotic	4	599	602	Numeric	See Medication Note.	2010 Medication Values only	OP	**39**	**3**	
73	MEDS_Hypnotic_Other	20	603	622	Character		May be null value.	OP	**40**	**3**	
74	MEDS_Stimulant	4	623	626	Numeric	See Medication Note.	2010 Medication Values only	OP	**41**	**3**	
75	MEDS_Stimulant_Other	20	627	646	Character		May be null value.	OP	**42**	**3**	
76	MEDS_Other	4	647	650	Numeric	See Medication Note.	2010 Medication Values only	OP	**43**	**3**	
77	MEDS_Other_Other	20	651	670	Character		May be null value.	OP	**44**	**3**	
78	Meds_Efficacy	2	671	672	Numeric	If Medications = 1 (yes) then this field must be completed .	1 = Current medication protocol effectively reduces symptoms and aids improvement in functioning 2 = Current medication protocol has demonstrated a degree of efficacy but continued monitoring and/or adjustments will be required 3 = Current medication protocol is not effective and is being modified/discontinued by the physician 4 = Current medication protocol has not been implemented due to consumer non-compliance	OP	**108**	**3**	

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79	Meds_Compliance	2	673	674	Numeric	If Medications = 1 (yes) then this field must be completed .	1 = Member takes medication without prompts or direct assistance (Independent) 2 = Member takes medication with prompts and/or direct assistance from natural support systems (family, friends, peers) 3 = Member takes medication with prompts from the behavioral health provider 4= Member takes medication with direct assistance from the behavioral health provider 5= Member is non-compliant with the medication protocol	OP	**109**	**3**	
80	ABS_RC2_PERS_SELF_SUFF	2	675	676	Numeric	VALN0 1,2,3,4,5,6,7	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	1	5	
81	ABS_RC2_COMM_SELF_SUFF	2	677	678	Numeric	VALN0 1,2,3,4,5,6,7	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	2	5	
82	ABS_RC2_PERS_SOC_RESP	2	679	680	Numeric	VALN0 1,2,3,4,5,6,7	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	3	5	
83	ABS_RC2_SOCIAL_ADJ	2	681	682	Numeric	VALN0 1,2,3,4,5,6,7	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	4	5	
84	ABS_RC2_PERS_ADJ	2	683	684	Numeric	VALN0 1,2,3,4,5,6,7	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	5	5	

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85	ABS_S2_PERS_SELF_SUFF	2	685	686	Numeric	VALN0 1,2,3,4,5,6,7,9	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	6	5	
86	ABS_S2_COMM_SELF_SUFF	2	687	688	Numeric	VALN0 1,2,3,4,5,6,7,9	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	7	5	
87	ABS_S2_SOCIAL_ADJ	2	689	690	Numeric	VALN0 1,2,3,4,5,6,7,9	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	8	5	
88	ABS_S2_PERS_SOC_RESP	2	691	692	Numeric	VALN0 1,2,3,4,5,6,7,9	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	9	5	
89	ABS_S2_PERS_ADJ	2	693	694	Numeric	VALN0 1,2,3,4,5,6,7,9	1 = Very Poor 2 = Poor 3 = Below Average 4 = Average 5 = Above Average 6 = Superior 7 = Very Superior 9= This Assessment was not Required	Assessment	10	5	
90	CAFAS_Role_Perf_School_Work	1	695	695	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	11	5	
91	CAFAS_Role_Perf_Home	1	696	696	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	12	5	

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92	CAFAS_Role_Perf_Community	1	697	697	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	13	5	
93	CAFAS_Behavior_Towards_Others	1	698	698	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	14	5	
94	CAFAS_Moods_Emotions	1	699	699	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	15	5	
95	CAFAS_Moods_Selfharm	1	700	700	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	16	5	
96	CAFAS_Substance_Use	1	701	701	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	17	5	
97	CAFAS_Thinking	1	702	702	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score Z = This Assessment was not Required	Assessment	18	5	
98	CAFAS_PrimFam_Needs	1	703	703	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	19	5	
99	CAFAS_PrimFam_Support	1	704	704	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	20	5	
100	CAFAS_NonCust_Needs	1	705	705	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	21	5	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
101	CAFAS_NonCust_Support	1	706	706	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	22	5	
102	CAFAS_Surrogate_Needs	1	707	707	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	23	5	
103	CAFAS_Surrogate_Support	1	708	708	Character	VALUE A,B C,D,E,Z	A = 0 B = 10 C = 20 D = 30 E = Could not Score/Caregiver Score Not Required Z = This Assessment was not Required	Assessment	24	5	
104	CAFAS_TOTAL_SCORE	4	709	712	Numeric	BLANK ACCEPTABLE	Null Value Accepted if "Z = This Assessment/Subscale was Not Required" to ALL Questions 120 through 133	Assessment	25	5	
105	ASI_Medical_prob_Severity	1	713	713	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	26	5	
106	ASI_Emp_Sup_Prob_severity	1	714	714	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	27	5	
107	ASI_Alcohol_Prob_Severity	1	715	715	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	28	5	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
108	ASI_Drug_Prob_Severity	1	716	716	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	29	5	
109	ASI_Legal_Prob_Severity	1	717	717	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	30	5	
110	ASI_Fam_Soc_Prob_Severity	1	718	718	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	31	5	
111	ASI_Psych_Prob_Severity	1	719	719	Character	VALUE A,B C,D,E,F,G ,H,I,J,Z	A = 0 B = 1 C = 2 D = 3 E = 4 F = 5 G = 6 H = 7 I = 8 J = 9 Z = This Assessment was Not Required	Assessment	32	5	
112	ASI_Medical_prob_Score	5	720	724	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	33	5	
113	ASI_Emp_Sup_Prob_score	5	725	729	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	34	5	
114	ASI_Alcohol_Prob_Score	5	730	734	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	35	5	
115	ASI_Drug_Prob_Score	5	735	739	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	36	5	
116	ASI_Legal_Prob_Score	5	740	744	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	37	5	
117	ASI_Fam_Soc_Prob_Score	5	745	749	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	38	5	
118	ASI_Psych_Prob_Score	5	750	754	Character		_ . _ _ _ Allowed Value Range: 0.000 through 1.000	Assessment	39	5	
119	WV_Domain_summary1	1	755	755	Numeric	VALN0 1,2,3,4,5,9	1 = No Dysfunction 2 = Mild Dysfunction 3 = Moderate Dysfunction 4 = Marked Dysfunction 5 = Extreme Dysfunction 9 = This Assessment was not Required	Assessment	40	5	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
120	WV_Domain_summary2	1	756	756	Numeric	VALN0 1,2,3,4,5,9	1 = No Dysfunction 2 = Mild Dysfunction 3 = Moderate Dysfunction 4 = Marked Dysfunction 5 = Extreme Dysfunction 9 = This Assessment was not Required	Assessment	41	5	
121	WV_Domain_summary3	1	757	757	Numeric	VALN0 1,2,3,4,5,9	1 = No Dysfunction 2 = Mild Dysfunction 3 = Moderate Dysfunction 4 = Marked Dysfunction 5 = Extreme Dysfunction 9 = This Assessment was not Required	Assessment	42	5	
122	WV_Domain_summary4	1	758	758	Numeric	VALN0 1,2,3,4,5,9	1 = No Dysfunction 2 = Mild Dysfunction 3 = Moderate Dysfunction 4 = Marked Dysfunction 5 = Extreme Dysfunction 9 = This Assessment was not Required	Assessment	43	5	
123	WV_Domain_summary5	1	759	759	Numeric	VALN0 1,2,3,4,5,9	1 = No Dysfunction 2 = Mild Dysfunction 3 = Moderate Dysfunction 4 = Marked Dysfunction 5 = Extreme Dysfunction 9 = This Assessment was not Required	Assessment	44	5	
124	Treatment_History_Psychiatric_Hosp	1	760	760	Numeric		6 = Yes 7 = No	OP	**45**	**3**	
125	Treatment_History_Partial_Hosp	1	761	761	Numeric		6 = Yes 7 = No	OP	**46**	**3**	
126	Treatment_History_Crisis_Stab_Support	1	762	762	Numeric		6 = Yes 7 = No	OP	**47**	**3**	
127	Treatment_History_SA_Outpatient	1	763	763	Numeric		6 = Yes 7 = No	OP	**48**	**3**	
128	Treatment_History_SA_Inpatient_Res	1	764	764	Numeric		6 = Yes 7 = No	OP	**49**	**3**	
129	Safety_Suicidal_History	1	765	765	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**50**	**3**	
130	Safety_Homicidal_History	1	766	766	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**51**	**3**	
131	Safety_Hostile_History	1	767	767	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**52**	**3**	
132	Safety_violent_History	1	768	768	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**53**	**3**	
133	Safety_self_neglect_History	1	769	769	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**54**	**3**	
134	Safety_self_injurious_History	1	770	770	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**55**	**3**	
135	Socialization_Opp_behavior_History	1	771	771	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**56**	**3**	
136	Thought_hallucinations_History	1	772	772	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**57**	**3**	
137	Thought_Delusions_History	1	773	773	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**58**	**3**	
138	Thought_Paranoia_History	1	774	774	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**59**	**3**	
139	AES_Depression_History	1	775	775	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**60**	**3**	
140	AES_Anxiety_History	1	776	776	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**61**	**3**	
141	AES_Panic_History	1	777	777	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**62**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
142	AES_Phobic_History	1	778	778	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**63**	**3**	
143	AES_Manic_History	1	779	779	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**64**	**3**	
144	AES_Hyperactivity_History	1	780	780	Numeric		1 = Symptom Never Present 6 = 1 to 180 Days	OP	**65**	**3**	
145		1	781	781			No longer validated. Data submitted will be discarded. Record will not error when there is or is not data submitted in this field	Retired Field		11	
146	Mental_Status_Speech	1	782	782	Numeric		1=Within Normal Limits 2=Incoherent 3=Slurred 4=Rapid 5=Pressured 6=Mutism 7=Stuttering 8=Blocked	OP	**66**	**3**	
147	Mental_Status_Appearance	1	783	783	Numeric		1=Within Normal Limits 2=Disheveled 3=Bizarre 4=Unkempt 5=Meticulous	OP	**67**	**3**	
148	Mental_Status_Thought_Content	1	784	784	Numeric		1=Within Normal Limits 2=Tangential 3=Flight of Ideas 4=Thought Blocking 5=Loose Association 6=Perseveration 7=Conceptual Disorganization	OP	**68**	**3**	
149	Mental_Status_Sociability	1	785	785	Numeric		1=Within Normal Limits 2=Isolation 3=Disinhibited 4=Gregarious 5=Inhibited 7=Withdrawn 8=Inappropriate	OP	**69**	**3**	
150		1	786	786			No longer validated. Data submitted will be discarded. Record will not error when there is or is not data submitted in this field	Retired Field		11	
151	Treatment_Motivation_Acuity	1	787	787	Numeric		6 Minimal 7 Moderate 8 High	OP	**70**	**3**	
152	Relapse_Potential_acuity	1	788	788	Numeric	If Current or History of SA_USE = Yes then mandatory completion of this field	6 Low Risk 7 High Risk	OP	**71**	**3**	
153	AES_Depression_Acuity	1	789	789	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**72**	**3**	
154	AES_Guilt_Acuity	1	790	790	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**73**	**3**	
155	AES_Anxiety_Acuity	1	791	791	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**74**	**3**	
156	~~No longer validated. Data submitted will be discarded. Record will not error when there is or is not data submitted in this field~~	1	792	792				Retired Field		11	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
157	AES_Hope_helplessness_Acuity	1	793	793	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**75**	**3**	
158	AES_Apathy_Acuity	1	794	794	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**76**	**3**	
159	AES_Panic_Acuity	1	795	795	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**77**	**3**	
160	AES_Phobic_Acuity	1	796	796	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**78**	**3**	
161	AES_Manic_Acuity	1	797	797	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**79**	**3**	
162	AES_Agitation_Acuity	1	798	798	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**80**	**3**	
163	AES_Hi_Lo_energy_Acuity	1	799	799	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**81**	**3**	
164	AES_Hyperactivity_Acuity	1	800	800	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**82**	**3**	
165	AES_Distractability_Acuity	1	801	801	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**83**	**3**	
166	Retired Field	11	802	812			No longer validated. Data submitted will be discarded. Record will not error when there is or is not data submitted in this field	Retired Field		3	
167	Thought_poor_concentration_acuity	1	813	813	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**88**	**3**	
168	Thought_suspiciousness_acuity	1	814	814	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**89**	**3**	
169	Retired Field	1	815	815				Retired Field	22	11	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
170	Socialization_Opp_behavior_acuity	1	816	816	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**90**	**3**	
171	Socialization_Withdrawal_acuity	1	817	817	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**91**	**3**	
172	Socialization_Impulsivity_acuity	1	818	818	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**92**	**3**	
173	~~0~~	1	819	819				Retired Field		11	
174	Socialization_Bizarre_Behavior_acuity	1	820	820	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**93**	**3**	
175	Safety_suicidal_acuity	1	821	821	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**94**	**3**	
176	Safety_Homicidal_acuity	1	822	822	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**95**	**3**	
177	Safety_Hostile_acuity	1	823	823	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**96**	**3**	
178	Safety_violent_acuity	1	824	824	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**97**	**3**	
179	Safety_self_neglect_acuity	1	825	825	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**98**	**3**	
180	Safety_self_injurious_acuity	1	826	826	Numeric		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**99**	**3**	
181	Functional_Status_School	1	827	827	Numeric		5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**100**	**3**	
182	Functional_Status_DayLive	1	828	828	Numeric		5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**101**	**3**	
183	Functional_Status_maintains_relationships	1	829	829	Numeric		5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**102**	**3**	
184	Retired Field	1	830	830				Retired Field		11	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
185	Functional_Status_pers_safety	1	831	831	Numeric		5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**103**	**3**	
186	Functional_Status_accesses_other	1	832	832	Numeric		5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**104**	**3**	
187	Treatment_Plan_Summary1	2	833	834	Numeric		1 = Physical Health 2 = Psychological Distress 3 = Psychiatric Symptoms 4 = Substance abuse behaviors 5 = Maladaptive, antisocial behaviors 6 = Self-injurious or suicidal behaviors 7 = Interpersonal relations 8 = ADL Skill Building 9 = Maintaining ADL 11=Co-occurring MI/SA Symptoms 12=Assessment/Evaluation Only 13=Sexualized Behaviors	Core	21	1	
188	Treatment_Plan_Summary2	2	835	836	Numeric		1 = Physical Health 2 = Psychological Distress 3 = Psychiatric Symptoms 4 = Substance abuse behaviors 5 = Maladaptive, antisocial behaviors 6 = Self-injurious or suicidal behaviors 7 = Interpersonal relations 8 = ADL Skill Building 9 = Maintaining ADL 10 = No Additional Problems/ Focus 11=Co-occurring MI/SA Symptoms 13=Sexualized Behaviors	OP	**105**	**3**	
189	Treatment_Plan_Summary3	2	837	838	Numeric		1 = Physical Health 2 = Psychological Distress 3 = Psychiatric Symptoms 4 = Substance abuse behaviors 5 = Maladaptive, antisocial behaviors 6 = Self-injurious or suicidal behaviors 7 = Interpersonal relations 8 = ADL Skill Building 9 = Maintaining ADL 10 = No Additional Problems/ Focus 11=Co-occurring MI/SA Symptoms 13=Sexualized Behaviors	OP	**106**	**3**	
190	Treatment_Plan_Summary_Other	255	839	1093	Text			OP	**107**	**3**	
191	Case_Discussion_Text_Field	255	1094	1348	Text		Not Validated, may be blank	Core	22	1	
192	TX_Plan_Type	1	1349	1349		If TX_Plan_Type = 1 Initial Plan then Treatment_Service_plan_Status Must = 1 Recent Admission	1 Initial Plan 2 Master Plan	Core	23		
193	Socialization_Weight_Change	1	1350	1350	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**117**		
194	Socialization_Change_Sleep	1	1351	1351	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**118**		
195	Consumer_Address	50	1352	1401	Character		Full Street, Route, P.O Box and/or Apartment Address of Current Residence	Core	24	1	
196	Consumer_City	30	1402	1431	Character		Full City of Current Residence	Core	25	1	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
197	Consumer_State	2	1432	1433	Character		Use USPS Two Character State Abbreviation of Consumer's Current Residence	Core	26	1	
198	Consumer_ZipCode	10	1434	1443	Character	_ _ _ _ _-_ _ _ _	First Five Digits of Zip Code of Current Residence are mandatory. Please report entire zip code with hyphen when known.	Core	27	1	
199	Consumer_Marital_Status	1	1444	1444	Character		1=Married 2=Separated 3=Widowed 4=Divorced 5=Never Married 6=Single 7=Unknown/Not Available	Core	28	1	
200	Consumer_Participation_Status	1	1445	1445	Character		1=Voluntary 2=Involuntary 3=Emergent 4=Court-Ordered 5=Observation	Core	29	1	
201	**AXIS _I_Tertiary On the CareConnection Web Page this field will be labeled "Diagnosis Three"**	**6**	**1446**	**1451**	**Character**		**Agency_Request_Date < 10/1/15 - DSM-IV:TR AXIS I Diagnostic Codes Only; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only**	**Core**	**30**	**1**	
202	**AXIS_I_or_II On the CareConnection Web Page this field will be labeled "Additional Diagnosis"**	**6**	**1452**	**1457**	**Character**		**Agency_Request_Date < 10/1/15 - DSM-IV: TR Axis I or Axis II Diagnostic Codes; Agency_Request_Date >= 10/1/15 - DSM-V Diagnostic Codes Only**	**OP**	**119**	**3**	
203	Treatment_Service_Plan_Status	1	1458	1458			1=Recent Admission 2=Current Plan Maintained with No Progress 3=Current Plan Modified with Changes in both services and intensity 4=Current Plan Modified with Changes in Intensity of Service 5=Current Plan Modified with Changes in Service Array 6=Current Plan Maintained, Progress but Goals Not Met	Core	31	1	
204	Mental_Status_Orientation_Person	1	1459	1459	Character		1 - Yes 2 - No	OP	**120**	**3**	
205	Mental_Status_Orientation_Place	1	1460	1460	Character		1 - Yes 2 - No	OP	**121**	**3**	
206	Mental_Status_Orientation_Time	1	1461	1461	Character		1 - Yes 2 - No	OP	**122**	**3**	
207	Mental_Status_Orientation_Situation	1	1462	1462	Character		1 - Yes 2 - No	OP	**123**	**3**	
208	Mental_Status_Recall_Memory	1	1463	1463	Character		1=Normal 2=Short Term/Working Memory 3=Remote	OP	**124**	**3**	
209	Mental_Status_Coping_Ability	2	1464	1465	Character		1 Normal 2 Resilient 3 Deficient Supports 4 Deficient Skills 5 Exhausted 6 Overwhelmed 7 Improving	OP	**125**	**3**	
210	Mental_Status_Affect	2	1466	1467	Character		1 Appropriate 2 Blunted 3 Labile 4 Flat 5 Broad 6 Restricted	OP	**126**	**3**	
211	Treatment_Hx_ PRTF	1	1468	1468	Numeric	6 or 7	6 Yes 7 No	OP	**127**	**3**	
212	Treatment_Hx_IOP_Services	1	1469	1469	Numeric	6 or 7	6 Yes 7 No	OP	**128**	**3**	
213	Treatment_Hx_ BH_Residential	1	1470	1470	Numeric	6 or 7	6 Yes 7 No	OP	**129**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
214	Consumer_Legal_Status_Lifetime	2	1471	1472	Numeric	1 or 2 or 5 or 7 or 8 or 9 or 10 or 11 or 12	1 Non-Adjudicated (Delinquent or Status Offender) -Youth Only 2 Dependent (Abuse, Neglect, Abandonment) -Youth Only 5 Adjudicated Delinquent -Youth Only 7 No Legal Problems- Youth or Adult 8 Adjudicated Status Offender - Youth Only 9 One or More Arrests - Adult Only 10 Involuntary - Civil 11 Involuntary - Criminal Justice 12 Mental Health/Drug Court	OP	**130**	**3**	
215	Socialization_Verbal_Aggression	1	1473	1473	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**131**	**3**	
216	Socialization_Physical_Aggression	1	1474	1474	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**132**	**3**	
217	Socialization_Complusion	1	1475	1475	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**133**	**3**	
218	Socialization_Sexually_Acting_Out	1	1476	1476	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**134**	**3**	
219	Socialization_Sexually_Reactive	1	1477	1477	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**135**	**3**	
220	Thought_Circumstantial_Thinking	1	1478	1478	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**136**	**3**	
221	Thought_Obsessions_Intrusive_Thoughts	1	1479	1479	Character		1=Not Present 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis	OP	**137**	**3**	
222	SA_Current_Use_Substance	1	1480	1480	Character		1 Yes 2 No	OP	**138**	**3**	
223	SA_History_Use_Substance	1	1481	1481	Character		1 Yes 2 No	OP	**139**	**3**	
224	SA_Use_Cannabis	1	1482	1482	Character		1 Yes 2 No	OP	**140**	**3**	
225	SA_Use_CNS_Depressants	1	1483	1483	Character		1 Yes 2 No	OP	**141**	**3**	
226	SA_Use_Alcohol	1	1484	1484	Character		1 Yes 2 No	OP	**142**	**3**	
227	SA_Use_Stimulants	1	1485	1485	Character		1 Yes 2 No	OP	**143**	**3**	
228	SA_Use_Opioid_Morphine_Derivatives	1	1486	1486	Character		1 Yes 2 No	OP	**144**	**3**	
229	SA_Use_Hallucinogens	1	1487	1487	Character		1 Yes 2 No	OP	**145**	**3**	
230	SA_Use_Other_Substance	1	1488	1488	Character		1 Yes 2 No	OP	**146**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
231	SA_Frequency_Use	1	1489	1489	Character		1 Daily 2 Periodic 3 Binge Use	OP	**147**	**3**	
232	SA_Date_Last_Use	10	1490	1499	Date		MM/DD/YYYY Must be less than Agency_Request_Date and Start Date of Service being requested AND greater than the consumer's date of birth.	OP	**148**	**3**	
233	SA_Withdrawal_Potential	1	1500	1500	Character		1 Yes 2 No	OP	**149**	**3**	
234	Functional_Social_Situations	1	1501	1501	Character	5 or 6 or 7 or 8	5 = Not Applicable 6 = No Impairment/Independent 7 = Limited Impairment 8 = Significant Impairment	OP	**150**	**3**	
235	Functional_ADL_Nutritional_Aware	1	1502	1502	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**151**	**3**	
236	Functional_ADL_Meal_Prep_Cleanup	1	1503	1503	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**152**	**3**	
237	Functional_ADL_ Personal_Hygiene	1	1504	1504	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**153**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
238	Functional_ADL_Childcare_Parenting	1	1505	1505	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**154**	**3**	
239	Functional_ADL_Household_Tasks	1	1506	1506	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**155**	**3**	
240	Functional_ADL_Minor_Physical_Problems	1	1507	1507	Character	If Functional_Status_Day Live = 7 or 8 then at least one of the following fields must = Yes: Functional_ADL_Nutritional_Aware or Functional_ADL_Meal_Prep_Cleanup or Functional_ADL_Personal_Hygiene or Functional_ADL_Childcare_Parenting or Functional_ADL_Household_Tasks or Functional_ADL_Minor_Physical_Problems	1 Yes 2 No	OP	**156**	**3**	
241	Support_Family_Friends	1	1508	1508	Character		1 Yes 2 No	OP	**157**	**3**	
242	Support_Peer_Oriented_Services	1	1509	1509	Character		1 Yes 2 No	OP	**158**	**3**	
243	Support_Self_Help	1	1510	1510	Character		1 Yes 2 No	OP	**159**	**3**	
244	Support_Rec_Community_Activities	1	1511	1511	Character		1 Yes 2 No	OP	**160**	**3**	
245	Support_Other	1	1512	1512	Character		1 Yes 2 No	OP	**161**	**3**	
246	Support_None	1	1513	1513	Character		1 Yes 2 No	OP	**162**	**3**	
247	Med_Antidepressant_Dose	15	1514	1528	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**163**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
248	Med_Antidepressant_Other_Dose	15	1529	1543	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**164**	**3**	
249	Med_Anticholinergics_Dose	15	1544	1558	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**165**	**3**	
250	Med_Anticholinergic_Other_Dose	15	1559	1573	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**166**	**3**	
251	MEDS_MoodStabilizer_Dose	15	1574	1588	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**167**	**3**	
252	MEDS_Mood_Other_Dose	15	1589	1603	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**168**	**3**	
253	MEDS_AntiPsychotic_Dose	15	1604	1618	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**169**	**3**	
254	MEDS_Psychotic_Other_Dose	15	1619	1633	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**170**	**3**	
255	MEDS_Antianxiety_Dose	15	1634	1648	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**171**	**3**	
256	MEDS_Anxiety_Other_Dose	15	1649	1663	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**172**	**3**	
257	MEDS_AntiConvulsant_Dose	15	1664	1678	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**173**	**3**	
258	MEDS_Convulsant_Other_Dose	15	1679	1693	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**174**	**3**	
259	MEDS_Hypnotic_Dose	15	1694	1708	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**175**	**3**	
260	MEDS_Hypnotic_Other_Dose	15	1709	1723	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**176**	**3**	
261	MEDS_Stimulant_Dose	15	1724	1738	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**177**	**3**	
262	MEDS_Stimulant_Other_Dose	15	1739	1753	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**178**	**3**	
263	MEDS_Other_Dose	15	1754	1768	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**179**	**3**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
264	MEDS_Other_Other_Dose	15	1769	1783	Character		Mandatory when a High Intensity Service is Requested and a Medication was Selected in the category 'parent' field. For instance, if Med_Antidepressant is not null, then this field is to be completed with requesting a High Intensity Service.	OP	**180**	**3**	
265	Risk_Risk_to_Self	2	1784	1785	Character		1 none 2 ideation only 3 ideation with plan 4 ideation with means 5 ideation with attempt(s) in last year 6 ideation with prior attempts > 1 year 7 ideation with family/peer history 8 ideation with previous attempts and family/peer history 9 plan 10 plan with attempt(s) in last year 11 plan with attempts > 1 year 12 plan with family/peer history 13 plan with previous attempts and family/peer history 14 means 15 means with attempt(s) in last year 16 means with attempts > 1 year 17 means with family/peer history 18 means with attempts and family/peer history 19 assessed lethality warrants inpatient hospitalization 20 plan and means 21 plan and means with attempt(s) in last year 22 plan and means with attempts > 1 year 23 plan and means with family/peer history 24 plan and means with attempts and family/peer history	Risk Assessment	**1**	**4**	
266	Risk_Risk_to_Others	2	1786	1787	Character		1 none 2 ideation only 3 ideation with plan 4 ideation with means 5 ideation with plan and means 6 ideation with prior attempts 7 ideation with plan, means and prior attempts 8 plan 9 plan with means 10 plan with means and prior attempts 11 plan with prior attempts 12 means with prior attempts 13 Assessed lethality warrants inpatient hospitalization	Risk Assessment	**2**	**4**	
267	Risk_No_Harm_Contract	1	1788	1788	Character		1 Self 2 Declined / Not offered 3 Others 4 Self/Others	Risk Assessment	**3**	**4**	
268	Risk_Physical_Sexual Abuse_Victim	1	1789	1789	Character	If Risk_None = Yes then this field must = 2 (No)	1 Yes 2 No	Risk Assessment	**4**	**4**	
269	Risk_Physical_Sexual Abuse_Perpetrator	1	1790	1790	Character	If Risk_None = Yes then this field must = 2 (No)	1 Yes 2 No	Risk Assessment	**5**	**4**	
270	Risk_Anorexia	1	1791	1791	Character	If Risk_None = Yes then this field must = 2 (No)	1 Yes 2 No	Risk Assessment	**6**	**4**	
271	Risk_Bulimia	1	1792	1792	Character	If Risk_None = Yes then this field must = 2 (No)	1 Yes 2 No	Risk Assessment	**7**	**4**	
272	Risk_Child_Elder_Neglect	1	1793	1793	Character	If Risk_None = Yes then this field must = 2 (No)	1 Yes 2 No	Risk Assessment	**8**	**4**	
273	Risk_None	1	1794	1794	Character		1 Yes 2 No	Risk Assessment	**9**	**4**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
274	IP_Type_of_Program	2	1795	1796			1 Mental Health 2 SA-Addiction Only Services 3 SA-Dual Diagnosis Capable 4 SA-Dual Diagnosis Enhanced	Intensive Program	**1**	**7**	
275	IP _Program_Name	100	1797	1896	Text			Intensive Program	**2**	**7**	
276	IP_EBP	2	1897	1898			1 Ecosystemic Family Therapy 2 Integrated Dual Diagnosis Treatment 3 Cognitive Behavioral Therapy 4 Multi-Systemic Family Therapy 5 Other 6 None	Intensive Program	**3**	**7**	
277	IP_ASAM_Risk_Withdrawal	1	1899	1899		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**4**	**7**	
278	IP_ASAM_Risk_BioMed_Cond	1	1900	1900		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**5**	**7**	
279	IP_ASAM_Emo_Beh_Cog	1	1901	1901		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**6**	**7**	
280	IP_ASAM_Risk_Ready_Change	1	1902	1902		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**7**	**7**	
281	IP_ASAM_Risk_Relapse_ContUse	1	1903	1903		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**8**	**7**	
282	IP_ASAM_Risk_Recovery_Enviro	1	1904	1904		If IP_Type_of_Program not = Mental Health then this field must be completed, otherwise it may be blank.	1 Low 2 Medium 3 High	Intensive Program	**9**	**7**	
283	Res__Suicide_Precautions	1	1905	1905	Character		1 Yes 2 No	Residential	**1**	**6**	
284	Res_Homicide_Precautions	1	1906	1906	Character		1 Yes 2 No	Residential	**2**	**6**	
285	Res_Elopement_AWOL_Precautions	1	1907	1907	Character		1 Yes 2 No	Residential	**3**	**6**	
286	Res_Assault_Precautions	1	1908	1908	Character		1 Yes 2 No	Residential	**4**	**6**	
287	Res_Sex_Offender_Precautions	1	1909	1909	Character		1 Yes 2 No	Residential	**5**	**6**	
288	Res_Fire_Setting_Precautions	1	1910	1910	Character		1 Yes 2 No	Residential	**6**	**6**	
289	Res_Critical_Incidents	1	1911	1911	Character	If Res_Critical_Incidents = 1 (Yes), then Res_CI_Number_of_Incidents must be > 0	1 Yes 2 No	Residential	**7**	**6**	
290	Res_CI_Number_Incidents	2	1912	1913	Character	If Res_Critical_Incidents = 1 Yes then this field, Res_CI_Number_Incidents must > 0	Positive Integer if Res_Critical_Incidents = 1 (Yes).	Residential	**8**	**6**	
291	Res_Self_Injury_Precautions	1	1914	1914	Character	If Res_Self_Injury_Incidents = 1 (Yes), then Res_SI_Number_Incidents must be > 0	1 Yes 2 No	Residential	**9**	**6**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
292	Res_SI_Number_Incidents	2	1915	1916	Character	If Res_Self_Injury = 1 Yes then this field, Res_SI_Number_Incidents must > 0	Positive Integer if Res_Self_Injury_Incidents = 1 (Yes).	Residential	**10**	**6**	
293	Res_Restraints_Utilized	1	1917	1917	Character		1 Yes 2 No	Residential	**11**	**6**	
294	Res_RU_Number this Period	1	1918	1918	Character		1 One-Two 2 Three-Five 3 Six and Greater	Residential	**12**	**6**	
295	Res_RU_Type	1	1919	1919	Character		1 Mechanical 2 Physical 3 Mechanical & Physical 4 Chemical 5 Mechanical & Chemical 6 Physical & Chemical 7 Mechanical, Physical & Chemical	Residential	**13**	**6**	
296	Res_Family_Participation	1	1920	1920	Character	If Res_Family_Participation = 1 (Yes), then Res_Family_Parents and/or Sibling and/or Guardian and/or Foster Parents and/or Other must = 1 (Yes).	1 Yes 2 No	Residential	**14**	**6**	
297	Res_Family_ Parents	1	1921	1921	Character	See Res_Family_Participation Note.	1 Yes 2 No	Residential	**15**	**6**	
298	Res_Family_Sibling	1	1922	1922	Character	See Res_Family_Participation Note.	1 Yes 2 No	Residential	**16**	**6**	
299	Res_Family_Guardian	1	1923	1923	Character	See Res_Family_Participation Note.	1 Yes 2 No	Residential	**17**	**6**	
300	Res_Family_Foster_Parents	1	1924	1924	Character	See Res_Family_Participation Note.	1 Yes 2 No	Residential	**18**	**6**	
301	Res_Family_Other	1	1925	1925	Character	See Res_Family_Participation Note.	1 Yes 2 No If Yes than must complete Res_Family_Other_Describe	Residential	**19**	**6**	
302	Res_Family_Other_Describe	50	1926	1975	Character	If Res_Family_Other = 1 Yes, then this must be completed.	If Res_Family_Other = 2 No and this >0 then error.	Residential	**20**	**6**	
303	Res_Family_Involvement_Therapy	1	1976	1976	Character		1 Yes 2 No	Residential	**21**	**6**	
304	Res_Family_Involvement_Visitation	1	1977	1977	Character		1 Yes 2 No	Residential	**22**	**6**	
305	Res_Family_Involvement_Telephone	1	1978	1978	Character		1 Yes 2 No	Residential	**23**	**6**	
306	Res_Number_Home_Visits	2	1979	1980	Character		1 Zero 2 One 3 Two 4 Three 5 Four 6 Five 7 Six or Greater	Residential	**24**	**6**	
307	Res_Admit_Impairment_Interfers	1	1981	1981	Character		1 Yes 2 No	Residential	**25**	**6**	
308	Res_Admit_Impair_Requires_This_LOC	1	1982	1982	Character		1 Yes 2 No	Residential	**26**	**6**	
309	Res_Admit_Impairments_Home_School	1	1983	1983	Character		1 Yes 2 No	Residential	**27**	**6**	
310	Res_Admit_Stepdown	1	1984	1984	Character		1 Yes 2 No	Residential	**28**	**6**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
311	Res_Progress_Level	1	1985	1985	Character	If Case_Status = Update then one of then this field must be completed.	1 Symptom decline since admission, pending discharge 2 New symptom severity and functional impairments require this level of care 3 Progress has been limited & TX plan is being modified 4 Individual is not able to sustain gains made without this level of care 5 Symptoms & functional impairments have diminished but continuing disturbances are present 6 Demonstrating progress, privileges increasing or therapeutic passes occurring without difficult 7 New symptom severity and functional impairments require more intensive treatment	Residential	**29**	**6**	
312		5	1986	1990			No longer validated. Data submitted will be discarded. Record will not error when there is or is not data submitted in this field	Retired Field	**30**	**6**	
313	Res_DC_Plan	1	1991	1991	Character		1 Return to Previous Environment with OP Services 2 Intensive Outpatient/Partial Hospitalization 3 Modified Environment with Outpatient Services 4 PRTF 5 Higher Level of Care 6 Transitional/Independent Living 7 Lower Level of Residential Care 8 No Further Services	Residential	**35**	**6**	
314	Res_DC_Anticipated_Date_DC	10	1992	2001	Date		MM/DD/YYYY Must be greater than Agency_Request_Date and the Start Date of Service being requested and the consumer's date of birth.	Residential	**36**	**6**	
315	CANS_1_sexual_abuse	1	2002	2002	Character		0 or 1 or 2 or 3 or 4	Residential	**37**	**6**	
316	CANS_2_physical_abuse	1	2003	2003	Character		0 or 1 or 2 or 3 or 4	Residential	**38**	**6**	
317	CANS_3_emotional_abuse	1	2004	2004	Character		0 or 1 or 2 or 3 or 4	Residential	**39**	**6**	
318	CANS_4_neglect	1	2005	2005	Character		0 or 1 or 2 or 3 or 4	Residential	**40**	**6**	
319	CANS_5_medical_trauma	1	2006	2006	Character		0 or 1 or 2 or 3 or 4	Residential	**41**	**6**	
320	CANS_6_witness_to_family_violence	1	2007	2007	Character		0 or 1 or 2 or 3 or 4	Residential	**42**	**6**	
321	CANS_7_community_violence	1	2008	2008	Character		0 or 1 or 2 or 3 or 4	Residential	**43**	**6**	
322	CANS_8_school_violence	1	2009	2009	Character		0 or 1 or 2 or 3 or 4	Residential	**44**	**6**	
323	CANS_9_natural_or_manmade_disasters	1	2010	2010	Character		0 or 1 or 2 or 3 or 4	Residential	**45**	**6**	
324	CANS_10_war_affected	1	2011	2011	Character		0 or 1 or 2 or 3 or 4	Residential	**46**	**6**	
325	CANS_11_terrorism_affected	1	2012	2012	Character		0 or 1 or 2 or 3 or 4	Residential	**47**	**6**	
326	CANS_12_witness_victim_to_criminal_activity	1	2013	2013	Character		0 or 1 or 2 or 3 or 4	Residential	**48**	**6**	
327	CANS_13_parental_criminal_behavior	1	2014	2014	Character		0 or 1 or 2 or 3 or 4	Residential	**49**	**6**	
328	CANS_14_adjustment_to_trauma	1	2015	2015	Character		0 or 1 or 2 or 3 or 4	Residential	**50**	**6**	
329	CANS_15_traumatic_grief_separation	1	2016	2016	Character		0 or 1 or 2 or 3 or 4	Residential	**51**	**6**	
330	CANS_16_reexperiencing	1	2017	2017	Character		0 or 1 or 2 or 3 or 4	Residential	**52**	**6**	
331	CANS_17_avoidance	1	2018	2018	Character		0 or 1 or 2 or 3 or 4	Residential	**53**	**6**	
332	CANS_18_numbing	1	2019	2019	Character		0 or 1 or 2 or 3 or 4	Residential	**54**	**6**	
333	CANS_19_dissociation	1	2020	2020	Character		0 or 1 or 2 or 3 or 4	Residential	**55**	**6**	
334	CANS_20_family	1	2021	2021	Character		0 or 1 or 2 or 3 or 4	Residential	**56**	**6**	
335	CANS_21_interpersonal	1	2022	2022	Character		0 or 1 or 2 or 3 or 4	Residential	**57**	**6**	
336	CANS_22_educational_setting	1	2023	2023	Character		0 or 1 or 2 or 3 or 4	Residential	**58**	**6**	
337	CANS_23_vocational	1	2024	2024	Character		0 or 1 or 2 or 3 or 4	Residential	**59**	**6**	
338	CANS_24_coping_and_savoring_skills	1	2025	2025	Character		0 or 1 or 2 or 3 or 4	Residential	**60**	**6**	
339	CANS_25_optimism	1	2026	2026	Character		0 or 1 or 2 or 3 or 4	Residential	**61**	**6**	
340	CANS_26_talent/interests	1	2027	2027	Character		0 or 1 or 2 or 3 or 4	Residential	**62**	**6**	
341	CANS_27_spiritual/religious	1	2028	2028	Character		0 or 1 or 2 or 3 or 4	Residential	**63**	**6**	
342	CANS_28_community_life	1	2029	2029	Character		0 or 1 or 2 or 3 or 4	Residential	**64**	**6**	
343	CANS_29_relationship_permanence	1	2030	2030	Character		0 or 1 or 2 or 3 or 4	Residential	**65**	**6**	
344	CANS_30_resilience	1	2031	2031	Character		0 or 1 or 2 or 3 or 4	Residential	**66**	**6**	
345	CANS_31_resourcesfulness	1	2032	2032	Character		0 or 1 or 2 or 3 or 4	Residential	**67**	**6**	
346	CANS_32_family	1	2033	2033	Character		0 or 1 or 2 or 3 or 4	Residential	**68**	**6**	
347	CANS_33_living_situation	1	2034	2034	Character		0 or 1 or 2 or 3 or 4	Residential	**69**	**6**	
348	CANS_34_social_functioning	1	2035	2035	Character		0 or 1 or 2 or 3 or 4	Residential	**70**	**6**	
349	CANS_35_developmental	1	2036	2036	Character		0 or 1 or 2 or 3 or 4	Residential	**71**	**6**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
350	CANS_36_recreational	1	2037	2037	Character		0 or 1 or 2 or 3 or 4	Residential	**72**	**6**	
351	CANS_37_legal	1	2038	2038	Character		0 or 1 or 2 or 3 or 4	Residential	**73**	**6**	
352	CANS_38_medical	1	2039	2039	Character		0 or 1 or 2 or 3 or 4	Residential	**74**	**6**	
353	CANS_39_physical	1	2040	2040	Character		0 or 1 or 2 or 3 or 4	Residential	**75**	**6**	
354	CANS_40_sleep	1	2041	2041	Character		0 or 1 or 2 or 3 or 4	Residential	**76**	**6**	
355	CANS_41_sexual_development	1	2042	2042	Character		0 or 1 or 2 or 3 or 4	Residential	**77**	**6**	
356	CANS_42_child_invovlement_with_care	1	2043	2043	Character		0 or 1 or 2 or 3 or 4	Residential	**78**	**6**	
357	CANS_43_daily_functioning	1	2044	2044	Character		0 or 1 or 2 or 3 or 4	Residential	**79**	**6**	
358	CANS_44_natural_supports	1	2045	2045	Character		0 or 1 or 2 or 3 or 4	Residential	**80**	**6**	
359	CANS_45_school_behavior	1	2046	2046	Character		0 or 1 or 2 or 3 or 4	Residential	**81**	**6**	
360	CANS_46_school_achievement	1	2047	2047	Character		0 or 1 or 2 or 3 or 4	Residential	**82**	**6**	
361	CANS_47_school_attendance	1	2048	2048	Character		0 or 1 or 2 or 3 or 4	Residential	**83**	**6**	
362	CANS_48_language	1	2049	2049	Character		0 or 1 or 2 or 3 or 4	Residential	**84**	**6**	
363	CANS_49_identity	1	2050	2050	Character		0 or 1 or 2 or 3 or 4	Residential	**85**	**6**	
364	CANS_50_ritual	1	2051	2051	Character		0 or 1 or 2 or 3 or 4	Residential	**86**	**6**	
365	CANS_51_culture_stress	1	2052	2052	Character		0 or 1 or 2 or 3 or 4	Residential	**87**	**6**	
366	CANS_52_psychosis	1	2053	2053	Character		0 or 1 or 2 or 3 or 4	Residential	**88**	**6**	
367	CANS_53_attention_deficit_impulse_control	1	2054	2054	Character		0 or 1 or 2 or 3 or 4	Residential	**89**	**6**	
368	CANS_54_depression	1	2055	2055	Character		0 or 1 or 2 or 3 or 4	Residential	**90**	**6**	
369	CANS_55_anxiety	1	2056	2056	Character		0 or 1 or 2 or 3 or 4	Residential	**91**	**6**	
370	CANS_56_oppositional_behavior	1	2057	2057	Character		0 or 1 or 2 or 3 or 4	Residential	**92**	**6**	
371	CANS_57_conduct	1	2058	2058	Character		0 or 1 or 2 or 3 or 4	Residential	**93**	**6**	
372	CANS_58_substance_abuse	1	2059	2059	Character		0 or 1 or 2 or 3 or 4	Residential	**94**	**6**	
373	CANS_59_attachment_difficulties	1	2060	2060	Character		0 or 1 or 2 or 3 or 4	Residential	**95**	**6**	
374	CANS_60_eating_disturbances	1	2061	2061	Character		0 or 1 or 2 or 3 or 4	Residential	**96**	**6**	
375	CANS_61_affect_dysregulation	1	2062	2062	Character		0 or 1 or 2 or 3 or 4	Residential	**97**	**6**	
376	CANS_62_behavioral_regressions	1	2063	2063	Character		0 or 1 or 2 or 3 or 4	Residential	**98**	**6**	
377	CANS_63_somatization	1	2064	2064	Character		0 or 1 or 2 or 3 or 4	Residential	**99**	**6**	
378	CANS_64_anger_control	1	2065	2065	Character		0 or 1 or 2 or 3 or 4	Residential	**100**	**6**	
379	CANS_65_suicide_risk	1	2066	2066	Character		0 or 1 or 2 or 3 or 4	Residential	**101**	**6**	
380	CANS_66_self-mutilation	1	2067	2067	Character		0 or 1 or 2 or 3 or 4	Residential	**102**	**6**	
381	CANS_67_other_self-harm	1	2068	2068	Character		0 or 1 or 2 or 3 or 4	Residential	**103**	**6**	
382	CANS_68_danger_to_others	1	2069	2069	Character		0 or 1 or 2 or 3 or 4	Residential	**104**	**6**	
383	CANS_69_bullying	1	2070	2070	Character		0 or 1 or 2 or 3 or 4	Residential	**105**	**6**	
384	CANS_70_sexual_aggression	1	2071	2071	Character		0 or 1 or 2 or 3 or 4	Residential	**106**	**6**	
385	CANS_71_runaway	1	2072	2072	Character		0 or 1 or 2 or 3 or 4	Residential	**107**	**6**	
386	CANS_72_delinquency	1	2073	2073	Character		0 or 1 or 2 or 3 or 4	Residential	**108**	**6**	
387	CANS_73_judgment	1	2074	2074	Character		0 or 1 or 2 or 3 or 4	Residential	**109**	**6**	
388	CANS_74_fire_setting	1	2075	2075	Character		0 or 1 or 2 or 3 or 4	Residential	**110**	**6**	
389	CANS_75_social_behavior	1	2076	2076	Character		0 or 1 or 2 or 3 or 4	Residential	**111**	**6**	
390	CANS_76_sexualized_behavior	1	2077	2077	Character		0 or 1 or 2 or 3 or 4	Residential	**112**	**6**	
391	CANS_77_motor	1	2078	2078	Character		0 or 1 or 2 or 3 or 4	Residential	**113**	**6**	
392	CANS_78_sensory	1	2079	2079	Character		0 or 1 or 2 or 3 or 4	Residential	**114**	**6**	
393	CANS_79_communication	1	2080	2080	Character		0 or 1 or 2 or 3 or 4	Residential	**115**	**6**	
394	CANS_80_failure_to_thrive	1	2081	2081	Character		0 or 1 or 2 or 3 or 4	Residential	**116**	**6**	
395	CANS_81_feeding_elimination	1	2082	2082	Character		0 or 1 or 2 or 3 or 4	Residential	**117**	**6**	
396	CANS_82_birth_weight	1	2083	2083	Character		0 or 1 or 2 or 3 or 4	Residential	**118**	**6**	
397	CANS_83_prenatal_care	1	2084	2084	Character		0 or 1 or 2 or 3 or 4	Residential	**119**	**6**	
398	CANS_84_substance_exposure	1	2085	2085	Character		0 or 1 or 2 or 3 or 4	Residential	**120**	**6**	
399	CANS_85_labor_and_delivery	1	2086	2086	Character		0 or 1 or 2 or 3 or 4	Residential	**121**	**6**	
400	CANS_86_parent_or_sibling_problems	1	2087	2087	Character		0 or 1 or 2 or 3 or 4	Residential	**122**	**6**	
401	CANS_87_maternal_caretaker_availability	1	2088	2088	Character		0 or 1 or 2 or 3 or 4	Residential	**123**	**6**	
402	CANS_88_curiosity	1	2089	2089	Character		0 or 1 or 2 or 3 or 4	Residential	**124**	**6**	
403	CANS_89_playfulness	1	2090	2090	Character		0 or 1 or 2 or 3 or 4	Residential	**125**	**6**	
404	CANS_90_temperament	1	2091	2091	Character		0 or 1 or 2 or 3 or 4	Residential	**126**	**6**	
405	CANS_91_day_care/preschool	1	2092	2092	Character		0 or 1 or 2 or 3 or 4	Residential	**127**	**6**	
406	CANS_92_independent_living_skills	1	2093	2093	Character		0 or 1 or 2 or 3 or 4	Residential	**128**	**6**	
407	CANS_93_transportation	1	2094	2094	Character		0 or 1 or 2 or 3 or 4	Residential	**129**	**6**	
408	CANS_94_parenting_roles	1	2095	2095	Character		0 or 1 or 2 or 3 or 4	Residential	**130**	**6**	
409	CANS_95_intimate_relationships	1	2096	2096	Character		0 or 1 or 2 or 3 or 4	Residential	**131**	**6**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
410	CANS_96_medication_compliance	1	2097	2097	Character		0 or 1 or 2 or 3 or 4	Residential	**132**	**6**	
411	CANS_97_educational_attainment	1	2098	2098	Character		0 or 1 or 2 or 3 or 4	Residential	**133**	**6**	
412	CANS_98_victimization	1	2099	2099	Character		0 or 1 or 2 or 3 or 4	Residential	**134**	**6**	
413	CANS_99_job_functioning	1	2100	2100	Character		0 or 1 or 2 or 3 or 4	Residential	**135**	**6**	
414	CANS_100_safety	1	2101	2101	Character		0 or 1 or 2 or 3 or 4	Residential	**136**	**6**	
415	CANS_101_supervision	1	2102	2102	Character		0 or 1 or 2 or 3 or 4	Residential	**137**	**6**	
416	CANS_102_neighborhood_safety_resources	1	2103	2103	Character		0 or 1 or 2 or 3 or 4	Residential	**138**	**6**	
417	CANS_103_conditions_of_the_home	1	2104	2104	Character		0 or 1 or 2 or 3 or 4	Residential	**139**	**6**	
418	CANS_104_marital_partner_violence_home	1	2105	2105	Character		0 or 1 or 2 or 3 or 4	Residential	**140**	**6**	
419	CANS_105_knowledge_parenting_child_dev	1	2106	2106	Character		0 or 1 or 2 or 3 or 4	Residential	**141**	**6**	
420	CANS_106_nutrition_management	1	2107	2107	Character		0 or 1 or 2 or 3 or 4	Residential	**142**	**6**	
421	CANS_107_discipline	1	2108	2108	Character		0 or 1 or 2 or 3 or 4	Residential	**143**	**6**	
422	CANS_108_learning_environment	1	2109	2109	Character		0 or 1 or 2 or 3 or 4	Residential	**144**	**6**	
423	CANS_109_effective_parenting_approaches	1	2110	2110	Character		0 or 1 or 2 or 3 or 4	Residential	**145**	**6**	
424	CANS_110_involvement_with_care	1	2111	2111	Character		0 or 1 or 2 or 3 or 4	Residential	**146**	**6**	
425	CANS_111_caregiver_rights_and_responsibilitie	1	2112	2112	Character		0 or 1 or 2 or 3 or 4	Residential	**147**	**6**	
426	CANS_112_financial_status	1	2113	2113	Character		0 or 1 or 2 or 3 or 4	Residential	**148**	**6**	
427	CANS_113_organization	1	2114	2114	Character		0 or 1 or 2 or 3 or 4	Residential	**149**	**6**	
428	CANS_114_resources	1	2115	2115	Character		0 or 1 or 2 or 3 or 4	Residential	**150**	**6**	
429	CANS_115_knowledge_social_service_options	1	2116	2116	Character		0 or 1 or 2 or 3 or 4	Residential	**151**	**6**	
430	CANS_116_residential_stability	1	2117	2117	Character		0 or 1 or 2 or 3 or 4	Residential	**152**	**6**	
431	CANS_117_job_functioning	1	2118	2118	Character		0 or 1 or 2 or 3 or 4	Residential	**153**	**6**	
432	CANS_118_military_transitions	1	2119	2119	Character		0 or 1 or 2 or 3 or 4	Residential	**154**	**6**	
433	CANS_119_partner_relations	1	2120	2120	Character		0 or 1 or 2 or 3 or 4	Residential	**155**	**6**	
434	CANS_120_relationship_with_extended_family	1	2121	2121	Character		0 or 1 or 2 or 3 or 4	Residential	**156**	**6**	
435	CANS_121_community_involvement	1	2122	2122	Character		0 or 1 or 2 or 3 or 4	Residential	**157**	**6**	
436	CANS_122_natural_supports	1	2123	2123	Character		0 or 1 or 2 or 3 or 4	Residential	**158**	**6**	
437	CANS_123_accessibility_to_child_care_services	1	2124	2124	Character		0 or 1 or 2 or 3 or 4	Residential	**159**	**6**	
438	CANS_124_caregiver's_impact_of_own_behavio	1	2125	2125	Character		0 or 1 or 2 or 3 or 4	Residential	**160**	**6**	
439	CANS_125_empathy_with_children	1	2126	2126	Character		0 or 1 or 2 or 3 or 4	Residential	**161**	**6**	
440	CANS_126_ability_to_communicate	1	2127	2127	Character		0 or 1 or 2 or 3 or 4	Residential	**162**	**6**	
441	CANS_127_family_stress	1	2128	2128	Character		0 or 1 or 2 or 3 or 4	Residential	**163**	**6**	
442	CANS_128_physical_health_	1	2129	2129	Character		0 or 1 or 2 or 3 or 4	Residential	**164**	**6**	
443	CANS_129_mental_health	1	2130	2130	Character		0 or 1 or 2 or 3 or 4	Residential	**165**	**6**	
444	CANS_130_substance_abuse	1	2131	2131	Character		0 or 1 or 2 or 3 or 4	Residential	**166**	**6**	
445	CANS_131_developmental	1	2132	2132	Character		0 or 1 or 2 or 3 or 4	Residential	**167**	**6**	
446	CANS_132_caregiver_posttraumatic_reactions	1	2133	2133	Character		0 or 1 or 2 or 3 or 4	Residential	**168**	**6**	
447	CANS_133_hygeine_and_self-care	1	2134	2134	Character		0 or 1 or 2 or 3 or 4	Residential	**169**	**6**	
448	CANS_134_independent_living_skills	1	2135	2135	Character		0 or 1 or 2 or 3 or 4	Residential	**170**	**6**	
449	CANS_135_recreation	1	2136	2136	Character		0 or 1 or 2 or 3 or 4	Residential	**171**	**6**	
450	CANS_136_collabortion_with_other_caregivers	1	2137	2137	Character		0 or 1 or 2 or 3 or 4	Residential	**172**	**6**	
451	CANS_137_caregiver_support_for_permanency_	1	2138	2138	Character		0 or 1 or 2 or 3 or 4	Residential	**173**	**6**	
452	CANS_138_inclusion_children_in_foster_care	1	2139	2139	Character		0 or 1 or 2 or 3 or 4	Residential	**174**	**6**	
453	CANS_139_participation_planned_visitation	1	2140	2140	Character		0 or 1 or 2 or 3 or 4	Residential	**175**	**6**	
454	CANS_140_relationship_with_caseworker	1	2141	2141	Character		0 or 1 or 2 or 3 or 4	Residential	**176**	**6**	
455	CANS_141_involvement_in_treatment	1	2142	2142	Character		0 or 1 or 2 or 3 or 4	Residential	**177**	**6**	
456	CANS_142_parent_involvement_participation	1	2143	2143	Character		0 or 1 or 2 or 3 or 4	Residential	**178**	**6**	
457	CANS_143_commitment_to_reunification	1	2144	2144	Character		0 or 1 or 2 or 3 or 4	Residential	**179**	**6**	
458	CANS_144_responsibility_in_maltreatment	1	2145	2145	Character		0 or 1 or 2 or 3 or 4	Residential	**180**	**6**	
459	CANS_145_relationship_with_abuser(s)	1	2146	2146	Character		0 or 1 or 2 or 3 or 4	Residential	**181**	**6**	
460	CANS_146_hx_maltreatment_children	1	2147	2147	Character		0 or 1 or 2 or 3 or 4	Residential	**182**	**6**	
461	HI_Sex_Offender_Program	1	2148	2148	Character		1 Yes 2 No	High Intensity Service	**1**	**9**	
462	HI_Admitting_Physician	50	2149	2198	Text		Last Name Credential, First Name Examples: Saunders MD, Phillip Roncaglione DO, William	High Intensity Service	**2**	**9**	
463	HI_Admission_Status	1	2199	2199	Character		1 Urgent 2 Elective	High Intensity Service	**3**	**9**	
464	HI_Admission_Time	5	2200	2204	Character	Must be valid military time, including the colon between HH and MM.	HH:MM	High Intensity Service	**4**	**9**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
465	HI_Begin_Date_Symptoms	10	2205	2214	Date	May not be greater than Agency_Request_Date (Date CareConnection completed) or the Start Date of the Service Being Requested and not less than the Consumer's date of birth.	MM/DD/YYYY	High Intensity Service	**5**	**9**	
466	HI_Retro_Review	1	2215	2215	Character		1 Unknown Eligibility at Time of Admission 2 After Hours/ Weekend Admission 3 Retroactive Disenrollment from MCO	High Intensity Service	**6**	**9**	
467	HI_Precaution_Suicide	1	2216	2216	Character		1 Yes 2 No	High Intensity Service	**7**	**9**	
468	HI_Precaution_Homicide	1	2217	2217	Character		1 Yes 2 No	High Intensity Service	**8**	**9**	
469	HI_Precaution_Physical_Restraint_Once	1	2218	2218	Character	If HI_Precaution_Physical_Restraint_Once = 1 Yes, then HI_Precaution_Physical_Restraint_Intermittent must = 2 No.	1 Yes 2 No	High Intensity Service	**9**	**9**	
470	HI_Precaution_Physical_Restraint_Intermittent	1	2219	2219	Character	If HI_Precaution_Physical_Restraint_Intermittent = 1 Yes, then HI_Precaustion_Physical_Restraint_Once must = 2 No.	1 Yes 2 No	High Intensity Service	**10**	**9**	
471	HI_Precaution_Assault	1	2220	2220	Character		1 Yes 2 No	High Intensity Service	**11**	**9**	
472	HI_Precaution_Seclusion	1	2221	2221	Character		1 Yes 2 No	High Intensity Service	**12**	**9**	
473	HI_Precaution_Locked_Unit	1	2222	2222	Character		1 Yes 2 No	High Intensity Service	**13**	**9**	
474	HI_Precaution_Observation_Thirty_Minutes	1	2223	2223	Character		1 Yes 2 No	High Intensity Service	**14**	**9**	
475	HI_Precaution_Sex_Offender	1	2224	2224	Character		1 Yes 2 No	High Intensity Service	**15**	**9**	
476	HI_Precaution_Elopement	1	2225	2225	Character		1 Yes 2 No	High Intensity Service	**16**	**9**	
477	HI_Precaution_ECT_Initial	1	2226	2226	Character	If HI_Precaution_ECT_Initial = 1 (Yes), then HI_Precaution_ECT_Maintenance must = 2 (No).	1 Yes 2 No	High Intensity Service	**17**	**9**	
478	HI_Precaution_ECT_Maintenance	1	2227	2227	Character	If HI_Precaution_ECT_Maintenance = 1 (Yes), then HI_Precaution_ECT_Initial must = 2 (No).	1 Yes 2 No	High Intensity Service	**18**	**9**	
479	HI_Precaution_Med_Adjustment	1	2228	2228	Character		1 Yes 2 No	High Intensity Service	**19**	**9**	
480	HI_Precaution_Group_Therapy	1	2229	2229	Character		1 Yes 2 No	High Intensity Service	**20**	**9**	
481	HI_Precaution_Behavioral_Intervention	1	2230	2230	Character		1 Yes 2 No	High Intensity Service	**21**	**9**	
482	HI_Precaution_Critical_Incidents	1	2231	2231			1 Yes 2 No	High Intensity Service	**22**		
483	HI_Chronic_Med_Conditions	1	2232	2232	Character		1 Yes 2 No	High Intensity Service	**23**	**9**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
484	HI_Chronic_Med_Diagnosis_1	10	2233	2242	Text	If HI_Chronic_Med_Conditions = Yes, then this field must be completed otherwise may be blank. Note: HI_Chronic_Med_Diagnosis_1 and _2 and _3 and _4 must be completed sequentially (1, then 2, then 3, etc.).		High Intensity Service	**24**	**9**	
485	HI_Chronic_Med_Diagnosis_2	10	2243	2252	Text	May be blank, See Note for HI_Chronic_Med_Diagnosis_1		High Intensity Service	**25**	**9**	
486	HI_Chronic_Med_Diagnosis_3	10	2253	2262	Text	May be blank, See Note for HI_Chronic_Med_Diagnosis_1		High Intensity Service	**26**	**9**	
487	HI_Chronic_Med_Diagnosis_4	10	2263	2272	Text	May be blank, See Note for HI_Chronic_Med_Diagnosis_1		High Intensity Service	**27**	**9**	
488	HI_Med_Deterioration	1	2273	2273		If HI_Chronic_Med_Conditions = Yes, then this field must be completed otherwise blank.	1 Yes 2 No	High Intensity Service	**28**	**9**	
489	HI_Abnormal_Labs	1	2274	2274			1 Yes 2 No	High Intensity Service	**29**	**9**	
490	HI_Abnormal_Labs_Findings	300	2275	2574	Text	If HI_Abnormal_Labs = Yes then this field must be completed, otherwise blank.		High Intensity Service	**30**	**9**	
491	HI_Family_Participation	1	2575	2575		If this field (HI_Family_Participation) =Yes then at least one of the following must = Yes: Res_Family_Parents and/or Spouse/Partner and/or Child and/or Sibling and/or Guardian and/or Foster Parents and/or Other.	1 Yes 2 No	High Intensity Service	**31**	**9**	
492	HI_Family_ Parents	1	2576	2576		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**32**	**9**	
493	HI_Spouse_Partner	1	2577	2577		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**33**	**9**	
494	HI_Child	1	2578	2578		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**34**	**9**	
495	HI_Family_Sibling	1	2579	2579		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**35**	**9**	
496	HI_Family_Guardian	1	2580	2580		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**36**	**9**	
497	HI_Family_Foster_Parents	1	2581	2581		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**37**	**9**	
498	HI_Family_Other	1	2582	2582		See HI_Family_Participation note.	1 Yes 2 No	High Intensity Service	**38**	**9**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
499	HI_Family_Other_Describe	50	2583	2632	text	If HI_Family_Other = Yes then this field must be completed, otherwise it may be blank.		High Intensity Service	**39**	**9**	
500	HI_Family_Involvement_Therapy	1	2633	2633			1 Yes 2 No	High Intensity Service	**40**	**9**	
501	HI_Family_Involvement_Visitation	1	2634	2634			1 Yes 2 No	High Intensity Service	**41**	**9**	
502	HI_Family_Involvement_Telephone	1	2635	2635			1 Yes 2 No	High Intensity Service	**42**	**9**	
503	HI_Psychiatrist_Involvement_NO_Times	1	2636	2636			1 - 9	High Intensity Service	**43**	**9**	
504	HI_Psychiatrist_Involvement_Daily_or_Weekly	1	2637	2637			1 Daily 2 Weekly	High Intensity Service	**44**	**9**	
505	HI_Treatment_Objective	1	2638	2638			1 Return to Preadmission Functioning 2 Relieve Acute Symptoms and Stabilize for Further TX Options 3 Relieve Acute Symptoms, Return to Baseline Functioning 4 Prevent Deterioration	High Intensity Service	**45**	**9**	
506	HI_LOC_Lack_Progress	1	2639	2639			1 Yes 2 No	High Intensity Service	**46**	**9**	
507	HI_LOC_No_Outpatient	1	2640	2640			1 Yes 2 No	High Intensity Service	**47**	**9**	
508	HI_LOC_No_Intensive_OP	1	2641	2641			1 Yes 2 No	High Intensity Service	**48**	**9**	
509	HI_LOC_CSU_Insufficient	1	2642	2642			1 Yes 2 No	High Intensity Service	**49**	**9**	
510	HI_LOC_Stepdown	1	2643	2643			1 Yes 2 No	High Intensity Service	**50**	**9**	
511	HI_LOC_Regression_Risk	1	2644	2644			1 Yes 2 No	High Intensity Service	**51**	**9**	
512	HI_LOC_Risk_Harm	1	2645	2645			1 Yes 2 No	High Intensity Service	**52**	**9**	
513	HI_LOC_Incapable	1	2646	2646			1 Yes 2 No	High Intensity Service	**53**	**9**	
514	HI_Initial_DC_Plan	2	2647	2648			1 Return to Previous Environment with OP Services 2 Return to Modified Environment with OP Services 3 Partial Hospitalization 4 Intensive Outpatient Services 5 Need Higher Level of Care 6 PRTF 7 Residential Care 8 Assertive Community Treatment (ACT)	High Intensity Service	**54**	**9**	
515	HI_Tx_Progress_Engagement_Methods	1	2649	2649			1 Symptoms Decline 2 Existing Symptoms decline, New Symptoms emerging 3 Symptoms remain at intensity of admission 4 Potential for serious regression and readmission as seen by failed TX passes, individual at high risk for community integration 5 Demonstrating progress, unit privileges increasing or therapeutic passes occurring without difficulty 6 New symptoms and functional impairments have emerged requiring continued services at this level of care	High Intensity Service	**55**	**9**	
516	HI_Tx_Method_Group	1	2650	2650			1 Yes 2 No	High Intensity Service	**56**	**9**	
517	Hi_Tx_Method_ Individ_Therapy	1	2651	2651			1 Yes 2 No	High Intensity Service	**57**	**9**	
518	HI_Tx_Method_Skill_BM	1	2652	2652			1 Yes 2 No	High Intensity Service	**58**	**9**	
519	HI_Tx_Mehtod_Play_Art_Music	1	2653	2653			1 Yes 2 No	High Intensity Service	**59**	**9**	
520	HI_Tx_Method_Supportive_Services	1	2654	2654			1 Yes 2 No	High Intensity Service	**60**	**9**	

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521	HI_Tx_Method_Other	50	2655	2704	Text	May be blank		High Intensity Service	**61**	**9**	
522	HI_Acheiving_Goals	1	2705	2705			1 Yes 2 No	High Intensity Service	**62**	**9**	
523	HI_Therapy_Passes	1	2706	2706			1 Yes 2 No 3 Program does not offer passes	High Intensity Service	**63**	**9**	
524	HI_Number_Passes	2	2707	2708		If HI_Therapy_Passes =Yes then this field must be completed with value 0 -99	0 -99	High Intensity Service	**64**	**9**	
525	HI_Tx_Compliance	1	2709	2709			1 Yes 2 No	High Intensity Service	**65**	**9**	
526	HI_Tx_Days_Noncompliant	2	2710	2711		If HI_Tx_Compliance = No then this field must equal value 1 to 99. If HI_Tx_Compliance = Yes then this field must be blank.	1-99	High Intensity Service	**66**	**9**	
527	HI_Med_Compliance	1	2712	2712			1 Yes 2 No	High Intensity Service	**67**	**9**	
528	HI_Med_Days_Noncompliant	2	2713	2714		If HI_Med_Compliance = No, then this field must be 1 - 99. If = Yes this field must be blank.	1-99	High Intensity Service	**68**	**9**	
529	HI_Family_Therapy	1	2715	2715			1 Yes 2 No	High Intensity Service	**69**	**9**	
530	HI_Family_Frequency_Weekly	2	2716	2717		If HI_Family_Therapy = Yes, then this field must be completed.	0-99	High Intensity Service	**70**	**9**	
531	HI__CS_Family_Spouse_Partner	1	2718	2718			1 Yes 2 No	High Intensity Service	**71**	**9**	
532	HI_CS_Family_Parent	1	2719	2719			1 Yes 2 No	High Intensity Service	**72**	**9**	
533	HI_CS_Family_Sibling	1	2720	2720			1 Yes 2 No	High Intensity Service	**73**	**9**	
534	HI_CS_Family_Child	1	2721	2721			1 Yes 2 No	High Intensity Service	**74**	**9**	
535	HI_CS_Family_Guardian	1	2722	2722			1 Yes 2 No	High Intensity Service	**75**	**9**	
536	HI_CS_Family_Foster_Parents	1	2723	2723			1 Yes 2 No	High Intensity Service	**76**	**9**	
537	HI_CS_Family_Other	1	2724	2724			1 Yes 2 No	High Intensity Service	**77**	**9**	
538	HI_CS_Family_Other_Describe	50	2725	2774		If HI_CS_Family_Other = Yes, then this field should be completed, otherwise it may be blank.		High Intensity Service	**78**	**9**	
539	HI_CS_Method_of_Involvement_In_Person	1	2775	2775			1 Yes 2 No	High Intensity Service	**79**		
540	HI_CS_Method_of_Involvement_Phone	1	2776	2776			1 Yes 2 No	High Intensity Service	**80**		
541	HI_Precaution_Suicide_CS	1	2777	2777			1 Yes 2 No	High Intensity Service	**81**	**9**	
542	HI_Precaution_Homicide_CS	1	2778	2778			1 Yes 2 No	High Intensity Service	**82**	**9**	

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543	HI_Precaution_Physical_Restraint_Once_CS	1	2779	2779		If HI_Precaution_Physical_Restraint_Once_CS = Yes then HI_Precaution_Physical_Restraint_Intermittent_CS must = No and vice versus.	1 Yes 2 No	High Intensity Service	**83**	**9**	
544	HI_Precaution_Physical_Restraint_Intermittent_C	1	2780	2780		If HI_Precaution_Physical_Restraint_Intermittent_CS = Yes, then HI_Precaution_Physical_Restraint_Once_CS must = No and vice versus.	1 Yes 2 No	High Intensity Service	**84**	**9**	
545	HI_Precaution_Assault_CS	1	2781	2781			1 Yes 2 No	High Intensity Service	**85**	**9**	
546	HI_Precaution_Seclusion_CS	1	2782	2782			1 Yes 2 No	High Intensity Service	**86**	**9**	
547	HI_Precaution_Locked_Unit_CS	1	2783	2783			1 Yes 2 No	High Intensity Service	**87**	**9**	
548	HI_Precaution_Observation_Thirty_Minutes_CS	1	2784	2784			1 Yes 2 No	High Intensity Service	**88**	**9**	
549	HI_Precaustion_Sex_Offender_CS	1	2785	2785			1 Yes 2 No	High Intensity Service	**89**	**9**	
550	HI_Precaution_Elopement_CS	1	2786	2786			1 Yes 2 No	High Intensity Service	**90**	**9**	
551	HI_Precaution_ECT_Initial_CS	1	2787	2787		If HI_Precaution_ECT_Initial_CS = Yes, the HI_Precaution_ECT_Maintenance_CS must = NO and vice versus.	1 Yes 2 No	High Intensity Service	**91**	**9**	
552	HI_Precaution_ECT_Maintenance_CS	1	2788	2788		If HI_Precaution_ECT_Maintenance_CS = Yes, the HI_Precaution_ECT_Initial_CS must = NO and vice versus.	1 Yes 2 No	High Intensity Service	**92**	**9**	
553	HI_Precaution_Behavioral_Intervention_CS	1	2789	2789			1 Yes 2 No	High Intensity Service	**93**	**9**	
554	HI_Precaution_Critical_Incidents_CS	1	2790	2790			1 Yes 2 No	High Intensity Service	**94**	**9**	
555	HI_Precaution_Explanation_CS	300	2791	3090	Text			High Intensity Service	**95**	**9**	
556	HI_Lab_Findings_CS	1	3091	3091			1 Yes 2 No	High Intensity Service	**96**	**9**	
557	HI_Lab_Findings_Description_CS	300	3092	3391	Text	If HI_Lab_Findings_CS = Yes, then this field must be completed, otherwise it may be blank.		High Intensity Service	**97**	**9**	
558	HI_DC_Plan_CS	2	3392	3393		When Continuing Stay this field must be completed	1 Return to Previous Environment with OP Services 2 Return to Modified Environment with OP Services 3 Partial Hospitalization 4 Intensive Outpatient Services 5 Need Higher Level of Care 6 PRTF 7 Residential Care 8 Assertive Community Treatment (ACT)	High Intensity Service	**98**	**9**	
559	HI_CS_Med_Antidepressant	4	3394	3397	Character			High Intensity Service	**99**	**9**	
560	HI_CS_Med_Antidepressant_Other	20	3398	3417	Text			High Intensity Service	**100**	**9**	

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561	HI_CS_Med_Anticholinergics	4	3418	3421	Character			High Intensity Service	**101**	**9**	
562	HI_CS_Med_Anticholinergic_Other	20	3422	3441	Text			High Intensity Service	**102**	**9**	
563	HI_CS_MEDS_MoodStabilizer	4	3442	3445	Character			High Intensity Service	**103**	**9**	
564	HI_CS_MEDS_Mood_Other	20	3446	3465	Text			High Intensity Service	**104**	**9**	
565	HI_CS_MEDS_AntiPsychotic	4	3466	3469	Character			High Intensity Service	**105**	**9**	
566	HI_CS_MEDS_Psychotic_Other	20	3470	3489	Text			High Intensity Service	**106**	**9**	
567	HI_CS_MEDS_Antianxiety	4	3490	3493	Character			High Intensity Service	**107**	**9**	
568	HI_CS_MEDS_Anxiety_Other	20	3494	3513	Text			High Intensity Service	**108**	**9**	
569	HI_CS_MEDS_AntiConvulsant	4	3514	3517	Character			High Intensity Service	**109**	**9**	
570	HI_CS_MEDS_Convulsant_Other	20	3518	3537	Text			High Intensity Service	**110**	**9**	
571	HI_CS_MEDS_Hypnotic	4	3538	3541	Character			High Intensity Service	**111**	**9**	
572	HI_CS_MEDS_Hypnotic_Other	20	3542	3561	Text			High Intensity Service	**112**	**9**	
573	HI_CS_MEDS_Stimulant	4	3562	3565	Character			High Intensity Service	**113**	**9**	
574	HI_CS_MEDS_Stimulant_Other	20	3566	3585	Text			High Intensity Service	**114**	**9**	
575	HI_CS_MEDS_Other	4	3586	3589	Character			High Intensity Service	**115**	**9**	
576	HI_CS_MEDS_Other_Other	20	3590	3609	Text			High Intensity Service	**116**	**9**	
577	HI_CS_Med_Antidepressant_Dose	15	3610	3624	Text			High Intensity Service	**117**	**9**	
578	HI_CS_Med_Antidepressant_Adjustment	1	3625	3625	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**118**	**9**	
579	HI_CS_Med_Antidepressant_Other_Dose	15	3626	3640	Text			High Intensity Service	**119**	**9**	
580	HI_CS_Med_Antidepressant_Other_Adjustment	1	3641	3641	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**120**	**9**	
581	HI_CS_Med_Anticholinergics_Dose	15	3642	3656	Text			High Intensity Service	**121**	**9**	
582	HI_CS_Med_Anticholinergics_Adjustment	1	3657	3657	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**122**	**9**	
583	HI_CS_Med_Anticholinergic_Other_Dose	15	3658	3672	Text			High Intensity Service	**123**	**9**	

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584	HI_CS_Med_Anticholinergic_Other_Adjustment	1	3673	3673	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**124**	**9**	
585	HI_CS_MEDS_MoodStabilizer_Dose	15	3674	3688	Text			High Intensity Service	**125**	**9**	
586	HI_CS_MEDS_MoodStabilizer_Adjustment	1	3689	3689	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**126**	**9**	
587	HI_CS_MEDS_Mood_Other_Dose	15	3690	3704	Text			High Intensity Service	**127**	**9**	
588	HI_CS_MEDS_Mood_Other_Adjustment	1	3705	3705	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**128**	**9**	
589	HI_CS_MEDS_AntiPsychotic_Dose	15	3706	3720	Text			High Intensity Service	**129**	**9**	
590	HI_CS_MEDS_AntiPsychotic_Adjustment	1	3721	3721	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**130**	**9**	
591	HI_CS_MEDS_Psychotic_Other_Dose	15	3722	3736	Text			High Intensity Service	**131**	**9**	
592	HI_CS_MEDS_Psychotic_Other_Adjustment	1	3737	3737	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**132**	**9**	
593	HI_CS_MEDS_Antianxiety_Dose	15	3738	3752	Text			High Intensity Service	**133**	**9**	
594	HI_CS_MEDS_Antianxiety_Adjustment	1	3753	3753	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**134**	**9**	
595	HI_CS_MEDS_Anxiety_Other_Dose	15	3754	3768	Text			High Intensity Service	**135**	**9**	
596	HI_CS_MEDS_Anxiety_Other_Adjustment	1	3769	3769	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**136**	**9**	
597	HI_CS_MEDS_AntiConvulsant_Dose	15	3770	3784	Text			High Intensity Service	**137**	**9**	
598	HI_CS_MEDS_AntiConvulsant_Adjustment	1	3785	3785	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**138**	**9**	

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599	HI_CS_MEDS_Convulsant_Other_Dose	15	3786	3800	Text			High Intensity Service	**139**	**9**	
600	HI_CS_MEDS_Convulsant_Other_Adjustment	1	3801	3801	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**140**	**9**	
601	HI_CS_MEDS_Hypnotic_Dose	15	3802	3816	Text			High Intensity Service	**141**	**9**	
602	HI_CS_MEDS_Hypnotic_Adjustment	1	3817	3817	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**142**	**9**	
603	HI_CS_MEDS_Hypnotic_Other_Dose	15	3818	3832	Text			High Intensity Service	**143**	**9**	
604	HI_CS_MEDS_Hypnotic_Other_Adjustment	1	3833	3833	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**144**	**9**	
605	HI_CS_MEDS_Stimulant_Dose	15	3834	3848	Text			High Intensity Service	**145**	**9**	
606	HI_CS_MEDS_Stimulant_Adjustment	1	3849	3849	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**146**	**9**	
607	HI_CS_MEDS_Stimulant_Other_Dose	15	3850	3864	Text			High Intensity Service	**147**	**9**	
608	HI_CS_MEDS_Stimulant_Other_Adjustment	1	3865	3865	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**148**	**9**	
609	HI_CS_MEDS_Other_Dose	15	3866	3880	Text			High Intensity Service	**149**	**9**	
610	HI_CS_MEDS_Other_Adjustment	1	3881	3881	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**150**	**9**	
611	HI_CS_MEDS_Other_Other_Dose	15	3882	3896	Text			High Intensity Service	**151**	**9**	
612	HI_CS_MEDS_Other_Other_Adjustment	1	3897	3897	Text		1 Increased 2 Decreased 3 Discontinued 4 Introduced 5 No Change	High Intensity Service	**152**	**9**	
613	ORF_Initial_Request	1	3898	3898			1 Yes 2 No	Offender Risk Factors	**1**	**8**	
614	ORF_Charges_No_Conviction	1	3899	3899		Mandatory if ORF_Initial_Request = 1 (Yes)	0 0 1 1-2 2 3-5 3 6-9 4 10+	Offender Risk Factors	**2**	**8**	

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615	ORF_Convictions	2	3900	3901		Mandatory if ORF_Initial_Request = 1 (Yes)	0 0 1 1-2 2 3-5 3 6-9 4 10+	Offender Risk Factors	**3**	**8**	
616	ORF_Age_First_Offense	3	3902	3904	numeric	Mandatory if ORF_Initial_Request = 1 (Yes)	Cannot be greater than member's current age	Offender Risk Factors	**4**	**8**	
617	ORF_Age_First_Conviction	3	3905	3907	numeric	Mandatory if ORF_Initial_Request = 1 (Yes)	Cannot be greater than member's current age	Offender Risk Factors	**5**	**8**	
618	ORF_Victim_Gender	1	3908	3908		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Male 2 Female 3 Male and Female	Offender Risk Factors	**6**	**8**	
619	ORF_Victim_Family	1	3909	3909		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**7**	**8**	
620	ORF_Victim_Friend	1	3910	3910		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**8**	**8**	
621	ORF_Victim_Acquaintence	1	3911	3911		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**9**	**8**	
622	ORF_Victim_Stranger	1	3912	3912		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**10**	**8**	
623	ORF_Known_Victims	2	3913	3914		Mandatory if ORF_Initial_Request = 1 (Yes)	1 One 2 Two 3 Three and Greater	Offender Risk Factors	**11**	**8**	
624	ORF_Victim_Age_Three	1	3915	3915		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**12**	**8**	
625	ORF_Victim_Age_Four_Six	1	3916	3916		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**13**	**8**	
626	ORF_Victim_Age_Seven_Twelve	1	3917	3917		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**14**	**8**	
627	ORF_Victim_Age_Thir_Seventeen	1	3918	3918		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**15**	**8**	
628	ORF_Victim_Age_Eighteen	1	3919	3919		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**16**	**8**	
629	ORF_Hx_Physical_Abuse	1	3920	3920		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**17**	**8**	
630	ORF_Hx_Sexual_Abuse	1	3921	3921		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**18**	**8**	
631	ORF_Hx_Neglect	1	3922	3922		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**19**	**8**	
632	ORF_IQ	1	3923	3923		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Within normal range 2 Below normal range 3 Above normal range	Offender Risk Factors	**20**	**8**	
633	ORF_Date_Most_Recent	10	3924	3933	Date	Mandatory if ORF_Initial_Request = 1 (Yes)	Cannot be greater than CC_Completion_Date	Offender Risk Factors	**21**	**8**	
634	ORF_Deviant_Arousal	1	3934	3934		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**22**	**8**	

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635	ORF_Phsyical_Boundaries	1	3935	3935		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**23**	**8**	
636	ORF_Coercion_Force	1	3936	3936		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**24**	**8**	
637	ORF_Exhibitionism	1	3937	3937		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**25**	**8**	
638	ORF_Frotterism	1	3938	3938		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**26**	**8**	
639	ORF_Pedophilia	1	3939	3939		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**27**	**8**	
640	ORF_Pervasive_Anger	1	3940	3940		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**28**	**8**	
641	ORF_Denial_Honesty	1	3941	3941		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Denies offenses and seriousness 2 Recognizes offenses but minimizes occurrence and consequences for self 3 Recognizes offenses but minimizes impact for victim 4 Accepts responsibility, expresses appropriate guilt/remorse	Offender Risk Factors	**29**	**8**	
642	ORF_LOC_Past_IP_Offender_Tx	1	3942	3942		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**30**	**8**	
643	ORF_LOC_Past_OP_Offender_Tx	1	3943	3943		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**31**	**8**	
644	ORF_LOC_Contraindicating_OP	1	3944	3944		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Yes 2 No	Offender Risk Factors	**32**	**8**	
645	ORF_LOC_Cfactors_Persistent_Denial	1	3945	3945		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_Contraindicating_OP = 1 (Yes), then one of the ORF_LOC_Cfactor fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**33**	**8**	
646	ORF_LOC_Cfactors_Ritualized_Prescribed	1	3946	3946		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_Contraindicating_OP = 1 (Yes), then one of the ORF_LOC_Cfactor fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**34**		
647	ORF_LOC_Cfactors_Violence_Sadism	1	3947	3947		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_Contraindicating_OP = 1 (Yes), then one of the ORF_LOC_Cfactor fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**35**		

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648	ORF_LOC_Cfactors_Cognitive_Impairment	1	3948	3948		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_Contraindicating_OP = 1 (Yes), then one of the ORF_LOC_Cfactor fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**36**		
649	ORF_LOC_Reoffense_ Potential	1	3949	3949		Mandatory if ORF_Initial_Request = 1 (Yes)	1 Low 2 Medium 3 High	Offender Risk Factors	**37**	**8**	
650	ORF_LOC_Benefit_Self_Regulation	1	3950	3950		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**38**	**8**	
651	ORF_LOC_Benefit_Responsibility	1	3951	3951		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**39**	**8**	
652	ORF_LOC_Benefit_Prevention	1	3952	3952		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**40**	**8**	
653	ORF_LOC_Benefit_Manage_Risk	1	3953	3953		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**41**	**8**	
654	ORF_LOC_Benefit_Internalize	1	3954	3954		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**42**	**8**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
655	ORF_LOC_Benefit_Unresolved_Areas	1	3955	3955		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**43**	**8**	
656	ORF_LOC_Benefit_Reoffended	1	3956	3956		Mandatory if ORF_Initial_Request = 1 (Yes). If ORF_LOC_IP_Offender_Tx = 1 (Yes), then one of the ORF_LOC_Benefit fields must = 1 (Yes).	1 Yes 2 No	Offender Risk Factors	**44**	**8**	
657	ORF_LOC_Assessment_Used_Results	300	3957	4256		Mandatory if ORF_Initial_Request = 1 (Yes)		Offender Risk Factors	**45**	**8**	
658	ORF_CS_Progress_Responsibility	1	4257	4257		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**46**	**8**	
659	ORF_CS_Progress_Demonstrated	1	4258	4258		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**47**	**8**	
660	ORF_CS_Progress_Discern_Factors	1	4259	4259		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**48**	**8**	
661	ORF_CS_Progress_Positive_Change	1	4260	4260		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**49**	**8**	
662	ORF_CS_Progress_Empathy	1	4261	4261		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**50**	**8**	
663	ORF_CS_Progress_Manage_Stress	1	4262	4262		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**51**	**8**	
664	ORF_CS_Progress_Self_Esteem	1	4263	4263		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**52**	**8**	
665	ORF_CS_Progress_Positive_Sexuality	1	4264	4264		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**53**	**8**	
666	ORF_CS_Progress_Pro_Social	1	4265	4265		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**54**	**8**	
667	ORF_CS_Progress_Family	1	4266	4266		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**55**	**8**	
668	ORF_CS_Progress_Openness	1	4267	4267		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**56**	**8**	
669	ORF_CS_Progress_Control_Deviance	1	4268	4268		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**57**	**8**	
670	ORF_CS_Progress_Reduce_Deviance	1	4269	4269		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**58**	**8**	
671	ORF_CS_Progress_Counter_Irrational	1	4270	4270		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**59**	**8**	

File Layout Field #	DATABASE FIELD NAME	FIELD LENGTH	FIELD START	FIELD END	FIELD TYPE	CONDITIONS/VALIDATION	ALLOWED / DOMAIN VALUES	Tier	Tier Field #	Tier #	BBHHF Core Plus
672	ORF_CS_Progress_Interrupt_Cycle	1	4271	4271		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**60**	**8**	
673	ORF_CS_Progress_Assertiveness	1	4272	4272		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**61**	**8**	
674	ORF_CS_Progress_Loss_Issues	1	4273	4273		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**62**	**8**	
675	ORF_CS_Progress_Pleasure_Normal	1	4274	4274		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**63**	**8**	
676	ORF_CS_Progress_Understand_Behavior	1	4275	4275		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**64**	**8**	
677	ORF_CS_Progress_Family_Manage_Alternative	1	4276	4276		Mandatory if ORF_Initial_Request = 2 (No)	1 Yes 2 No	Offender Risk Factors	**65**	**8**	
678	DC_Type	1	4277	4277			1 Planned, Service completed 2 Unplanned	Discharge	**1**	**10**	
679	DC_Unplanned_Type	2	4278	4279			1 Administrative 2 Against Medical Advice 3 Services Not Initiated by Member 4 Lack of Participation/Missed Appts 5 Did Not Follow TX Recommendations 6 Deceased 7 Geographic Relocation 8 Aged Out 9 Corrections/Jail 10 Member Requested	Discharge	**2**	**10**	
680	DC_Last_Date_Service	10	4280	4289	Date		Date must be greater than or equal to the start date of existing authorized service and less than or equal to the Agency_Request_Date (Date the CareConnection(R) was completed).	Discharge	**3**	**10**	
681	DC_Recommended_Plan	2	4290	4291	Character		1 No Further Services Needed 2 Referred to Less Intensive Service 3 Referred to More Intensive Service 4 Referred to Same Level of Care - Different Provider 5 No Plan Developed	Discharge	**4**	**10**	
682	DC_Outcome	2	4292	4293	Character		1 Symptoms ameliorated/TX Goals Achieved 2 Symptom reduction/Return to Baseline Functioning 3 Progress achieved/Less Intensive Service Needed 4 Minimal Progress/Increasing Symptoms/Higher LOC Needed 5 Not Measurable due to Lack of TX Involvement	Discharge	**5**	**10**	
683	DC_Discussion	300	4294	4593	Text		Must be completed if discharging from ACT or the consumer's most recent existing authorized date of service is for ACT.	Discharge	**6**	**10**	
684	Retrospective_Request	1	4594	4594	Character	Is this a retrospective request for prior authorization? If Requested Start Date of Authorization is less than 10/01/2015 and the request is Retrospective, Must submit DSM IV	1 Yes 2 No	Core	**32**	1	**X**