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| Int | No | ClientId | Not required. |
| int | No | ServiceId | Not required |
| int | No | GroupServiceId | Not required |
| int | No | EventId | Not required |
| int | No | ClinicianId | Not required |
| Datetime | No | EffectiveDate | Not required |
| int | No | DocumentId | Not required |
| datetime | Yes | AdmissionDate | Admission Date  Format:  MM/DD/YYYY  1 The date submitted must be provided in the specified format.  2 The date submitted must be a valid calendar date.  3 Admission Date must not be later than Document (CalOMSOutsideProvider) Effective Date |
| type\_GlobalCode (int) | Yes | TransactionType | Admission Transaction Type  Use Global code Id in Global Code Category ‘XCAFILETYPE’  If Annual Update is supplied, a matching Admission record must exist.A matching admission record is a record with the same Submitter, Form Serial Number, Provider ID , Admission Date and Date of Birth.  If Annual Update is supplied, the record cannot be a “data”duplicate.A data duplicate is an annual update with the same Submitter, Provider ID , Form Serial Number, and Annual Update Number.  If Deletion of Annual Update is supplied, a matching Annual Update record must exist.A matching annual update is a record with the same Submitter, Provider ID, Form Type, Transaction Date and Time, Form Serial Number and Annual Update Number.  If an exact Resubmission of Admission is submitted, the record will be rejected. For an exact match, all fields except Form Type and Transaction Date and Time must match.  If an exact Resubmission of Discharge is submitted, the record will be rejected. For an exact match, all fields except Form Type and Transaction Date and Time must match. There also needs to be an original accepted Discharge in the database, or the Resubmission of Discharge record will reject.  If an exact Resubmission of Annual Update is submitted, the record will be rejected. For an exact match, all fields except Form Type and Transaction Date and Time must match.There also needs to be an original accepted Annual Update in the database, or the Resubmission of Annual Update record will reject.  If a Resubmission of Admission record is submitted when a matching Discharge or a matching Annual Update record exist in the system for the original Admission, the record will be rejected.    Resubmission of Admission Prohibited – no original admission found .  If is 7 or 8 The “Annual Update cannot be submitted after the matching Admission record has been Discharged”  Annual Update Date is more than 60 days earlier than the previously submitted annual update. |
| varchar(10) | Yes | ProviderId | Numeric(6)  County Code+Facility ID |
| int | Yes | Program | Program Id should match programId from program tables where service type is SUD related program.  The active program is associated with the SUD TEDS Setup  The Organization Client should enrolled this program on program assignment screen |
| varchar(30) | Yes | ProviderParticipantID | A valid Provider's Participant ID that includes only the allowed alphanumeric characters (1-20) must be provided  The Participant ID provided for a discharge record, (where Type of Form is 4 or 5), or annual update (where Type of Form 7 or 8) must match the Participant ID for the matching admission record. |
| type\_GlobalCode (int) | Yes | CountyOfSubmission | Use global codeid from global code category ‘DACSMANAGINGENTITY’ |
| datetime | Yes | DOB | Enter Client Date of Birth  Format:  MM/DD/YYYY  The date supplied must be a valid calendar date.  The resultant age at admission, using Admission Date  and Date of Birth must be from 5 through 105 years. |
| varchar(30) | Yes | CurrentFirstName | What is the client's current first name?  A value must be provided that is either one of the specified numeric values, or an alpha name. |
| varchar(50) | Yes | CurrentLastName | What is the client's current last name?  A value must be provided that is either one of the specified numeric values, or an alpha name. |
| varchar(20) | Yes | SSN | The value provided must be a nine-digit number or one of the specified numeric values.  NNNNNNNNN |
| type\_GlobalCode (int) | Yes | DoesNotHaveSSN | Use Global Code Id from Global code Category ‘XCADoesNotHaveSSN’  The ‘Client unable to answer’ (99904) value is only allowed if Type of Service is 3, 4, or 5 (a detox service) or if Disability includes 7 (developmentally disabled). |
| varchar(30) | Yes | FSN | Form Serial Number must be in the format specified.  Format Alpha Num (8)  FSN have to map with Episode Number in TEDSEpisodes spreadsheet/Table, |
| int | No | TEDSEpisodeId | Not required |
| varchar(10) | Yes | DaysWaitedBeforeAdmittedTreatmentProgram | How many days was the client on a waiting list before being admitted to this treatment program?  Enter numeric value:  0-999 (days)  99901 - Not sure / don’t know  99904 - Client unable to answer  The ‘Client unable to answer’ (99904) value is only allowed if Type of Service is 3, 4, or 5 (a detox service) or if Disability includes 7 (developmentally disabled). |
| varchar(10) | Yes | PriorEpisodesAlcoholDrugTreatmentProgram | What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?  Enter numeric value:  0-99 - A numeric value from 0 to 99.  99900 - Client declined to state  99901 - Not sure / Don’t know  99904 - Client unable to answer  The ‘Client unable to answer’ (99904) value is only allowed if Type of Service is 3, 4, or 5 (a detox service) or if Disability includes 7 (developmentally disabled). |
| type\_GlobalCode (int) | Conditional | PreviousServicePerformedCountyCode | If the client’s treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?  County value only required when Provider >Special Services Contract Id <> null  Use Global Code Id from Global code category ‘XCAPAYINGSERVICES’  If a Special Services Contract ID is provided, a county code must be provided in County Paying for Services. |
| varchar(10) | Conditional | SpecialServiceContractId | What is the special services contract ID number under which the client’s services were provided?  4 digit value only required when Provider >Special Services Contract Id <> null  1. Must be an allowable value.  2. An ID can only be provided if County Paying for Services  is provided.  3.The Special Services Contract ID must match with DHCS’s  Master Provider File |
| varchar(10) | Yes | ClientCalWorksRecipient | Is the client a CalWORKs recipient?  Enter numeric value:  1 - Yes  0 - No  99901 - Not sure/Don't Know |
| varchar(10) | Yes | ClientSubstanceTreatmentCalWorksWelfare | Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?  Enter numeric value:  1 - Yes  0 - No  99901 - Note sure/Don't Know  Value can only be yes if CalWORKs Recipient = Yes(1) |
| type\_GlobalCode (int) | Yes | ClientPrincipalSourceOfReferral | What is the clients principal source of referral?  Use Global code id from Global Code Category: ‘XCAPAYINGSERVICES’ |
| type\_GlobalCode (int) | Yes | ClientGender | What is the client's gender?  Use Global code id from Global code category ‘XCAGender’ |
| varchar(50) | Yes | BirthFirstName | What is the client's birth first name?  A value must be provided that is either one of the specified numeric values, or an alpha name.  99902 - None or not applicable |
| varchar(50) | Yes | BirthLastName | What is the client's birth last name?  A value must be provided that is an alpha name. |
| varchar(10) | Yes | ZipCode | Zipcode at current residence  The value provided must be a five-digit number or one of the specified additional alpha values.  NNNNN - zip code  00000 - homeless  XXXXX - Client declines to state  ZZZZZ - client unable to answer  The of value ‘00000’ must ONLY be used if Current Living Arrangements is ‘1’ (homeless). The ‘Client unable to answer’ (ZZZZZ) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability includes 7 (developmentally disabled). |
| type\_GlobalCode (int) | Yes | PlaceOfBirthState | What is the client’s state of birth if born within the United States?  Use Global code Id from Global code Category ‘XCADriverLicState’  If Place of Birth – State is CA (California), a county code from 01 – 58 must be provided.  If Place of Birth – State is not CA (California), then Other (99903) must be provided. |
| type\_GlobalCode (int) | Yes | PlaceOfBirthCounty | What is the client’s county of birth if born in California?  Use Global code Id from Global code Category ‘XCABirthCounty’  If a Place of Birth – County  is a county code from 01 through 58, CA (California) must be provided as the Place of Birth – State  If a Place of Birth – County is Other (99903), then Place of Birth – State cannot be CA (California) |
| varchar(20) | Yes | DriversLicenseNumberOrStateId | Enter Client Driver’s License Number or State Id  Format Alpha Numeric |
| type\_GlobalCode (int) | Yes | DriverLicenseState | For which state does the client have a valid driver’s license or state ID card?  Use Global code Id from Global code Category ‘XCADriverLicState’  The ‘Client unable to answer’ (99904) value is only allowed if Type of Service is 3, 4, or 5 (a detox service) or if Disability includes 7 (developmentally disabled).  If a Driver’s License Number (that is not 99900, 99902, or99904) is provided, a Driver’s License State (AL-WY) must be provided. |
| varchar(50) | Yes | MotherFirstName | What is the first name of the client’s mother, or individual the client considers to be as their mother?  A value must be provided that is an alpha name. |
| type\_GlobalCode (int) | Yes | ClientEthnicity | What is the client's ethnicity?  Use Global code Id from Global code Category ‘XCAETHNICITY’ |
| type\_GlobalCode (int) | Yes | VeteranStatus | Is the client a U.S. veteran?  Use Global code Id from Global code Category ‘XCATEDSVETERANSTATUS’ |
| type\_GlobalCode (int) | Yes | SexualOrientation | Use Global code Id from Global code Category ‘XCASEXUALORIENTATION’ |
| type\_GlobalCode (int) | Yes | ConsentAllowingFutureContact | Use Global code Id from Global code Category ‘XCACONSENT’ |

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| **Date** | **Purpose of Review/Change** | **Author of Change, if applicable** | **Reviewer/Approver of Change** | **Date of Approval** |
| 08/29/2023 | New | Roderick Watkins | [Ravi Baraker](mailto:rbaraker@streamlinehealthcare.com) |  |
| 4/24/2024 | Update to ClientEthnicity GC | Jacob Baize |  |  |
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