| **Field Name** | **Description** | **Data Type** | **Max Length** | **Format** | **Valid Values** |
| --- | --- | --- | --- | --- | --- |
| **Date** | Date of screening or assessment | Num | 10 | MM/DD/YYYY |  |
| **CIN** | Medi-Cal Client Index Number (CIN): First 8 digits plus one letter on the front of the Beneficiary Identification Card. This information is being requested by DHCS and is important for their analyses. | Char | 9 | 99999999X |  |
| **FirstName** | Client's first name up to 30 characters | Char | 30 | XXXXX |  |
| **LastName** | Client's last name up to 40 characters | Char | 40 | XXXXX |  |
| **DOB** | Client's Date of Birth | Num | 10 | MM/DD/YYYY |  |
| **RecType** | Type of Screen / Assessment | Char | 30 | See Valid Values column. | Brief Initial Screen Initial Assessment Followup Assessment |
| **LOC\_Ind** | Indicated Level of Care/WM | Char | 70 | See Valid Values column. Null values also accepted. | None  Outpatient/IOP, exact level TBD  Residential, exact level TBD  Withdrawal Mgmt, exact level TBD  Ambulatory Withdrawal Mgmt, exact level TBD  Residential/inpatient WM, exact level TBD  Narcotic Tx Program/Opiate Tx Program  0.5 Early Intervention  1 Outpatient  2.1 Intensive Outpatient  2.5 Partial Hospitalization  3.1 Clinically Managed Low-Intensity Residential  3.3 Clinically Managed Popn-Specific High-Int Residential  3.5 Clinically Managed High-Intensity Residential Services  3.7 Medically monitored intensive inpatient services  4 Medically Managed Intensive Inpatient Services  1-WM Ambulatory WM w/o extended onsite monitoring  2-WM Ambulatory WM w/extended onsite monitoring  3.2-WM Clinically managed residential WM  3.7-WM Medically monitored inpatient WM  4-WM Medically managed intensive inpatient WM |
| **LOC\_Ind\_Addt\_1** | Additional Indicated Level of Care/WM, if any | Char | 70 | See Valid Values column. Null values also accepted. | None  Outpatient/IOP, exact level TBD  Residential, exact level TBD  Withdrawal Mgmt, exact level TBD  Ambulatory Withdrawal Mgmt, exact level TBD  Residential/inpatient WM, exact level TBD  Narcotic Tx Program/Opiate Tx Program  0.5 Early Intervention  1 Outpatient  2.1 Intensive Outpatient  2.5 Partial Hospitalization  3.1 Clinically Managed Low-Intensity Residential  3.3 Clinically Managed Popn-Specific High-Int Residential  3.5 Clinically Managed High-Intensity Residential Services  3.7 Medically monitored intensive inpatient services  4 Medically Managed Intensive Inpatient Services  1-WM Ambulatory WM w/o extended onsite monitoring  2-WM Ambulatory WM w/extended onsite monitoring  3.2-WM Clinically managed residential WM  3.7-WM Medically monitored inpatient WM  4-WM Medically managed intensive inpatient WM |
| **LOC\_Ind\_Addt\_2** | Additional Indicated Level of Care/WM, if any | Char | 70 | See Valid Values column. Null values also accepted. | None  Outpatient/IOP, exact level TBD  Residential, exact level TBD  Withdrawal Mgmt, exact level TBD  Ambulatory Withdrawal Mgmt, exact level TBD  Residential/inpatient WM, exact level TBD  Narcotic Tx Program/Opiate Tx Program  0.5 Early Intervention  1 Outpatient  2.1 Intensive Outpatient  2.5 Partial Hospitalization  3.1 Clinically Managed Low-Intensity Residential  3.3 Clinically Managed Popn-Specific High-Int Residential  3.5 Clinically Managed High-Intensity Residential Services  3.7 Medically monitored intensive inpatient services  4 Medically Managed Intensive Inpatient Services  1-WM Ambulatory WM w/o extended onsite monitoring  2-WM Ambulatory WM w/extended onsite monitoring  3.2-WM Clinically managed residential WM  3.7-WM Medically monitored inpatient WM  4-WM Medically managed intensive inpatient WM |
| **LOC\_Actl** | Actual LOC/WM decision | Char | 70 | See Valid Values column. Null values also accepted. | None  Outpatient/IOP, exact level TBD  Residential, exact level TBD  Withdrawal Mgmt, exact level TBD  Ambulatory Withdrawal Mgmt, exact level TBD  Residential/inpatient WM, exact level TBD  Narcotic Tx Program/Opiate Tx Program  0.5 Early Intervention  1 Outpatient  2.1 Intensive Outpatient  2.5 Partial Hospitalization  3.1 Clinically Managed Low-Intensity Residential  3.3 Clinically Managed Popn-Specific High-Int Residential  3.5 Clinically Managed High-Intensity Residential Services  3.7 Medically monitored intensive inpatient services  4 Medically Managed Intensive Inpatient Services  1-WM Ambulatory WM w/o extended onsite monitoring  2-WM Ambulatory WM w/extended onsite monitoring  3.2-WM Clinically managed residential WM  3.7-WM Medically monitored inpatient WM  4-WM Medically managed intensive inpatient WM |
| **LOC\_Actl\_Addt** | Additional Actual Level of Care/WM placement decision, if any | Char | 70 | See Valid Values column. Null values also accepted. | None  Outpatient/IOP, exact level TBD  Residential, exact level TBD  Withdrawal Mgmt, exact level TBD  Ambulatory Withdrawal Mgmt, exact level TBD  Residential/inpatient WM, exact level TBD  Narcotic Tx Program/Opiate Tx Program  0.5 Early Intervention  1 Outpatient  2.1 Intensive Outpatient  2.5 Partial Hospitalization  3.1 Clinically Managed Low-Intensity Residential  3.3 Clinically Managed Popn-Specific High-Int Residential  3.5 Clinically Managed High-Intensity Residential Services  3.7 Medically monitored intensive inpatient services  4 Medically Managed Intensive Inpatient Services  1-WM Ambulatory WM w/o extended onsite monitoring  2-WM Ambulatory WM w/extended onsite monitoring  3.2-WM Clinically managed residential WM  3.7-WM Medically monitored inpatient WM  4-WM Medically managed intensive inpatient WM |
| **LOC\_Actl\_Diffrsn** | If Actual LOC/WM was not among those Indicated, Reason for Difference | Char | 70 | See Valid Values column. | Not applicable - no difference Clinical Judgement Lack of insurance / payment source Legal Issues Level of care not available Managed care refusal Patient preference Geographic accessibility Family responsibility Language  Used two residential stays in a year already. Other |
| **LOC\_Actl\_Diffrsn\_Oth** | Explain reason why Actual LOC provided was not among those indicated, if reason for difference between Indicated LOC and Actual LOC was "Other" | Char | 255 |  |  |
| **Delay\_Rsn** | If referral is being made but admission is expected to be DELAYED, reason. | Char | 70 | See Valid Values column. | Waiting for level of care availability Waiting for language-specific services Waiting for other special popn-specific svcs Hospitalized Incarcerated Patient preference Waiting for ADA accommodation Other |
| **Delay\_Rsn\_Oth** | Explain reason why admission is expected to be delayed if reason for delay is "Other" | Char | 255 |  |  |