



Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Chapter 3 Provider Data

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1 General Information and Policies

1.1 Terms and Acronyms

The following table provides a list of business and technical acronyms/terms used in this document.

Acronym/Term	Definition
AHCA	Florida Agency for Health Care Administration
DCF	Florida Department of Children and Families
FASAMS	Financial and Services Accountability Management System
PLADS	Provider Licensing and Designation System
MCI	Master Client Index
ME	Managing Entity
NPI	National Provider Identifier
SFTP	SFTP (SSH File Transfer Protocol) is a secure file transfer protocol. It runs over the SSH protocol. It supports the full security and authentication functionality of SSH.
URL	A Uniform Resource Locator (URL), colloquially termed a web address, [1] is a reference to a web resource that specifies its location on a computer network and a mechanism for retrieving it. A URL is a specific type of Uniform Resource Identifier (URI), [2] although many people use the two terms interchangeably.
VPN	A virtual private network (VPN) extends a private network across a public network, and enables users to send and receive data across shared or public networks as if their computing devices were directly connected to the private network. Applications running across the VPN may therefore benefit from the functionality, security, and management of the private network.
XML	In computing, Extensible Markup Language (XML) is a markup language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable.

1.2 Submitting Provider Data

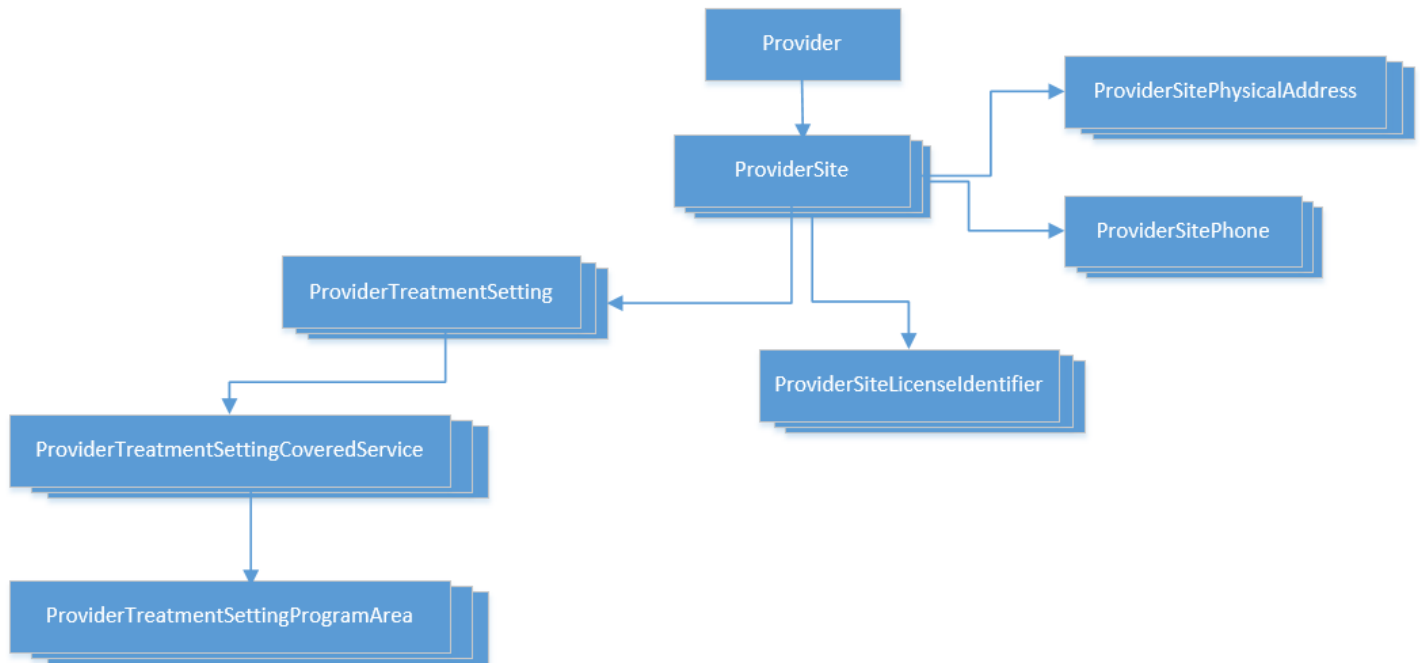
A Provider record is required from all agencies that have a contract with or are licensed by DCF for community mental health or substance abuse services, and all state treatment facilities that are operated by or have a contract with DCF.

Managing Entities (ME) must require each Provider which has a contract with the ME to submit Provider data directly to the Managing Entity. Managing Entities will validate and submit the data from each subcontracted Provider to DCF.

Providers that have a direct contract with DCF and state treatment facilities are required to submit Provider data directly to DCF.

1.3 Provider Domain Diagram

The following diagram depicts the relationships between all objects in the Provider domain in the FASAMS data warehouse. Each of the objects below is an entity within the Provider domain.



1.4 Crosswalk to ~~Previous Pamphlet 155-2~~ SAMHIS Data Elements

The table below identifies each data element in the new Provider domain, and how it maps to the previous version of Pamphlet 155-2. Data elements without a corresponding Pamphlet 155-2 mapping are new, and details can be found within Section 3 of this document. 71% of elements in this data set map to the previous Pamphlet 155-2, and 29% are new.

Provider Domain	Pamphlet 155-2
Provider	
FederalTaxIdentifier	PROV ProviderId or PROV SubContractorID
ProviderName	PROV SubContractor Name
ContractualRelationshipCode	
ProviderSite	
SiteIdentifier	PROV SiteId
SiteName	PROV Site Name
LicenseTypeCode	
OpenDate	PROV Opening Date
CloseDate	PROV Closure Date
DirectorPrefixName	PROV Director
DirectorFirstName	PROV Director

Provider Domain		Pamphlet 155-2
DirectorMiddleInitial		PROV Director
DirectorLastName		PROV Director
DirectorPhoneNumber		PROV Director Phone
NationalProviderIdentifier		PROV National Provider Identification
WebAddress		
ProviderSiteLicenseIdentifier		
TypeCode		
Identifier		
ProviderSitePhysicalAddress		
TypeCode		
StreetAddress		PROV Physical Address; PROV Mailing Address
CityName		PROV Physical Address; PROV Mailing Address
StateCode		
PostalCode		PROV Physical Address; PROV Mailing Address
CountyAreaCode		PROV County Name
ProviderSitePhone		
TypeCode		
PhoneNumber		PROV Site Phone; PROV Site Fax
ProviderTreatmentSetting		
SettingCode		
ProviderTreatmentSettingCoveredService		
CoveredServiceCode		PROV Substance Abuse Licensed Services, PROV Mental Health Services
ProviderTreatmentSettingProgramArea		
ProgramAreaCode		PROV Program Type

2 Provider File Information

2.1 Naming Convention

The data set name to be used for naming the Provider file is **ProviderDataSet**.

When submitting files to FASAMS, files must adhere to the below 3 requirements:

1. The name of the data set must be the first word in the file, followed by an underscore.
2. The filename must be unique in the submitters set of currently uploaded and unprocessed files.
3. The file must end with “.xml”.

In order to satisfy requirement #2 above, it is suggested to append the date and time to each file after the underscore, using the YYYYMMDDHHMMSS format.

Some example acceptable filenames would be:

- ProviderDataSet_20180215083045.xml

- ProviderDataSet_20180222091530.xml

Any file that does not meet this requirement will not be processed into FASAMS.

2.2 Adding Provider Data

When data for a new Provider is submitted to FASAMS, the Provider must be set up in FASAMS before any other data can be sent. A new Provider would be one where the Federal Employer Identification Number (FEIN) does not currently exist in FASAMS.

The ProviderDataSet must include all required data for each new Provider.

FASAMS will detect that the FEIN doesn't exist in the system, and the Provider data will be added.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.2.1 XML Example of Adding Provider Data

```
<Providers>
  <Provider>
    <FederalTaxIdentifier>XX-XXXXXX</FederalTaxIdentifier>
    <ProviderName>FASAMS Provider</ProviderName>
    <ContractualRelationshipCode>1</ContractualRelationshipCode>
    <ProviderSites>
      <ProviderSite>
        <SiteIdentifier>01</SiteIdentifier>
        <SiteName>Site 1 for FASAMS Provider</SiteName>
        <LicenseTypeCode>1</LicenseTypeCode>
        <OpenDate>1/1/2001</OpenDate>
        <DirectorFirstName>Bob</DirectorFirstName>
        <DirectorMiddleInitial>R</DirectorMiddleInitial>
        <DirectorLastName>Smith</DirectorLastName>
        <DirectorPhoneNumber>555-555-1234</DirectorPhoneNumber>
        <NationalProviderIdentifier>1234567890</NationalProviderIdentifier>
        <ProviderSiteLicenseIdentifiers>
          <ProviderSiteLicenseIdentifier>
            <TypeCode>1</TypeCode>
            <Identifier>SITE-00000001</Identifier>
          </ProviderSiteLicenseIdentifier>
        </ProviderSiteLicenseIdentifiers>
        <ProviderSitePhones>
          <ProviderSitePhone>
            <TypeCode>1</TypeCode>
            <PhoneNumber>555-555-5555</PhoneNumber>
          </ProviderSitePhone>
        </ProviderSitePhones>
        <ProviderTreatmentSettings>
          <ProviderTreatmentSetting>
            <SettingCode>02</SettingCode>
            <ProviderTreatmentSettingCoveredServices>
              <ProviderTreatmentSettingCoveredService>
                <CoveredServiceCode>24</CoveredServiceCode>
              </ProviderTreatmentSettingCoveredService>
            </ProviderTreatmentSettingCoveredServices>
          </ProviderTreatmentSetting>
        </ProviderTreatmentSettings>
      </ProviderSite>
    </ProviderSites>
  </Provider>
</Providers>
```

```

        <ProviderTreatmentSettingProgramArea>
          <ProgramAreaCode>2</ProgramAreaCode>
        </ProviderTreatmentSettingProgramArea>
        <ProviderTreatmentSettingProgramArea>
          <ProgramAreaCode>4</ProgramAreaCode>
        </ProviderTreatmentSettingProgramArea>
      </ProviderTreatmentSettingProgramAreas>
    </ProviderTreatmentSettingCoveredService>
  </ProviderTreatmentSettingCoveredServices>
</ProviderTreatmentSetting>
</ProviderTreatmentSettings>
<ProviderSitePhysicalAddresses>
  <ProviderSitePhysicalAddress>
    <TypeCode>1</TypeCode>
    <StreetAddress>17 Cherrytree ln.</StreetAddress>
    <CityName>Tallahassee</CityName>
    <StateCode>FL</StateCode>
    <PostalCode>32301</PostalCode>
    <CountyAreaCode>52</CountyAreaCode>
  </ProviderSitePhysicalAddress>
</ProviderSitePhysicalAddresses>
</ProviderSite>
<ProviderSite>
  <SiteIdentifier>02</SiteIdentifier>
  <SiteName>Site 2 for FASAMS Provider</SiteName>
  <LicenseTypeCode>2</LicenseTypeCode>
  <OpenDate>1/1/2005</OpenDate>
  <DirectorFirstName>John</DirectorFirstName>
  <DirectorMiddleInitial>W</DirectorMiddleInitial>
  <DirectorLastName>Smith</DirectorLastName>
  <DirectorPhoneNumber>555-555-4567</DirectorPhoneNumber>
  <NationalProviderIdentifier>9876543210</NationalProviderIdentifier>
  <ProviderSiteLicenseIdentifiers>
    <ProviderSiteLicenseIdentifier>
      <TypeCode>2</TypeCode>
      <Identifier>AHCA-00000001</Identifier>
    </ProviderSiteLicenseIdentifier>
  </ProviderSiteLicenseIdentifiers>
  <ProviderSitePhones>
    <ProviderSitePhone>
      <TypeCode>1</TypeCode>
      <PhoneNumber>555-555-5555</PhoneNumber>
    </ProviderSitePhone>
  </ProviderSitePhones>
  <ProviderTreatmentSettings>
    <ProviderTreatmentSetting>
      <SettingCode>04</SettingCode>
      <ProviderTreatmentSettingCoveredServices>
        <ProviderTreatmentSettingCoveredService>
          <CoveredServiceCode>03</CoveredServiceCode>
        </ProviderTreatmentSettingCoveredService>
      <ProviderTreatmentSettingProgramAreas>
        <ProviderTreatmentSettingProgramArea>
          <ProgramAreaCode>18</ProgramAreaCode>
        </ProviderTreatmentSettingProgramArea>
        <ProviderTreatmentSettingProgramArea>
          <ProgramAreaCode>19</ProgramAreaCode>
        </ProviderTreatmentSettingProgramArea>
      </ProviderTreatmentSettingProgramAreas>
    </ProviderTreatmentSetting>
  </ProviderTreatmentSettings>

```



```

        </ProviderTreatmentSettingProgramArea>
      </ProviderTreatmentSettingProgramAreas>
    </ProviderTreatmentSettingCoveredService>
  </ProviderTreatmentSettingCoveredServices>
</ProviderTreatmentSetting>
</ProviderTreatmentSettings>
<ProviderSitePhysicalAddresses>
  <ProviderSitePhysicalAddress>
    <TypeCode>1</TypeCode>
    <StreetAddress>3456 Cherrytree Ln.</StreetAddress>
    <CityName>Tallahassee</CityName>
    <StateCode>FL</StateCode>
    <PostalCode>32301</PostalCode>
    <CountyAreaCode>52</CountyAreaCode>
  </ProviderSitePhysicalAddress>
</ProviderSitePhysicalAddresses>
</ProviderSite>
</ProviderSites>
</Provider>
</Providers>

```

2.3 Updating Provider Data

When data for an existing Provider has changed, the Provider information in FASAMS must be updated. An existing Provider would be one where the FEIN exists in the FASAMS system.

For updates, the entire Provider record set can be sent, or only those data elements that need to be updated. If only the changed data elements are sent, the data set must include the key fields for the Provider, and the key fields for the specific Provider entity that is being updated.

FASAMS will automatically determine which data elements were changed, and only update those elements.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.3.1 XML Example of Updating Provider Data

The XML example for updating a Provider is the same as for adding a Provider, if the entire Provider record set is being sent. The example below indicates how to send only a portion of the Provider record set for updating.

2.3.1.1 Update a Provider Site Phone Number

```

<Providers>
  <Provider>
    <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
    <ProviderSites>
      <ProviderSite>
        <SiteIdentifier>01</SiteIdentifier>
        <ProviderSitePhones>
          <ProviderSitePhone>
            <TypeCode>1</TypeCode>
            <PhoneNumber>555-555-5555</PhoneNumber>
          </ProviderSitePhone>
        </ProviderSitePhones>
      </ProviderSite>
    </ProviderSites>
  </Provider>
</Providers>

```

```

    </ProviderSite>
  </ProviderSites>
</Provider>
</Providers>

```

2.4 Deleting Provider Data

If Provider data has been submitted in error, it can be deleted in whole or in part by using the Action attribute of the XML file. The data will not physically be deleted from FASAMS, but will be marked as deleted and will become unusable.

The Provider Data Set must include the key fields for the Provider, and the key fields for the specific Provider entity that is being deleted. The Action attribute should be set to “delete” for the specific Provider entity that is being deleted. Key fields are identified in the entity section below.

If a Provider is specified to be deleted, all child records for that Provider will be deleted as well.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.4.1 XML Example of Deleting Provider Data

2.4.1.1 Delete an entire Provider

```

<Providers>
  <Provider action="delete">
    <FederalTaxIdentifier>52-0000001</FederalTaxIdentifier>
  </Provider>
</Providers>

```

2.4.1.2 Delete a Provider Site

```

<Providers>
  <Provider>
    <FederalTaxIdentifier>52-0000001</FederalTaxIdentifier>
    <ProviderSites>
      <ProviderSite action="delete">
        <SiteIdentifier>01</SiteIdentifier>
      </ProviderSite>
    </ProviderSites>
  </Provider>
</Providers>

```

2.4.1.3 Delete a Provider Site Address

```

<Providers>
  <Provider>
    <FederalTaxIdentifier>52-0000001</FederalTaxIdentifier>
    <ProviderSites>
      <ProviderSite>
        <SiteIdentifier>01</SiteIdentifier>
        <ProviderSitePhysicalAddresses>
          <ProviderSitePhysicalAddress action="delete">
            <TypeCode>2</TypeCode>
          </ProviderSitePhysicalAddress>
        </ProviderSitePhysicalAddresses>
      </ProviderSite>
    </ProviderSites>
  </Provider>
</Providers>

```

```
</ProviderSitePhysicalAddresses>  
</ProviderSite>  
</ProviderSites>  
</Provider>  
</Providers>
```

2.5 UnDo Deletion

If Provider data is mistakenly deleted, it can be re-instated by using the Action attribute of the XML file. The data that was previously marked as deleted will be unmarked, and will become usable again.

The Provider Data Set must include the key fields for the Provider, and the key fields for the specific Provider entity that is being re-instated. The Action attribute should be set to “undo-delete” for the specific Provider entity that is being re-instated. Key fields are identified in the entity section below.

For detailed information on how FASAMS handles add/update/delete/un-do delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.5.1 XML Example of UnDo Delete

```
<Providers>  
  <Provider action="undo-delete">  
    <FederalTaxIdentifier>52-0000001</FederalTaxIdentifier>  
  </Provider>  
</Providers>
```

3 Provider Entities

This section defines the entities involved in the Provider data set.

At the Federal level, Provider data is collected as part of the Block Grant requirements for Inventory of Behavioral Health Services (I-BHS), including the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Survey of Mental Health Services (N-SMHS). At the State level, Provider data is used to improve the financial and service accountability by linking all other records in FASAMS.

3.1 Provider (Required)

3.1.1 Description

A provider represents a legal entity that serves individuals with substance abuse disorders or mental illness in one or more provider sites. A provider will be uniquely identified in FASAMS by their federal tax identifier. Therefore, no two provider records should be sent with the same federal tax identifier.

3.1.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
FederalTaxIdentifier

3.1.3 Fields

The fields in the provider entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
FederalTaxIdentifier	string	<p>The unique federal employer identification number of the facility that provides services under contract with the managing entity, direct contract with DCF or of the state treatment facility.</p> <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must match the pattern ##-##### or ##### where # represents any numeric character. • Must be unique.
ProviderName	string	<p>The name of the provider. Should be the corporate or highest level name for the provider.</p> <ul style="list-style-type: none"> • Required • Must be 100 characters or less.
ContractualRelationshipCode	string	<p>The code indicating the provider's contractual relationship with DCF.</p> <ul style="list-style-type: none"> • Required • Must be one of the following values: <ul style="list-style-type: none"> ○ 1 for Direct DCF Contract ○ 2 for Managing Entity Subcontract ○ 3 for State Mental Health Treatment Facility - DCF Operated ○ 4 for State Mental Health Treatment Facility - DCF Contracted ○ 5 for Both Direct DCF Contract and Managing Entity Subcontract

3.2 ProviderSite (Required)

Subentity of Provider

3.2.1 Description

A provider site represents a physical location of the provider where services are provided. A provider site can offer one or more treatment settings with different covered services for different program areas. A provider site will be uniquely identified in FASAMS by the provider record, and the site identifier. Therefore, no two provider site records should be sent with the same site identifier for the same provider. A provider can have multiple provider sites.

3.2.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
SitIdentifier

3.2.3 Additional Business Rules & Guidance

1. Generally, a SitIdentifier of '00' indicates the site is Administrative only and does not provide services.
2. If a site is both Administrative and provides services, the SitIdentifier should not be '00'.

3.2.4 Fields

The fields in the provider site entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
SitIdentifier	string	<p>The unique identifier for a provider site used by the Provider.</p> <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be 20 characters or less. • Must be unique for each provider.
SiteName	string	<p>The name of the provider site. Include a unit or program name that uniquely identifies the facility.</p> <ul style="list-style-type: none"> • Required • Must be 100 characters or less.
LicenseTypeCode	string	<p>The code indicating the type of provider site license.</p> <ul style="list-style-type: none"> • Required • Must be one of the following values: <ul style="list-style-type: none"> ○ 1 if Licensed by DCF ○ 2 if Licensed by AHCA ○ 3 if Licensed by both DCF and AHCA ○ 4 if Licensed by Other
OpenDate	date	<p>The date the provider site opened for operations.</p> <ul style="list-style-type: none"> • Required • <u>Optional</u> • Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.
CloseDate	date	<p>The date the provider site closed for operations.</p> <ul style="list-style-type: none"> • Optional • If provided, CloseDate must be greater than or equal to the OpenDate. • Must be in a valid Date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.
DirectorPrefixName	string	<p>The prefix name of the director of the provider site. For example, Mr., Mrs., etc.</p> <ul style="list-style-type: none"> • Optional

Field	Value Type	Description/Validation Rules
		<ul style="list-style-type: none"> • Must be 10 characters or less. • Must not contain special characters that are generally not acceptable as part of a name. Only lower case and upper case letters, spaces, hyphens and apostrophes will be permitted in these fields. • Must not be populated unless DirectorFirstName is populated.
DirectorFirstName	string	<p>The first name of the director of the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be 100 characters or less. • Must not contain special characters that are generally not acceptable as part of a name. Only lower case and upper case letters, spaces, hyphens and apostrophes will be permitted in these fields. • Must be populated if DirectorLastName is populated.
DirectorMiddleInitial	string	<p>The middle initial of the director of the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be 1 character. • Must not contain special characters that are generally not acceptable as part of a name. Only lower case and upper case letters, spaces, hyphens and apostrophes will be permitted in these fields. • Must not be populated unless DirectorFirstName is populated.
DirectorLastName	string	<p>The last name of the director of the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be 100 characters or less. • Must not contain special characters that are generally not acceptable as part of a name. Only lower case and upper case letters, spaces, hyphens and apostrophes will be permitted in these fields. • Must be populated if DirectorFirstName is populated.
DirectorPhoneNumber	string	<p>The primary phone number of the director of the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be in the format ###-###-#### or ##### where # is a number.
NationalProviderIdentifier	string	<p>The National Provider Identifier assigned by HHS for the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be 10 characters.
WebAddress	string	<p>The primary URL for the provider site.</p> <ul style="list-style-type: none"> • Optional • Must be 250 characters or less.

3.3 ProviderSiteLicenseIdentifier (Conditionally Required)

Subentity of ProviderSite

3.3.1 Description

A provider site license identifier represents how a given provider site is licensed or authorized to provide services. A provider site can contain multiple license identifier records. A license identifier will be uniquely identified in FASAMS by the provider site record, the identifier type code, and the actual identifier. Therefore, no two license identifier records should be sent with the same identifier type and identifier for the same provider site.

3.3.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
TypeCode
Identifier

3.3.3 Additional Business Rules & Guidance

1. If the provider site's License Type indicates that the provider site is "Licensed by DCF", then one or more ProviderSiteLicenseIdentifier records of type 'DCF PLADS System (SA) Site Identifier' must be provided.
2. If the provider site's License Type indicates that the provider site is "Licensed by AHCA", then one or more ProviderSiteLicenseIdentifier records of type 'AHCA Licensure Information System (MH) Site Identifier' must be provided.
3. If the provider site's License Type indicates that the provider site is "Licensed by both DCF and AHCA", then one or more ProviderSiteLicenseIdentifier records of type 'DCF PLADS System (SA) Site Identifier' must be provided and one or more ProviderSiteLicenseIdentifier records of type 'AHCA Licensure Information System (MH) Site Identifier' must be provided.
4. If the provider site's License Type indicates that the provider site is "Licensed by Other", then no ProviderSiteLicenseIdentifier should be provided.
5. For each ProviderSiteLicenseIdentifier of type 'DCF PLADS System (SA) Site Identifier', the combination of the Identifier value, and Provider.FederalTaxIdentifier must exist in the DCF licensure system for substance abuse providers (i.e. PLADS).
6. For each ProviderSiteLicenseIdentifier of type 'AHCA Licensure Information System (MH) Site Identifier', the combination of the Identifier value, and Provider.FederalTaxIdentifier must exist in the licensure system for mental health providers (i.e. AHCA).

3.3.4 Fields

The fields in the provider site license identifiers entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
TypeCode	string	The code indicating the type of provider site license identifier. <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be one of the following values: <ul style="list-style-type: none"> ○ 1 for DCF PLADS System (SA) Site Identifier ○ 2 for AHCA Licensure Information System (MH) Site Identifier
Identifier	string	The identifier for the provider site license. <ul style="list-style-type: none"> • Required • Must be less than 50 characters. • If the Type is 'DCF PLADS System (SA) Site Identifier', this value will be the SiteId that appears on the DCF Certificate, typically beginning with 'SITE'. • If the Type is 'AHCA Licensure Information System (MH) Site Identifier', this value will be the id provided by AHCA.

3.4 ProviderSitePhysicalAddress (Required)

Subentity of ProviderSite

3.4.1 Description

A provider site physical address represents a unique physical address for a given provider site. A provider site can have multiple physical addresses. A physical address will be uniquely identified in FASAMS by the provider site record and the physical address type code. Therefore, no two physical address records should be sent with the same address type for the same provider site.

3.4.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
TypeCode

3.4.3 Additional Business Rules & Guidance

1. A ProviderSitePhysicalAddress of type 'Service Location' must be provided.

3.4.4 Fields

The fields in the provider site physical address entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
TypeCode	string	The code indicating the type of physical address. <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be one of the following values: <ul style="list-style-type: none"> ○ 1 if Service Location ○ 2 if Mailing
StreetAddress	string	The street address for this physical location. <ul style="list-style-type: none"> • Required • Must be 100 characters or less.
CityName	string	The city name for this physical location. <ul style="list-style-type: none"> • Required • Must be 100 characters or less.
StateCode	string	The code indicating the state for this physical location. <ul style="list-style-type: none"> • Required • Must be 'FL' for Florida.
PostalCode	string	The postal code of the physical address. <ul style="list-style-type: none"> • Required • Must be in the format ##### or #####-#### or ##### where # is a number.
CountyAreaCode	string	The code indicating the county of the physical address. <ul style="list-style-type: none"> • Required • Must be a valid CountyArea value for the state of Florida. Refer to Appendix 1 Data Code Values of Pamphlet 155-2.

3.5 ProviderSitePhone (Optional)

Subentity of ProviderSite

3.5.1 Description

A provider site phone represents a unique phone number for a given provider site. A provider site can have multiple phone numbers. A phone number will be uniquely identified in FASAMS by the provider site record and the phone type code. Therefore, no phone records should be sent with the same phone type for the same provider site.

3.5.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
TypeCode

3.5.3 Additional Business Rules & Guidance

1. It is optional to send phone records; however, it is preferred to send at least one.

3.5.4 Fields

The fields in the provider site phone entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
TypeCode	string	<p>The code indicating the type of phone number.</p> <ul style="list-style-type: none"> Required. Record will be rejected if field is blank or fails validation <u>Optional.</u> Must be one of the following values: <ul style="list-style-type: none"> ○ 1 for Main Office ○ 2 for Fax
PhoneNumber	string	<p>The phone number for the provider site.</p> <ul style="list-style-type: none"> Required <u>Optional</u> Must be in the format ###-###-#### or ##### where # is a number.

3.6 ProviderTreatmentSetting (Conditionally Required)

Subentity of ProviderSite

3.6.1 Description

A provider site treatment setting represents a unique treatment service or treatment setting in which an individual can be placed at the time of admission or transfer within a provider site. A treatment setting represents the different treatments that can be offered at a particular provider site. A provider site may offer multiple programs in multiple treatment settings, however, this entity is only an overall list of the unique treatment settings the provider site offers, not each individual program. A provider site can contain multiple provider treatment setting records. A provider site treatment setting will be uniquely identified in FASAMS by the provider site record and the setting code. Therefore, no two provider site treatment setting records should be sent with the same setting for the same provider site.

3.6.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
SettingCode

3.6.3 Additional Business Rules & Guidance

1. It is required to provide at least one ProviderTreatmentSetting record unless the ProviderSite.SiteIdentifier equals "00", indicating an administrative site.
2. It is required to provide a ProviderTreatmentSetting record for each treatment setting in which services are provided.

3.6.4 Fields

The fields in the provider site treatment settings entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
SettingCode	string	<p>The code indicating the type of treatment setting.</p> <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be one of the following values: <ul style="list-style-type: none"> ○ 02 for Detoxification, 24-hour service, Free-Standing Residential ○ 03 for Rehabilitation/Residential—Hospital (other than Detoxification) ○ 04 for Rehabilitation/Residential—Short term (30 days or fewer) ○ 05 for Rehabilitation/Residential—Long term (more than 30 days) ○ 06 for Ambulatory—Intensive outpatient ○ 07 for Ambulatory—Non-Intensive outpatient ○ 08 for Ambulatory—Detoxification ○ 09 for Non-TEDS Tx Service Settings ○ <u>09</u> for Crisis Stabilization provided under a CMHC provider ○ <u>10</u> for Residential/Rehabilitation ○ <u>11</u> for Residential Treatment Center ○ <u>12</u> for Inpatient Hospital ○ <u>13</u> for Ambulatory Outpatient ○ <u>14</u> for Other Service Settings

3.7 ProviderTreatmentSettingCoveredService (Conditionally Required)

Subentity of ProviderTreatmentSetting

3.7.1 Description

A provider site treatment setting covered service represents a unique covered service, as defined in 65E-14.021, F.A.C., Schedule of Covered Services, that is offered at a provider site associated with a specific treatment setting. A treatment setting can contain multiple covered service records. A covered service will be uniquely identified in FASAMS by the

treatment setting record, and the covered service code. Therefore, no two covered service records should be sent with the same covered service for the same provider site treatment setting.

3.7.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
CoveredServiceCode

3.7.3 Additional Business Rules & Guidance

1. It is required to provide at least one ProviderTreatmentSettingCoveredService record for each ProviderTreatmentSetting unless the ProviderSite.SiteIdentifier equals "00", indicating an administrative site.
2. It is required to provide a ProviderTreatmentSettingCoveredService record for each covered service under each treatment setting in which services are provided.

3.7.4 Fields

The fields in the provider site treatment setting covered service entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
CoveredServiceCode	string	<p>The code indicating the covered service.</p> <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be a valid CoveredService for the given ProviderTreatmentSetting.SettingCode. Refer to Appendix 1 Data Code Values of Pamphlet 155-2.

3.8 ProviderTreatmentSettingProgramArea (Conditionally Required)

Subentity of ProviderTreatmentSettingCoveredService

3.8.1 Description

A provider site treatment setting program area represents the different program areas that are associated with the covered services. A covered service can contain multiple program area records. A program area will be uniquely identified in FASAMS by the treatment setting covered service record and the program area code. Therefore, no two program area records should be sent with the same program area for the same covered service.

3.8.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
ProgramAreaCode

3.8.3 Additional Business Rules & Guidance

1. It is required to provide at least one ProviderTreatmentSettingProgramArea record for each ProviderTreatmentSettingCoveredService unless the ProviderSite.SiteIdentifier equals "00", indicating an administrative site.
2. It is required to provide a ProviderTreatmentSettingProgramArea record for each program area under each covered service under each treatment setting in which services are provided.

3.8.4 Fields

The fields in the provider site treatment setting program area entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
ProgramAreaCode	string	<p>The code indicating the program area.</p> <ul style="list-style-type: none"> • Required. Record will be rejected if this field is blank or fails validation. • Must be one of the following values: <ul style="list-style-type: none"> ○ 1 for Adult Mental Health ○ 2 for Adult Substance Abuse ○ 3 for Child Mental Health ○ 4 for Child Substance Abuse • Must be a valid ProgramArea for the given ProviderTreatmentSettingCoveredService.CoveredServiceCode and ProviderTreatmentSetting.SettingCode. Refer to Appendix 1 Data Code Values of Pamphlet 155-2.