



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

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Secretary

MEMORANDUM #20190514-B

DATE: June 21, 2019
TO: Data Advisory Committee Members
FROM: Sen-Yoni Musingo, Director, Substance Abuse and Mental Health Quality Assurance
SUBJECT: Treatment Episode Data Set Structure

1. PURPOSE

System enhancements related to submission of data required in the Treatment Episode Data Set.

2. CURRENT STATUS:

The current system needs enhancement to address the following business requirements:

- Ability to submit initial and transfer admission records based on business-driven processes and practices rather than data-driven processes (e.g., TEDS data collection processes).
- Ability to collect and report service duration for persons, who need long-term or short-term services at the time of their initial or transfer admission in residential/rehabilitation service setting.
- Ability to collect and report service intensity for persons, who need intensive or non-intensive services at the time of their initial or transfer admission in ambulatory outpatient service setting.
- Ability to collect and report data for persons, who need only methadone detoxification services at the time of their initial or transfer admission in ambulatory outpatient service setting.
- Ability to validate covered services and projects that can be reported as client-specific and non-client-specific in Service Event table under each service setting.
- Ability to provide more accurate crosswalk to TEDS Service/Treatment Setting Codes

3. RECOMMENDATIONS

The Data Integrity Committee members recommended the following changes to meet the above business requirements.

- 3.1.** Deactivate/expire the existing Service/Treatment Setting Codes in Table 3 of Appendix 1 as follows.
- **03** for Rehabilitation/Residential-Hospital (other than Detoxification)

- **04** for Rehabilitation/Residential -Short term (30 days or fewer)
- **05** for Rehabilitation/Residential –long-term term (30 days or more)
- **06** for Ambulatory – Intensive outpatient
- **07** for Ambulatory – Non-Intensive outpatient
- **08** for Ambulatory Detoxification
- **97** for Non-TEDS Tx Service Settings

3.2. Add new Service Setting Codes in **Table 3 of Appendix 1** as follows.

- **09** for Crisis Stabilization provided under a CMHC provider
- **10** for Residential/Rehabilitation
- **11** for Residential Treatment Center
- **12** for Inpatient Hospital
- **13** for Ambulatory Outpatient
- **14** for Other Service Settings

3.3. Update Table 3 of Appendix 1 in Pamphlet 155-2 (version 13) to reflect new Service Settings and applicable covered services and projects as specified in **Attachment 1** below.

3.4. Add the following data elements to Admission Subentity of Provider Treatment Episode.

3.4.1. ServiceDuration

- This field indicates the clinical assessment of the person needs for long-term service duration (at least 30 days) or short-term service duration (less than 30 days) at the time of his/her initial or transfer admission into a Residential/Rehabilitation Service Setting.
- Required only if ServiceSetting is 10 (Residential/Rehabilitation)
- Must be one of the following values:
 - 1 for long-term duration
 - 2 for short-term duration

3.4.2. ServiceIntensity

- This field indicates the clinical assessment of the person needs for intensive services (at least two service events in three consecutive days per week) or non-intensive services at the time of his/her initial or transfer admission into an Ambulatory Outpatient Service Setting.
- Required only if ServiceSetting is 13 (Ambulatory Outpatient)
- Must be one of the following values:
 - 1 for Intensive Services
 - 2 for Non-Intensive Services

3.4.3. AmbulatoryDetoxOnly

- This field indicated the clinical assessment of the person needs to receive only ambulatory detoxification services at the time of his/her initial or transfer admission into an Ambulatory Outpatient Service Setting
- Required only if ServiceSetting is 13 (Ambulatory Outpatient)
- Must be one of the following values:
 - 0 for No
 - 1 for Yes

4. BENEFITS

- Greater accuracy of data needed for TEDS crosswalks and TEDS data extracts as specified in **Attachment 2** below.
- Significant reduction in the frequency and number of initial and transfer admission records submitted into FASAMS
- The enhancements will have a significant “Value Added” to the current system functionality

5. RISKS

- Require an update of all chapters and code tables, which use existing service/treatment setting codes
- May require submitting entities to resubmit historical data to reflect the changes

6. NEXT STEPS

The table below shows the milestones and timelines for implementing this enhancement. **As a result of this enhancement, all the changes in the Pamphlet 155-2 (Version 3) will become effective starting with the submission of January 2020 data on February 18, 2020.**

Milestones	Begin	End	Responsible Party
Submit change request to FEi, including SAMH business requirements	05/14/2019	06/01/2019	DCF
Complete JAD sessions and develop detailed technical requirement specifications based on SAMH business requirements	06/01/2019	06/30/2019	FEi
Review and approve detailed technical requirement specification from FEi	07/01/2019	07/01/2019	DCF
Complete FASAMS system development based on approved technical requirement specifications.	07/01/2019	09/30/2019	FEi
Make changes in submitting entity data systems based on FEi technical requirement specifications.	07/01/2019	12/31/2019	MEs, Providers, EHR, SMHTF
Conduct FASAMS User Acceptance Testing and publish FASAMS documentation	10/01/2019	10/31/2019	DCF
Deploy enhancement into FASAMS Production environment	11/01/2019	11/01/2019	FEi
Fine tune changes in submitting entity data systems based on published FASAMS documentation and complete UAT in FASAMS.	11/01/2019	12/31/2019	MEs, Providers, EHR, SMHTF
Collect and Submit FY 2019-20 Data into FASAMS	07/01/2019	06/30/2020	Submitting Entities

7. ATTACHMENT 1

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)										
FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
02	Detoxification, 24-hour service, Free- Standing Residential	24	Substance Abuse Inpatient Detoxification		X		X	Client-Specific	Availability	Day
09	Crisis Stabilization (provided by CMHC provider)	03	Crisis Stabilization	X		X		Client-Specific	Availability	Day
10	Rehabilitation/Residential	18	Residential Level I	X	X	X	X	Client-	Utilization	Day

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
								Specific		
		19	Residential Level II	X	X	X	X	Client-Specific	Utilization	Day
		20	Residential Level III	X	X	X	X	Client-Specific	Utilization	Day
		21	Residential Level IV	X	X	X	X	Client-Specific	Utilization	Day
		36	Room and Board with Supervision Level I	X	X	X	X	Client-Specific	Utilization	Day
		37	Room and Board with Supervision Level II	X	X	X	X	Client-Specific	Utilization	Day
		38	Room and Board with Supervision Level III	X	X	X	X	Client-Specific	Utilization	Day
		39	Short-term Residential Treatment	X		X		Client-Specific	Availability	Day
		A1	BNET			X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A2	FIT Team		X			Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A3	Central Receiving System	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		A7	Federal Project Grant	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A8	Local Diversion Forensic Project	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		B6	Provider Proviso Projects	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		C0	Other Bundled Projects	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
11	Residential Treatment Center (RTC)	18	Residential Level I	X		X		Client-Specific	Utilization	Day
12	Inpatient Hospital	03	Crisis Stabilization (Provider is Inpatient Hospital)	X		X		Client-Specific	Availability	Day
		09	Inpatient	X	X	X	X	Client-Specific	Utilization	Day
13	Ambulatory - Outpatient	01	Assessment	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		02	Case Management	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non-Client-Specific	Availability	Direct Staff Hour
		05	Day Care	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		06	Day Treatment	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		08	In-Home and On-Site	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		10	Intensive Case Management	X		X		Client-Specific	Utilization	Direct Staff Hour
		11	Intervention	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		12	Medical Services	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		13	Medication Assisted Treatment		X		X	Client-Specific	Utilization	Direct Staff Hour
		14	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		15	Outreach	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Non-Direct Staff Hour

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		22	Respite Services	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		25	Supported Employment	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		26	Supportive Housing/Living	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		27	Treatment Alternative for Safer Community		X		X	Client-Specific	Utilization	Direct Staff Hour
		28	Incidental Expenses	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Dollars Spent
		29	Aftercare	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		32	Substance Abuse Outpatient Detoxification		X		X	Client-Specific	Availability	Direct Staff Hours
		35	Outpatient - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		43	Aftercare - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		44	Comprehensive Community Service Team	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Hour

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Hour
		46	Recovery Support	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		47	Recovery Support - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Hour
		A0	Forensic Multidisciplinary Team	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A1	BNET			X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A2	FIT Team		X			Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A3	Central Receiving System	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A4	Care Coordination	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		A5	First Episode Team	X		X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A6	Self-Directed Care	X		X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A7	Federal Project Grant	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A8	Local Diversion Forensic Project	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		A9	Disaster Behavioral Health	X		X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		B2	Transition Voucher	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		B4	CAT Team			X		Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		B5	FACT Team	X				Client-Specific	Utilization or Availability	See Appendix 1, Table 10

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
		B6	Provider Proviso Projects	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		B7	Wraparound	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
		C0	Other Bundled Projects	X	X	X	X	Client-Specific	Utilization or Availability	See Appendix 1, Table 10
14	Other Service Settings (for reporting Non-Client-Specific service events)	04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non-Client-Specific	Availability	Direct Staff Hour
		07	Drop-In/Self-Help Centers	X		X		Non-Client-Specific	Utilization	Non-Direct Staff Hour
		15	Outreach	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Non-Direct Staff Hour
		28	Incidental Expenses	X	X	X	X	Client-Specific or Non-Client-	Utilization	Dollars Spent

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
								Specific		
		30	Information and Referral	X	X	X	X	Non-Client-Specific	Availability	Direct Staff Hour
		40	Mental Health Clubhouse Services	X		X		Non-Client-Specific	Utilization	Direct Staff Hour
		42	Intervention - Group	X	X	X	X	Non-Client-Specific	Utilization	Direct Staff Hour
		44	Comprehensive Community Service Team	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Hour
		45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Hour
		48	Indicated Prevention	X	X	X	X	Non Client-Specific	Utilization	Direct Staff Hour
		49	Selective Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Hour
		50	Universal Direct Prevention	X	X	X	X	Non-Client-	Utilization	Non-Direct

New Table 3 for Covered Service or Project in Appendix 1 of Pamphlet 155-2 (Version 13)

FASAMS Service Setting Code	FASAMS Service Setting Name	Covered Service or Project Code	Covered Service or Project Name	AMH	ASA	CMH	CSA	Event Type	Payment Type	Unit of Measure
								Specific		Staff Hour
		51	Universal Indirect Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Hour

8. ATTACHMENT 2

The table in Attachment 2 below uses the following FASAMS data elements to crosswalk and extract data needed for TEDS Service/Treatment Setting codes

- **ServiceSettingCode** is one of the following:
 - 02 for Inpatient Detox
 - 09 for Crisis Stabilization (provided in CMHC)
 - 10 for Rehabilitation/Residential
 - 11 for Residential Treatment Center (RTC)
 - 12 for Inpatient Hospital
 - 13 for Ambulatory Outpatient
 - 14 for Other Setting (non-client-specific services)
- **ProgramAreaCode** is one of the following:
 - 1 for AMH
 - 2 for ASA
 - 3 for CMH
 - 4 for CSA
 - 5 for AMH and ASA
 - 6 for CMH and CSA
- **ServiceDurationCode** is one of the following:
 - 1 for Long-term duration
 - 2 for Short-term duration
- **ServiceIntensityCode** is one of the following:
 - 1 for Intensive Services
 - 2 for Non-Intensive Services
- **AmbulatoryDetoxOnlyCode** is one of the following:
 - 0 for No
 - 1 for Yes
- **ContractualRelationshipCode** is one of the following:
 - 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
- **IsCodependentCode** is one of the following:
 - 0 for No
 - 1 for Yes



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Attachment 2

TEDS Service/Treatment Setting Codes and Names		FASAMS Algorithms to Extract TEDS Service/Treatment Setting Codes
02	Detoxification, 24-hour service, Free-Standing Residential	IsCodependentCode is 0 and ServiceSettingCode is 02 and ProgramAreaCode is 2 or 4 or 5 or 6 and ContractualRelationshipCode is 1 or 2 or 5
03	Rehabilitation/Residential - Hospital (other than Detoxification)	IsCodependentCode is 0 and ServiceSettingCode is 12 and ProgramAreaCode is 2 or 4 or 5 or 6 and ContractualRelationshipCode is 1 or 2 or 5
04	Rehabilitation/Residential - Short term (30 days or fewer)	IsCodependentCode is 0 and ServiceSettingCode is 10 and ProgramAreaCode is 2 or 4 or 5 or 6 and ServiceDurationCode is 2 and ContractualRelationshipCode is 1 or 2 or 5
05	Rehabilitation/Residential - Long term (more than 30 days)	IsCodependentCode is 0 and ServiceSettingCode is 10 and ProgramAreaCode is 2 or 4 or 5 or 6 and ServiceDurationCode is 1 and ContractualRelationshipCode is 1 or 2 or 5

Attachment 2

TEDS Service/Treatment Setting Codes and Names		FASAMS Algorithms to Extract TEDS Service/Treatment Setting Codes
06	Ambulatory - Intensive outpatient	IsCodependentCode is 0 and ServiceSettingCode is 13 and ProgramAreaCode is 2 or 4 or 5 or 6 and ServiceIntensityCode is 1 and ContractualRelationshipCode is 1 or 2 or 5
07	Ambulatory - Non-intensive outpatient	IsCodependentCode is 0 and ServiceSettingCode is 13 and ProgramAreaCode is 2 or 4 or 5 or 6 and ServiceIntensityCode is 2 and ContractualRelationshipCode is 1 or 2 or 5
08	Ambulatory - Detoxification	IsCodependentCode is 0 and ServiceSettingCode is 13 and ProgramAreaCode is 2 or 4 or 5 or 6 and AmbulatoryDetoxOnlyCode is 1 and ContractualRelationshipCode is 1 or 2 or 5
72	State Psychiatric Hospital	ServiceSettingCode is 12 and ProgramAreaCode is 1 or 5 and ContractualRelationshipCode is 3 or 4
73	SMHA funded/operated community-based program	ServiceSettingCode is 09 or 10 or 13 and ProgramAreaCode is 1 or 3 or 5 or 6 and ContractualRelationshipCode is 1 or 2 or 5
74	Residential treatment Center	ServiceSettingCode is 11 and ProgramAreaCode is 1 or 3 or 5 or 6 and ContractualRelationshipCode is 1 or 2 or 5
75	Other Psychiatric Hospital	ServiceSettingCode is 12 and ProgramAreaCode is 1 or 3 or 5 or 6 and ContractualRelationshipCode is 1 or 2 or 5

Attachment 2

TEDS Service/Treatment Setting Codes and Names		FASAMS Algorithms to Extract TEDS Service/Treatment Setting Codes
76	Institutions under the justice system	Not Collected
96	Not Applicable (use only for codependents or collateral clients (SA) and for MH clients receiving MH services pertaining to Immediate Discharge)	IsCodependentCode is 1 and ProgramAreaCode is 2 or 4 or 5 or 6 OR there is at least one immediate discharge record related to ProgramAreaCode of 1, 2 , 3 or 4 or 5 or 6