| **Proposed Table 3 in Appendix 5 Data Code Values**1. **Changes:**
* **Merged two existing Treatment Settings for Residential/Rehabilitation Short-term and Residential/Rehabilitation Long-term into one Admission Setting for Residential/Rehabilitation. This includes all the relevant covered services**
* **Merged three existing Treatment Settings for Ambulatory Detoxification, Ambulatory Intensive Outpatient and Ambulatory Non-Intensive Outpatient into one Admission Setting for Ambulatory Outpatient. This includes all the relevant covered services or projects**
* **Created a separate Admission Setting for Crisis Stabilization to facilitate the calculation of lengths of stay and readmission rates in acute care facilities**
* **Added a separate Admission Setting for Other Psychiatric Inpatient to facilitate the calculation of lengths of stay and readmission rates in acute care facilities**
* **Added a separate Admission Setting for Residential Treatment Center to facilitate the crosswalk to TEDS Treatment Setting**
* **Added a separate Admission Setting for State Treatment Facilities to facilitate the crosswalk to TEDS Treatment Setting**
1. **Impact Assessment:**
* **FEI will assess the impact of these changes on existing data sets (e.g., Provider) standard reports, and TEDS data extras**
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| **Admission Setting Code** | **Admission Setting Name** | **Covered Service or Project Code** | **Covered Service or Project Name** | **MH** | **SA** | **Event Type** | **Payment Type** | **Default Unit of Measure** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 02 | Detoxification, 24-hour service, Free- Standing Residential | 24 | Substance Abuse Inpatient Detoxification |  | X | Client-Specific | Availability | Day |
| 03 | Crisis Stabilization(provided in CMHC) | 03 | Crisis Stabilization  | X |  | Client-Specific | Availability | Day |
| 04 | Rehabilitation/Residential  | 18 | Residential Level I | X | X | Client-Specific | Utilization | Day |
|  |  | 19 | Residential Level II | X | X | Client-Specific | Utilization | Day |
|  |  | 20 | Residential Level III | X | X | Client-Specific | Utilization | Day |
|  |  | 21 | Residential Level IV | X | X | Client-Specific | Utilization | Day |
|  |  | 36 | Room and Board with Supervision Level I | X | X | Client-Specific | Utilization | Day |
|  |  | 37 | Room and Board with Supervision Level II | X | X | Client-Specific | Utilization | Day |
|  |  | 38 | Room and Board with Supervision Level III | X | X | Client-Specific | Utilization | Day |
|  |  | 39 | Short-term Residential Treatment  | X |  | Client-Specific | Availability | Day |
| 05 | Residential Treatment Center (RTC) | 18 | Residential Level I | X |  | Client-Specific | Utilization | Day |
| 06 | Other Psychiatric Inpatient | 03 | Crisis Stabilization (Provider is Psychiatric Inpatient) | X |  | Client-Specific | Availability | Day |
|  |  | 09 | Inpatient | X |  | Client-Specific | Utilization | Day |
| 07 | Ambulatory Outpatient | 01 | Assessment  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 02 | Case Management  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 04 | Crisis Support/Emergency | X | X | Client-Specific or Non- Client-Specific | Availability | Direct Staff Minute |
|  |  | 06 | Day Treatment | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 08 | In-Home and On-Site | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 10 | Intensive Case Management | X |  | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 11 | Intervention  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 12 | Medical Services  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 13 | Medication Assisted Treatment  |  | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 14 | Outpatient  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 25 | Supported Employment  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 26 | Supportive Housing/Living  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 27 | Treatment Alternative for Safer Community  |  | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 29 | Aftercare  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 32 | Substance Abuse Outpatient Detoxification  |  | X | Client-Specific | Availability | Direct Staff Minutes |
|  |  | 35 | Outpatient - Group | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 40 | Mental Health Clubhouse Services  | X |  | Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 42 | Intervention - Group | X | X | Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 43 | Aftercare - Group | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 44 | Comprehensive Community Service Team  | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 45 | Comprehensive Community Service Team – Group | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 46 | Recovery Support  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 47 | Recovery Support -Group | X | X | Client-Specific | Utilization | See Appendix 5, Table 10 |
|  |  | A0 | Forensic Multidisciplinary Team  | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A1 | BNET |  |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A2 | FIT Team |  | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A3 | Central Receiving System | X | X |  |  | See Appendix 5, Table 10 |
|  |  | A4 | Care Coordination | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A5 | First Episode Team | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A6 | Self-Directed Care | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A7 | Federal Project Grant | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A8 | Local Diversion Forensic Project | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A9 | Disaster Behavioral Health | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B2 | Transition Voucher | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | B4 | CAT Team | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B5 | FACT Team | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B6 | Provider Proviso Projects | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | B7 | Wraparound | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | C0 | Other Bundled Projects | X | X |  | Utilization | See Appendix 5, Table 10 |
| 97 | Other Service Settings | 05 | Day Care  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 07 | Drop-In/Self-Help Centers  | X |  | Non- Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 15 | Outreach | X | X | Client-Specific or Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 22 | Respite Services | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 28 | Incidental Expenses | X | X | Client-Specific or Non- Client-Specific | Utilization | Dollars Spent |
|  |  | 30 | Information and Referral  | X | X | Non-Client-Specific | Availability | Direct Staff Minute |
|  |  | 48 | Indicated Prevention  | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 49 | Selective Prevention | X | X | Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 50 | Universal Direct Prevention  | X | X | Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 51 | Universal Indirect Prevention  | X | X | Non-Client-Specific | Utilization | Non-Direct Staff Minute |