

**Chapter 10 ASAM (American Society of Addiction Medicine) Data Set**

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**Revision History**

**Version 10.1**

- ◆ Updated the document footer.
- ◆ Page 1 – Added sentence making ASAM a child record of the SA admission and modified the relational entity diagram.
- ◆ Page 1 – Deleted note above relational entity diagram.

**Version 10.2**

- ◆ Page 1
  - Added sentence stating ASAM was now the child record of the substance abuse admission record.
  - Added a new paragraph about the new purpose code ‘9’ and the requirements for submission.
  - Modified the relational diagram showing the ASAM record dependent on the substance abuse admission being in place.
- ◆ Pages 3 – 5 – Updated the “**Mandatory?**” entry to indicate the field is required if the purpose code is equal to ‘1’, ‘2’ or ‘3’.
- ◆ Page 7 – Updated the data collection form.
- ◆ Page 8 – Updated the file layout
- ◆ Updated the document footer.

**Version 10.3**

- ◆ Added Table of Contents
- ◆ Deleted Enabling Authority from this chapter
- ◆ Moved Revision History to the beginning of chapter
- ◆ Deleted “Instructions for Collecting and Reporting Substance Abuse Admission Data Elements” and added the information to the file layout
- ◆ Updated document footer

## **I. General Policies and Considerations**

### **A. Providers Required to Submit ASAM Data**

1. Providers contracted with the circuit SAMH office to provide substance abuse treatment or detox services are required to submit ASAM data. Providers licensed for intervention are also required to submit ASAM data. An agency must also be licensed by the Department to provide the service for which the ASAM is submitted.

### **B. Substance Abuse ASAM Data Information**

1. An ASAM record is prepared when a client is admitted into a provider agency for treatment, intervention or detox services. Data is reported at initial collection and whenever this information changes.
2. The Substance Abuse Admission is the parent record for the ASAM. Records that have no associated parent records or that fail field edits and validations will be rejected and not captured into the data warehouse.
3. Documentation Requirements: Demographic information must be available for all clients whose care is being paid for, in whole or in part, by the department's SAMH contract or local match. If the agency maintains electronic client documentation, a paper copy of the demographic form is not required to be in the client's medical record, but the provider must furnish the information when requested for monitoring or audit purposes.
4. The ASAM record is required to be submitted when:
  - a. A client is admitted to a level of care
  - b. A client is discharged from a level of care
  - c. A client's placement changes and the recommended level of care remains the same.
5. A new purpose code is added to allow the submission of a blank ASAM record. The purpose code is a '9'. The only data elements required for submission of the record are the record keys. The data elements are: Contractor ID, Social Security Number (SSN), Admission Date, Purpose Code, Service Provider ID and ASAM Date. All remaining data elements are left blank.
6. Normally, the Continued Stay record is not required to be sent in if the Recommended Level of Care and the actual placement do not change.

### **C. Removing Undesired Records**

1. An ASAM record that has already been accepted to the data warehouse can be deleted. This should only be done if one of the record keys has changed. If any other data field needs to be corrected, the current record should be updated and submitted, causing the existing record to be updated. The file format for this deletion record follows. The key fields for the ASAM record are in the table below.

Field Name	Start	Length	Type
CONTRACTORID	1	10	CHAR
SSN	11	9	CHAR
EVALDATE	20	8	DATE
PURPOSE	28	1	CHAR
PROVID	29	10	CHAR
ASAMDATE	39	8	DATE

- On-Screen: Retrieve the record needing Deletion using the VIEW Information Navigation button. Once the specific record is displayed, left click on the Delete Information button at the bottom of the screen. You will be prompted to ensure you wish to continue with a deletion process. You have the option to CANCEL the deletion. Selecting "OK" will delete the record. When the system has deleted the record, it displays a "Record Deleted" message.

## II. ASAM File Layout with Validations, Descriptions and Instructions

FIELD VIEW NAME	FIELD POSITIONS	TYPE/SI ZE	VALIDATION EDITS
<b>CONTRACTOR ID (Mandatory Key)</b>	1-10	CHAR (10)	Valid values = 10 characters for Provid that already exists in the Provider table Else reject <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: Contractor Identification Number</b> is the 10-digit (including the dash) Federal Employer Identification Number (example: 59-1234567) that identifies the entity that has the state contract to serve the consumer. It should be identical to the number on the contract identified in Contract 1.		
<b>SSN (Mandatory Key)</b>	11-19	CHAR (9)	Valid values = 9 characters Cannot start with 000 <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: Social Security Number</b> – Enter the SSN of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the SSN is not known, follow the instructions for constructing a Pseudo SSN in Chapter 4. When the client’s correct social security number is known, report it to PDMHI Office in Tallahassee. This number must match the number reported in the Demographic record. Otherwise, the service event record will be rejected as an orphan.		
<b>EVALDATE (Mandatory Key)</b>	20-27	DATE(8)	Date must be > or = to client’s date of birth and < = to system date. Must be in YYYYMMDD format. Else reject. The EVALDATE is the same date as on the admission record (Purpose Code ‘1’). If PURPEVAL = 1 or 2, the EVALDATE is evaluated against the begin and end dates of ContID1. <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: Evaluation Date (Admission Date)</b> Enter the date indicating when the client was admitted into the provider agency. This is the Evaluation date for the Substance Abuse Outcome purpose code ‘1’ – Initial (SISAR Admission). When the Purpose Code is ‘1’ or ‘2’, then the EVALDATE is evaluated against contract ID 1 to make sure the date falls in between the contract begin date and the contract end date.		
<b>PURPOSE (Mandatory Key)</b>	28-28	CHAR(1)	Valid Values =1 Through 3 or 9 Else, reject If Purpose = ‘2’ or ‘3’, then there must be a Purpose code ‘1’ Else reject. <b>(Mandatory Key)</b>

	<b>Descriptions and Instructions: Purpose Code</b> Indicate the purpose for completing the ASAM. [1] Admission – For a new client or existing client beginning a new level of care. [2] Continued stay – For an existing client who will be continuing in treatment. [3] Discharge – For a client who is being discharged from a level of care. [9] No ASAM Required – For a client who is receiving services which do not require a normal ASAM record.		
<b>PROVIDER ID (Mandatory Key)</b>	29-38	CHAR (10)	Valid values = 10 characters for Provid that already exists in the Provider table. Else reject. <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: Provider ID</b> Enter the 10 digit Federal Employer ID of the subcontracted agency serving the consumer. Contractor agencies reenter the Contractor ID. This number must be included in the SAMHIS Provider table to be accepted.		
<b>ASAMDATE (Mandatory Key)</b>	39-46	DATE (8)	The ASAM date must be equal to or after the admission date (EVALDATE). Must be in YYYYMMDD format. Else, reject. If PURPEVAL = 3, the ASAMDATE is evaluated against the begin and end dates of ContID1. <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: ASAM Date</b> Indicate the completion date of the ASAM form. This date must be equal to or after the client's admission date (see item #4 above). When the Purpose Code is '3', then the ASAMDATE is evaluated against contract ID 1 to make sure the date falls in between the contract begin date and the contract end date.		
<b>SA PROGRAM</b>	47-47	CHAR(1)	Valid values = '2' or '4' Else, reject <b>(Mandatory)</b>
	<b>Descriptions and Instructions: SA Program</b> A one-digit budget code that indicates the general state funding source for the service. In most instances, the majority of services that occur in one location will have the same Program code. The agency's fiscal staff should be consulted for the correct code. [2] Adult Substance Abuse [4] Children's Substance Abuse		
<b>RECOMMENDED ASAM LOC</b>	48-49	CHAR(2)	If SA Program = '2', then valid values = '01', '02', '03', '04', '07', '09', '11', '12', '14', or '17'. If SA Program = '4', then valid values = '01', '02', '03', '07', '09', '11', '12', '14', or '17' Else, reject. <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Recommended ASAM Level of Care</b> Enter the two-digit code for the recommended level of care based on the Florida Supplement of the ASAM Placement Criteria (get correct title). [01] Residential Level 1 [09] Outpatient Detox [02] Residential Level 2 [11] Outpatient [03] Residential Level 3 [12] Day/Night [04] Residential Level 4 [14] Intervention [07] Residential Detox [17] Methadone Maintenance		
<b>PLACEMENT</b>	50-51	CHAR(2)	If SA Program = '2', then valid values = '01', '02', '03', '04', '07', '09', '11', '12', '14', or '17' If SA Program = '4', then valid values = '01', '02', '03', '07', '09', '11', '12', '14', or '17'. Else, reject <b>(Mandatory)</b>

	<p><b>Descriptions and Instructions: Placement</b>                  Enter the level of care in which the client was actually placed. This is especially important if it is different than the recommended level of care reported above in "RECOMMENDED ASAM LOC".  <b>[01]</b> Residential Level 1    <b>[09]</b> Outpatient Detox  <b>[02]</b> Residential Level 2    <b>[11]</b> Outpatient  <b>[03]</b> Residential Level 3    <b>[12]</b> Day/Night  <b>[04]</b> Residential Level 4    <b>[14]</b> Intervention  <b>[07]</b> Residential Detox      <b>[17]</b> Methadone Maintenance</p>		
<b>BEGINDATE</b>	52-59	DATE(8)	The date the client begins in the placement. Else reject. If the Purpose Code = '1', then the BEGINDATE should be equal to or greater than the ASAMDATE. Must be in YYYYMMDD format. If the Purpose Code = '2' or '3', then the BEGINDATE should be equal to or less than the ASAMDATE. <b>(Mandatory)</b>
	<p><b>Descriptions and Instructions: Begin Date</b>                  Enter the date the client begins in the placement. If the Purpose code = '1', then the date should be equal to or greater than the ASAM date (see item #06 above). If the Purpose code = '2' or '3', then the Begin date should be equal to or less than the ASAM date. The date is required for any purpose code. The date format is "YYYYMMDD".</p>		
<b>ENDDATE</b>	60-67	DATE(8)	If Purpose = '3', the date the client leaves the placement. Else, reject The ENDDATE should be equal to or greater than the BEGINDATE. Must be in YYYYMMDD format. If Purpose = '1' or '2', entry can be blank. (Optional)
	<p><b>Descriptions and Instructions: End Date</b>                  Enter the date the client leaves the placement. The date should be equal to or greater than the Begin date (see item #10 above). The date is required for any purpose code. The date format is "YYYYMMDD".</p>		
<b>CONTID1</b>	68-72	Char (5)	If PURPEVAL= 1, or 2, then valid values is CONTID Where CONTID1 is a valid contract found in FLAIR AND ContractorID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR OR '00000' Else reject <b>(Mandatory)</b>
	<p><b>Descriptions and Instructions: Contract ID 1</b>                  Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to the Contractor designated by the Contractor ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.                   Enter 5 zeros (00000) if the client doesn't receive any service event funded by a State contract that is in FLAIR during the current episode of care. The default contract of '00000' is used by DCF to designate a non-State contract or a State contract that is not in FLAIR. For example, 00000 should be entered if a person only receives services fully funded by State using a non-FLAIR contract number. Also, 00000 should be used if a non-State contract (e.g., private insurance) is accountable for improving the performance outcomes of the person being evaluated.                   If the client is <b>Medicaid</b> funded for substance abuse services, enter the</p>		

	current SAMH contract number. Effective July 1, 2007, a provider that does not have a SAMH contract does not have to report Medicaid services into the SAMHIS.		
<b>CONTID2</b>	73-77	Char (5)	If PURPEVAL= 1,or 2, then valid values is CONTID Where CONTID2 is found in FLAIR AND ContractorID OR Provid = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR OR '00000' Or Blank
	<p><b>Descriptions and Instructions: Contract Number 2</b></p> <p>Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date. If the client is <b>Medicaid</b> funded for substance abuse services, enter the current SAMH contract number.</p>		
<b>CONTID3</b>	78-82	Char (5)	If PURPEVAL= 1,or 2, then valid values is CONTID CONTID2 is found in FLAIR AND ContractorID OR Provid = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR OR '00000' Or Blank
	<p><b>Descriptions and Instructions: Contract Number 3</b></p> <p>Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.</p> <p>If the client is <b>Medicaid</b> funded for substance abuse services, enter the current SAMH contract number.</p>		
<b>STAFFID</b>	83-94	Char(12)	<p>Valid value up to 12 alphanumeric characters. Else, reject. Use the first two digits as the education level for the staff member. The third character must be a '-' , followed by the staff identifier.</p> <p><b>Definition:</b></p> <p><b>01 Non-Degree Trained Technician.</b></p> <p><b>02 AA Degree Trained Technician</b></p> <p><b>03 BA/BS - Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.</b></p> <p><b>04 MA/MS - Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.</b></p> <p><b>05 Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors and marriage and family therapists.</b></p>

			<b>06 PhD/PsyD - Licensed psychologist</b> <b>07 MD/DO - Board Certified</b>
	<b>Descriptions and Instructions: Staff ID (RaterID)</b> <p>This is the ID of the staff completing the performance evaluation. It can be up to 12 characters, consisting of two digits for the education level of the staff, followed by 9 digits which may be the staff's SSN or other employee ID number. The purpose of the Staff ID is to allow the provider agency to determine which staff member filled out the form in case an error needs to be corrected.</p> <p><u>Valid values for the first two digits (staff education level) are:</u></p> <p><b>[01]</b> Non-degree trained technician.  <b>[02]</b> AA degree trained technician  <b>[03]</b> BA/BS - Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.  <b>[04]</b> MA/MS - Master's degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.  <b>[05]</b> Licensed practitioner of the healing arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors and marriage and family therapists.  <b>[06]</b> PhD/PsyD - Licensed psychologist  <b>[07]</b> MD/DO - Board certified</p> <p>After the dash, enter the staff ID (up to 9 digits) for the person delivering the service. The intent is to be able to trace a service to the individual agency staff member who delivered it. Use a number which is specific to the particular staff member involved. The staff person's SSN is acceptable, but an agency employee identification number would also be appropriate and may meet with less resistance. Where the staff person is a licensed professional, their license number would also be acceptable. This option may be used when reporting services delivered by a contracted fee-for-service professional, such as a contracted person doing Comprehensive Assessments or a psychiatrist.</p>		
<b>PROVINFO</b>	95-114	Char(20)	This is a 20 character text field for the contractor's use. The field is optional.
	<b>Descriptions and Instructions: Provider Information</b> <p>This is a field available for the agency to use as they see fit.</p>		

**III. Optional ASAM Data Collection Form**

For those providers who use paper forms to collect and process American Society of Addiction Medicine (ASAM) data, an optional form is provided below.

# AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) FORM

\* Indicates Mandatory Data Elements:

\*Client SSN: \_\_\_\_\_

\*Contractor ID: \_\_\_\_\_

(Agency with ADM Contract)

\*Purpose:     1 – Admission     2 - Continued Stay  
                   3 – Discharge     9 – No ASAM Required

\*Evaluation Date: \_\_\_\_\_

\*Provider ID: \_\_\_\_\_

(Agency Providing the Services)

\*ASAM Date: \_\_\_\_\_

\*Substance Abuse Program:     2 – Adult             4 – Children

Staff ID: \_\_\_ - \_\_\_\_\_

\*Recommended ASAM Level of Care:

- |  |  |
|--|--|
| <input type="checkbox"/> 01 – Residential Level 1            | <input type="checkbox"/> 09 – Outpatient Detoxification                    |
| <input type="checkbox"/> 02 – Residential Level 2            | <input type="checkbox"/> 11 – Outpatient Treatment                         |
| <input type="checkbox"/> 03 – Residential Level 3            | <input type="checkbox"/> 12 – Day/Night or Intensive Outpatient            |
| <input type="checkbox"/> 04 – Residential Level 4            | <input type="checkbox"/> 14 – Intervention                                 |
| <input type="checkbox"/> 07 – Substance Abuse Detoxification | <input type="checkbox"/> 17 – Medication & Methadone Maintenance Treatment |

\*Placement Begin Date: \_\_\_\_\_

Placement End Date: \_\_\_\_\_

\*Actual Placement: \_\_\_\_\_

(Use codes from Level of Care above)

\*Contract No 1: \_\_\_\_\_

Contract No 2: \_\_\_\_\_

Contract No 3: \_\_\_\_\_

Provider Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_