**STATE OF FLORIDA, DEPT OF CHILDREN & FAMILES**

**SUBSTANCE ABUSE & MENTAL HEALTH**

**SERVICE EVENT FORM**

(\* Mandatory Fields) (Reference Chapter 6, DCF Pam 155-2)

| **#** | **Service Event Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 1 | **\* Provider Identifier**  Federal Tax Identification Number | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifier  Section 3.1.4 |
| 2 | **\* Contract Number**  Not required for DCF Operated State Mental Health Treatment facilities. |  | ContractNumber  Section 3.1.4 |
| 3 | **Subcontract Number**  Required if provider is under contract with a managing entity. |  | SubcontractNumber  Section 3.1.4 |
| 4 | **\*Site ID** |  | SiteIdentifier  Section 3.1.4 |
| 5 | **\*Event Type** | |  |  | | --- | --- | | 🞎 1 Client Specific | 🞎 2 Non Client Specific | | TypeCode  Section 3.1.4 |
| 6 | **\* Client SSN**  Or Source Record Identifier. Not required for Non Client Specific service events. | \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |  |
| 7 | **\*Treatment Episode Identifier**  Not required for Non Client Specific service events. |  | EpisodeSourceRecordIdentifier  Section 3.1.4 |
| 8 | **\*Admission Identifier**  Not required for Non Client Specific service events. |  | AdmissionSourceRecordIdentifier  Section 3.1.4 |
| 9 | **\*Service Date** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | ServiceDate  Section 3.1.4 |
| 10 | **\*Program Area** | |  |  | | --- | --- | | 🞎 1 Adult Mental Health | 🞎 4 Child Substance | | 🞎 2 Adult Substance | Abuse | | Abuse | 🞎 5 Adult Mental Health | | 🞎 3 Child Mental Health | And Substance Abuse | |  | 🞎 6 Child Mental Health | |  | And Substance Abuse | | ProgramAreaCode  Section 3.1.4 |
| 11 | **\*Treatment Setting**  Must be a valid code from Appendix 5. | \_\_ \_\_ | TreatmentSettingCode  Section 3.1.4 |
| 12 | **\*Covered Service**  Must be a valid code from Appendix 5. | \_\_ \_\_ | CoveredServiceCode  Section 3.1.4 |
| 13 | **Project Code**  Required if covered service is funded under a project code.  Must be a valid code from Appendix 5. |  | ProjectCode  Section 3.1.4 |
| 14 | **\*HCPCS Procedure Code**  Must be a valid code from Appendix 5 for the given Covered Service. | \_\_ \_\_ \_\_ \_\_ \_\_ | HcpcsProcedureCode  Section 3.1.4 |
| 15 | **\* Staff Identifier**  Up to 100 characters. |  | StaffIdentifier  Section 3.1.4 |
| 16 | **\*Staff Education Level Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | StaffEducationLevelCode  Section 3.1.4 |
| 17 | **\*Fund Code** | |  |  | | --- | --- | | 🞎 2 SAMH | 🞎 5 Local Match Only | | 🞎 3 TANF | 🞎 B Title 21 | | FundCode  Section 3.1.4 |
| 18 | **Start Time**  Required if the unit of measure for the given covered service is Direct Staff Minutes or Non-Direct Staff Minutes. | \_\_ \_\_: \_\_ \_\_ (24 hour format) | StartTime  Section 3.1.4 |
| 19 | **\*Expenditure OCA Code**  Must be a valid code from Appendix 5 for the given covered service, fund and program area. | \_\_ \_\_ \_\_ \_\_ \_\_ | ExpenditureOcaCode  Section 3.1.4 |
| 20 | **\*Service Unit Count**  Must be greater than zero. |  | ServiceUnitCount  Section 3.1.4 |
| 21 | **\*Service County**  Must be a valid code from Appendix 5. | \_\_ \_\_ | ServiceCountyAreaCode  Section 3.1.4 |

| **#** | **Covered Service Modifiers** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 22 | **Modifier Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCode  Section 3.2.3 |
| 23 | **Modifier Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCode  Section 3.2.3 |
| 24 | **Modifier Code**  Must be a valid code from Appendix 5. | \_\_ \_\_ | ModifierCode  Section 3.2.3 |

| **#** | **HCPCS Modifiers** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 25 | **Modifier Code**  Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCode  Section 3.3.3 |
| 26 | **Modifier Code**  Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCode  Section 3.3.3 |
| 27 | **Modifier Code**  Must be a valid code from Appendix 5 for the given HCPCS and covered service. |  | ModifierCode  Section 3.3.3 |

| **#** | **Expenditure Modifiers** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 28 | **Modifier Code**  Must be a valid code from Appendix 5. |  | ModifierCode  Section 3.4.3 |
| 29 | **Modifier Code**  Must be a valid code from Appendix 5. |  | ModifierCode  Section 3.4.3 |
| 30 | **Modifier Code**  Must be a valid code from Appendix 5. |  | ModifierCode  Section 3.4.3 |

| **Signature** | **Date** |
| --- | --- |
|  | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |