



**ProviderConnect – Substance
Use Data Dictionary**

This document is confidential and proprietary to ValueOptions® IT Product Support.

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1 Enter an Authorization (RFS)

The *Enter an Authorization Request* function enables users to electronically submit requests for services (RFS) for Outpatient, Inpatient, and Medication Management services. (This process is based on the individual’s contract.)

ProviderConnect sends automatic e-mail reminders to providers who have both saved drafts in RFS as well as saved a re-credentialing application draft. The e-mail reminder is sent 5 days after the last time the re-credentialing application draft was saved and 25 days after the RFS was saved.

An e-mail will be sent to each ProviderConnect user on the 6th day (after 5 days) after the last change date on an existing Provider Data Sheet (PDS) draft. An Authorization Request Draft Reminder e-mail will be sent to each ProviderConnect user (that is, the user who initially saved the draft) on the 26th day (after 25 days) after the initial save date on an existing Authorization (RFS) draft.

Draft reminder e-mails will not be sent if a user does not have an e-mail address on file in the user’s ProviderConnect account/profile record. Also, ProviderConnect will send reminder e-mails for only those RFS drafts that are in a “Saved” status, not an “Expired” or “Deleted” status.

Additionally, clinicians have the ability to electronically send a message to a provider’s inbox with a request for any missing clinical information. The message, which is in the form of a web response, will display to the provider with a read-only history of the authorization request that was submitted by the provider and allow the provider an opportunity to respond back with the missing information within a defined turnaround time. The provider’s feedback will be clinical information and will display in the CareConnect review. Providers can attach clinical documents and enter notes. Be aware however, that messages not responded to within the allotted time frame will be disabled.

To access the Enter an Authorization Request section, click **Enter an Authorization Request** on either the navigation bar or the main menu. The Disclaimer screen displays.

1. Review the disclaimer.
2. Click **Next**.

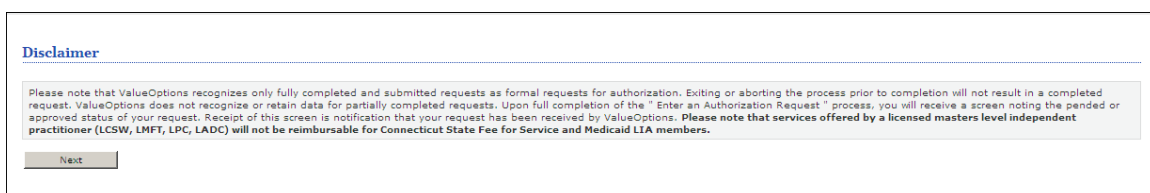


Figure 1: Disclaimer

Search a Member

The Search a Member screen displays.

1. Enter the member ID in the **Member ID** field.
2. Enter a date in the **Date of Birth** field.

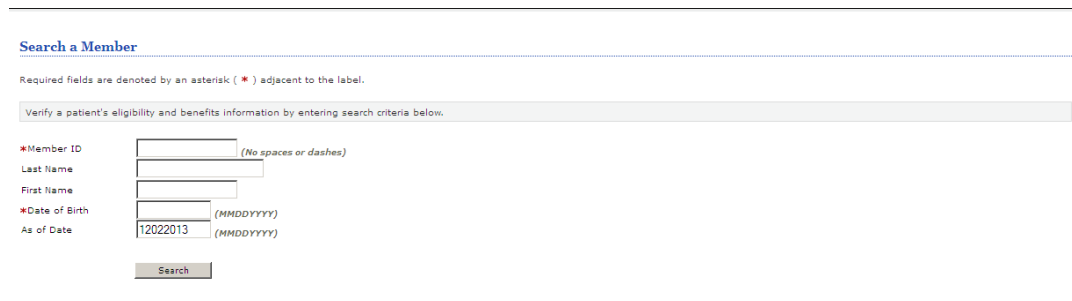
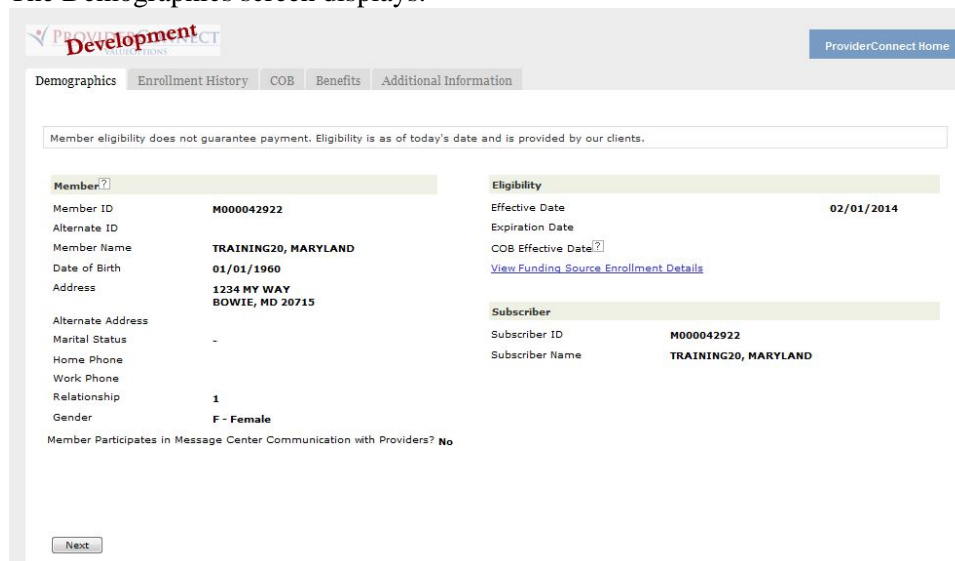


Figure 2: Search a Member Screen

3. Enter the individual's first and last names to narrow the search. (This step is optional.)
4. Click **Search**.

Review Demographics

The Demographics screen displays.



1. Review the individual's information.
2. Click **Next**.

Complete Release of Information (ROI)

The ROI pop-up screen displays.

Select the option that best describes your attempt to gain the individual’s consent for sharing substance use data in order to improve their overall care coordination.


Release of Information Consent

All Maryland Behavioral Health providers are encouraged to present and gain consent for their consumer’s Release of Information (ROI) in order to improve coordination of care. Substance Use Providers and Mental Health Providers providing substance use treatment, are required to use the Department of Health and Mental Hygiene-approved AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE located on the ValueOptions Maryland website (<http://maryland.valueoptions.com>). By gaining your consumer’s consent, you are increasing access to that individual’s healthcare needs, helping to avoid medication or treatment conflicts and aiding in their wellness and recovery. Please review and select the appropriate response below:

I am requesting only mental health services for this individual and no ROI is required
 I presented an ROI to the consumer and he/she provided consent
 I presented an ROI to the consumer but he/she did not consent
 I did not present an ROI to the consumer for his/her consent

Capture Provider

The Provider screen displays.


ProviderConnect Home

Provider

Provider ID: FREE IOP, HOME (772366)
 Provider Last Name: **HOME FREE IOP**
 Provider First Name:

Select Service Address

Provider			Vendor	
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	772366	HOME FREE IOP 1500 PRESSMAN ST BALTIMORE, MD 21217-2370-	D378957 D378956	HOME FREE IOP 10 W MADISON ST STE 11 BALTIMORE, MD 21201-

1. Select the service address.
2. Click **Next**.

Medicaid/NPI

Requested Services Header

*Select Provider Service and Location ← New Hyperlink to bring up Pop-up for Provider Type Selection

*Requested Start Date (MMDDYYYY): 10152015

*Level of Service: SELECT...

Existing displayed label and field. Unchanged in how populated

Provider		Member	
Tax ID	Provider ID	Member ID	Last Name
521341890	090909	M0000000000	SMITH
Provider Last Name	Vendor ID	First Name	Date of Birth (MMDDYYYY)
TEST PROVIDER	A888888	JOHN	12291965
Vendor Medicaid or Alt ID	Provider Alternate ID	Vendor NPI #	
	1093912388		

Newly displayed labels and fields area. Field value is blank and label is suppressed from view until a value is selected for the field.

Attach a Document

1. Click Select Provider Service and Location

Select Provider Service and Location – Internet Explorer

Submit Close

Select Provider Service and Location

	Provider ID	Vendor Location ID	Provider Service Type	Medicaid ID or Alternate ID	Vendor NPI #
<input type="radio"/>	090909	A888888	MENTAL HEALTH GROUP PROVIDER	556233399	1769783112
<input type="radio"/>	090909	A888888	HOME AND COMMUNITY BASED SERVICES, OTHER	419698899	5419698899
<input type="radio"/>	090909	A888888	MENTAL HEALTH CARE MANAGEMENT PROVIDER	419849299	1942529234
<input type="radio"/>	090909	A888888	MENTAL HEALTH CLINIC	159380396	1598984626
<input type="radio"/>	090909	A888888	MOBILE TREATMENT PROGRAM	419632599	1871812999
<input type="radio"/>	090909	A888888	NONE OF THE ABOVE	NOT FOUND	NOT FOUND

Please select the identification (Medicaid ID/NPI combination or Alternate ID) for the Services being requested. Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled member being eligible for services on the date of service. Clinical authorization is not a guarantee of payment.

If the intended Provider Service Type and Identification number information for this Request for Service is not found in this listing, you may not be correctly enrolled and should contact Beacon Health Options Provider Services. Selecting the 'None of the Above' value will allow you to proceed with your authorization.

2. Select Provider Service and Location
3. Click **Submit**

Enter Requested Services (Substance Use Outpatient Workflow)

The Requested Services Header screen displays next. The level of service selected on this screen determines which additional fields will display and which screens need to be completed.

The two options for the level of service are:

- Outpatient/Community Based
- Inpatient/HLOC

The options for the type of service are:

- Mental Health
- Substance Use

The options for the level of care when the Substance Use Outpatient workflow is selected are:

- Outpatient MDRN
- Outpatient

If level of service is Outpatient/Community Based, type of service is Substance Use and level of care is Outpatient the following types of care will be applicable:

- **Auth Monitoring** - *** DO NOT USE *** This Type of Care is being retired and will be removed from ProviderConnect. If you are using this Type of Care, please contact Provider Relations for further guidance. ***
- **Coordination of Care** - These are activities conducted on behalf of the individual that address all aspects of the needs of the “whole person” and their ongoing care. Activities may include coordinating mental and physical healthcare needs and the employment of supportive services that ensure the consolidation of treatment gains.
- **Early Intervention** - Services designed to explore and address problems or risk factors that appear related to substance use or addictive behavior. Level 0.5 services include screening, brief intervention, and referral to treatment and are usually conducted in a hospital emergency room or a primary care medical clinic. The person receiving these types of services must NOT meet the diagnostic criteria of a substance use disorder.
- **Halfway House 3.1** - A residential service that is co-occurring capable, co-occurring enhanced and complexity capable and is staffed by addiction treatment, mental health and general medical personnel who provide a range of services in a 24 hour treatment setting. 3.1 is the ASAM code pertaining to a Clinically Managed Low-intensity Residential Service.
- **Hospital Alcohol Rehab** – *** DO NOT USE *** This Type of Care is being retired and will be removed from ProviderConnect. If you are using this Type of Care, please contact Provider Relations for further guidance. ***
- **Hospital Drug Rehab** - *** DO NOT USE *** This Type of Care is being retired and will be removed from ProviderConnect. If you are using this Type of Care, please contact Provider Relations for further guidance. ***
- **OPSU OMS** - ASAM Level 1.0 services by a Level I outpatient program, hospital based clinic or Federally Qualified Health Center where the outcomes are tracked on a 6 month interval
- **Program (Provider Type 32) Buprenorphine Induction** – This term refers to the beginning stages of recovery maintenance from an opiate addiction using a specialized opioid agonist medication called Buprenorphine.
- **Program (Provider Type 32) Buprenorphine Maintenance** - All subsequent weeks of service for patients in receiving Buprenorphine as an Opiate maintenance
- **Recovery Coaching** - Non-clinical services, delivered by peers, intended to aid individuals in establishing recovery from substance use disorders
- **Recovery/Supported Housing** – Non-clinical services, delivered by peers, intended to aid individuals in establishing recovery from substance use disorders while in a half-way house (ASAM 3.1).
- **Program (Provider Type 50) Outpatient Treatment** – – *** NOTE *** This Type of Care is currently under consideration for modification by BHA. *** This Type of Care

- should only be used for individuals younger than 6 or older than 64 that require ASAM Level 1.0 services by a Level I outpatient program, hospital based clinic or Federally Qualified Health Center. Providers should select ‘OPSU OMS’ for all other Level 1.0 services by a Level I outpatient program, hospital based clinic or Federally Qualified Health Center.
- **Outpatient Assessment** - Initial assessment (H0001) is the initial assessment done in most levels of outpatient substance use disorder treatment.
 - **Ambulatory Detox** - ASAM Level 1D or 2D for outpatient withdrawal management, either as a stand-alone service or in conjunction with other qualified outpatient services.
 - **Methadone Maintenance** - Providers administering Methadone as an Opiate maintenance. Methadone is an alternative opiate agonist medication used in the treatment of Opioid addiction.
 - **Hospital OP BH Hospital Rehabilitation** - *** DO NOT USE *** This Type of Care is being retired and will be removed from ProviderConnect. If you are using this Type of Care, please contact Provider Relations for further guidance. ***
 - **Avatar Services** – Avatar assisted therapy is an effective, proven counseling technique delivered to participants using a virtual world designed for meaningful interactions.
 - **Physician (Provider Type 20) Buprenorphine Induction** - The initiation of opioid recovery maintenance treatment administered by a Physician (billing under provider type code 20) using Buprenorphine.
 - **Physician (Provider Type 20) Buprenorphine Maintenance** – All subsequent treatment using Buprenorphine medication after induction that is administered by a Physician (billing under provider type code 20).
 - **Private Practice Outpatient Treatment** - Mental health or substance use treatment services provided in an outpatient treatment setting by a practitioner who is licensed to practice independently.

MDRN services refer to the Maryland Recovery Network; previously known as ATR services. MDRN types of care can be selected only for individuals approved by BHA for receiving MDRN services.

If type of service is Substance Use and level of care is Outpatient MDRN the following types of care will be applicable:

- **Follow-Up Questionnaire Gift Card** - Reimbursement for a \$15 gift card that is available to all service recipients who successfully complete the follow-up survey (in-person) within the timeframe allowed. Cards cannot be sent in the mail, and the client must sign a receipt for the gift card in order for billing to occur.
- **MDRN Care Coordination Check Ins** - Ongoing face-to-face or telephone meetings with MDRN service recipients, conducted bi-weekly to update recovery support plan and coordinate/support access and continuation in MDRN services.
- **MDRN Gap Services – Clothing** - Funds to help purchase clothing as service recipients leave residential treatment, encounter seasonal changes, weight gains/losses, employment changes, need uniforms, etc..
- **MDRN Gap Services – Medical** - To cover medical costs that are not being paid for by another source such as prescription costs, durable medical equipment, eye glasses, etc.


- **MDRN Gap Services – Support Services** – To be used specifically for support services that are *not covered by any other program*. This can include books if the MDRN service recipient is returning to school (available to service recipients only), tools if they are returning to work, licensure, penalties/fines, etc., . **Also may be used for vital documents for children of MDRN service recipients AND who are receiving targeted services for Women/Men with children.** When making requests for gap services under this item, please make sure you are very specific about the dollar amount and how this service supports your service recipient’s recovery.
- **MDRN Gap Services – Transitional Services** – These services are specific to service recipients transitioning out of residential treatment or those moving into housing. These funds are to be used for basic transitional needs such as food and toiletries.
- **MDRN Halfway House** - Clinically managed, low-intensity, structured residential care with at least 5 hours a week of on-site treatment that is delivered by a certified or licensed counselor/therapist. Housing is for individuals with substance use/co-occurring disorders who are assessed as needing clinical support and life-skills training for independent living. Service recipients must meet ASAM criteria for admission.
- **MDRN Recovery/Supported Housing** – Sober living facility that assists service recipients who have supportive housing needs but do not require the higher intensity of a halfway house setting. Service recipients may be early in recovery, transitioning from homelessness or have other living arrangements that do not offer safe and recovery-oriented environments.
- **MDRN Intake Interview** – Face-to-face intake interview with individual conducted in approved setting (Treatment Center, Care Coordination Agency office, Community-based service provider setting).
- **MDRN Transportation** - Monthly/Reduced Fare passes for service recipients to get to and from recovery support services. It also may be used to purchase specialized transportation including mobility vouchers. May also be used for cab services under certain conditions; must be approved by the Regional Area Coordinator.
- **MDRN Vital Documents** - Critical documents for service recipients (and children if recipient is receiving Women/Men with Children services; should be billed under GAP support) such as birth certificates, photo ID’s, and driver’s licenses. This reimbursement rate includes any costs associated with the purchase of such materials and the processing of paperwork to order them. It also includes care coordinator time for document acquisition (cannot charge a unit rate with this).
- **Peer Support Encounter** – Face-to-face encounter with service recipient that includes but is not limited to the following activities: Recovery education and coaching, linkage to recovery support groups/institutions, community resources, job search/interview preparation, food/clothing/personal items shopping, forms/documentation completion, accompaniment to court/other appointments, modeling recovery lifestyle/behaviors, wellness education: physical health activities, diet & nutrition, medication management. Can’t be combined with leisure activities or recovery calls.

- **Peer Support Intake Interview:** Face-to-face interview with service recipient conducted to identify service needs and to orient them to Peer Support services. This reimbursement rate includes:
 - 1) Travel time to and from the service site/location
 - 2) Completion of the Needs Assessment
 - 3) Identification of strengths and recovery capital
 - 4) Review recovery plan
 - 5) Establish peer support contact schedule
- **Peer Support Leisure Activity** – Reimbursement rate covers costs associated with face-to-face encounter with service recipient that includes attending any sporting, social, dining or other RAC approved leisure activity. Rate is paid per activity and not per number of service recipients participating in a single activity.
- **Peer Support Recovery Call** – Phone contact (actual) for follow-up, progress reporting/check-in. Can't be combined with in-person encounter or leisure activity.
- **Six-Month Follow Up Survey/MDRN Satisfaction** - Each MDRN service recipient will evaluate the recovery support services they received. Copies of the evaluations will be shared with providers.

For detailed information on the Medical Necessity Criteria, which includes a brief overview, the admission criteria, the Severity of Need and Intensity of Service at the Acute Level of Care, and the Criteria for Continued Stay, please reference Chapter 7 of the Provider Manual located on the ValueOptions website (<http://maryland.valueoptions.com>). Please note that some Medical Necessity Criteria are still under review and may not be available at this time.

The steps for each level of service are covered in the following sections.

Note: Instructions are provided for all the fields on a particular screen. Only the fields with asterisks () are required, however.*


ProviderConnect Home

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
03262015

*Level of Service
OUTPATIENT/COMMUNITY BASED

*Type of Service
SUBSTANCE USE

*Level of Care
OUTPATIENT

*Type of Care
OUTPATIENT TREATMENT

*Date of Initial Contact (MMDDYYYY)
03232015

*Days Waiting for Service
3

› Provider

Tax ID	Provider ID 772366	Provider Last Name HOME FREE IOP	Vendor ID D378957	Provider Alternate ID
--------	------------------------------	--	-----------------------------	-----------------------

› Member

Member ID M000042922	Last Name TRAINING20	First Name MARYLAND	Date of Birth (MMDDYYYY) 01011960
--------------------------------	--------------------------------	-------------------------------	---

Attach a Document

Complete the form below to attach a document with this Request
The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes No

*Document Description

Click to attach a document

Click to delete an attached document

Attached Document:

Figure 3: Requested Services Header

Requested Services Header Definitions

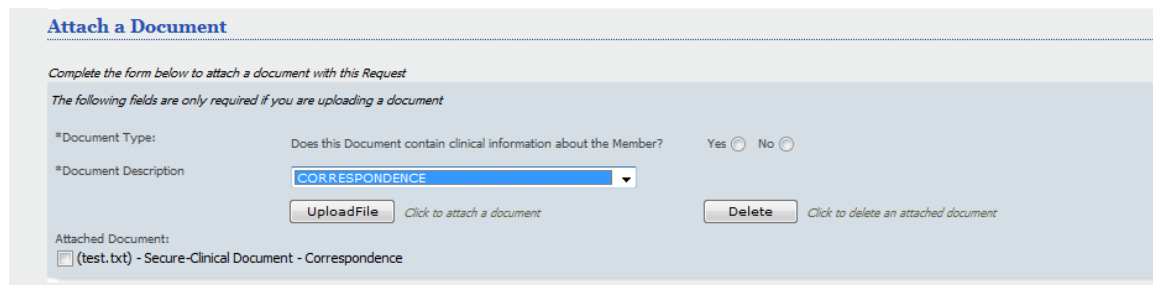
Requested Start Date: Date on which service is requested (MMDDYYYY)

Date of Initial Contact: When the individual first contacts the provider rendering the service (MMDDYYYY).

Days Waiting for Service: The number of days an individual was waiting for service after Initial Contact with provider. Days counted should include days waiting due to provider capacity issues and excludes any time when the individual is not available.

Attaching a Document to the Request for Service

1. Select **Yes** for the **Document Type** if on the information contained in the document has clinical information. Otherwise **No**.
2. Under the **Document Description** choose from one of the following types of documents:
 - ADDITIONAL CLINICAL
 - ASSESSMENT/EVAL
 - CORRESPONDENCE
 - HIGHER LEVEL OF CARE TREATMENT REQUEST
 - OTHER
 - OUTPATIENT REQUEST FORM
 - RESEARCH FOR LEGAL REQUEST
3. Click **Upload File**. If **Yes** was selected for Step 1, the word “Secure” will show up next to the file name when uploaded



4. To delete an uploaded file, click on the file name and press **Delete**.

Outpatient Level of Service – Initial RFS (Substance Use)

If the Outpatient request generates the outpatient review form, the following screens display.

- Contact Information
- Type of Services
- Diagnosis
 - a. Behavioral Diagnosis
 - b. Primary Medical Diagnosis
 - c. Social Elements Impacting Diagnosis
- Functional Assessment
- Responsible Party
- Additional Required Reporting Data

- Substance Use
 - a. For Substance Use Types of Care
 - b. For Mental Health Types of Care
- Withdrawal Symptoms (For Substance Use Types of Care ONLY)
- Vitals (For Substance Use Types of Care ONLY)
- ASAM / Other Patient Placement Criteria (For Substance Use Types of Care ONLY)
- Requested Services
- Results

These screens need to be completed sequentially.

Note: Only the fields with asterisks (*) are required.

Contact Information

1. Enter a **Contact Name**
2. Enter **Phone Number**

Type of Services

The Type of Services screen is completed first.

1. Answer the **Type of Services** questions.
 - a. **Courtesy Review:** Allows for data entry related to individual services not eligible for reimbursement by the ASO.

There are two types of courtesy reviews:

- Reviews to allow the input of data for services that are not reimbursed by the ASO, and
- Reviews for services that are covered by the ASO for eligible individuals and for which the provider may be reimbursed by the ASO if the individual should receive retroactive Medicaid or other insurance eligibility covering the reviewed service.

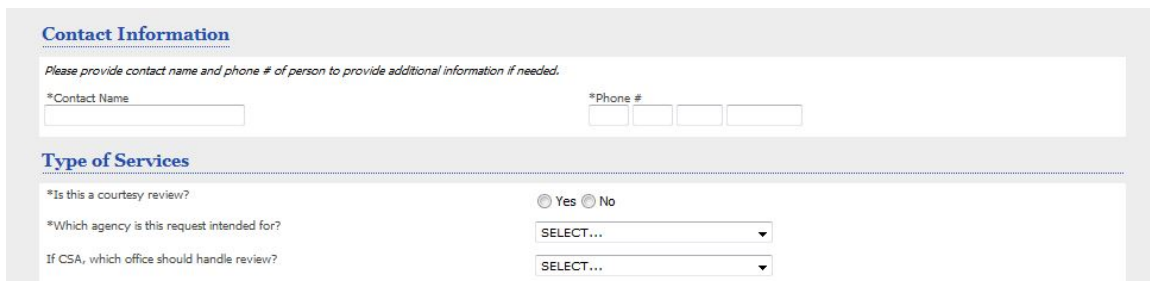
- b. Which agency is this request intended for?

- C-CSA (*Continuing review for Crisis beds or supported employment. The provider must choose CSA for the routing dynamics*)
- H-Hospital Diversion Team - DO NOT USE
- B-BHA (*when TBI is selected*)
- V-Valueoptions – (*All other review requests other than those listed above come to ValueOptions. This includes any grant funded services such as MDRN, Pregnant Women & Children IFB and 8-507 IFB services*)

- c. If CSA, which office should handle reviews?

- Allegany County
- Anne Arundel County

- Baltimore City
- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Cecil County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County
- Prince George's County
- Queen Anne County
- Somerset County
- St. Mary's County
- Talbot County
- Washington County
- Wicomoco County
- Worcester County



Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

*Contact Name *Phone #

Type of Services

*Is this a courtesy review? Yes No

*Which agency is this request intended for?

If CSA, which office should handle review?

Figure 4: Type of Services

2. Enter the individual's diagnosis information.

Diagnosis (Prepopulates values on Concurrent Request from Initial Request)

The Diagnosis screen displays next and contains the following sections for capturing diagnosis information.

- Behavioral Diagnoses
- Primary Medical Diagnoses
- Social Elements Impacting Diagnosis
- Functional Assessment

Behavioral Diagnoses

The *Behavioral Diagnoses* section of the screen contains five rows for capturing diagnoses. Each row contains the following fields.

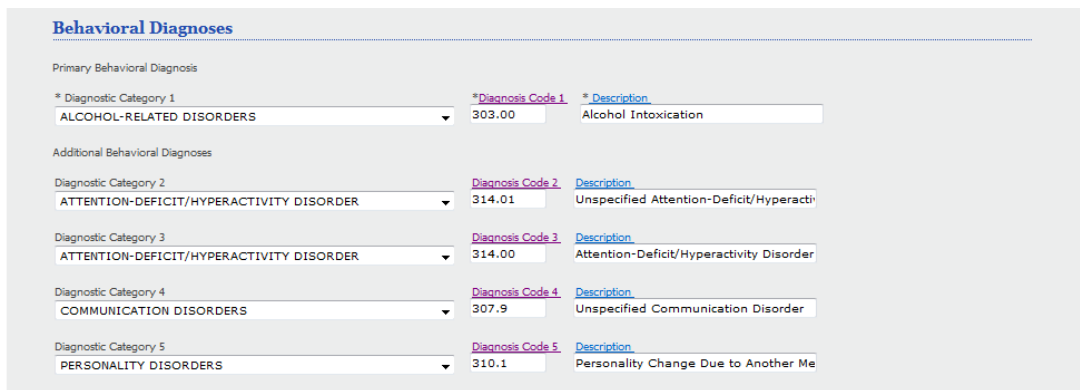
- Diagnostic Category
- Diagnosis Code
- Description

The system uses the value entered in the **Diagnostic Category** field to determine the values of the other two fields. If multiple options are available for the remaining fields, the user can select from among a list of possible choices. If only one option is available for the remaining fields, the system auto-populates those values.

Note: Entering either a diagnosis code or description automatically populates the other two fields if only one description exists for that particular code or vice versa.

This section functions as follows:

- Users may enter up to five diagnoses, **but only the principal (primary) diagnosis is required.**
- All the fields are required as all three fields are needed to obtain a complete behavioral diagnosis.
- The user must enter at least three characters of the diagnosis code in order to initiate the automatic search. (That is, the automatic search begins when the fourth character is entered.)
- Upon a user entering a partial or complete diagnosis description and then tabbing or clicking out of the field, the system begins an automatic search to complete the other two fields if there is only a single match



Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1	*Diagnosis Code 1	* Description
ALCOHOL-RELATED DISORDERS	303.00	Alcohol Intoxication

Additional Behavioral Diagnoses

Diagnostic Category 2	Diagnosis Code 2	Description
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	314.01	Unspecified Attention-Deficit/Hyperacti
Diagnostic Category 3	Diagnosis Code 3	Description
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	314.00	Attention-Deficit/Hyperactivity Disorder
Diagnostic Category 4	Diagnosis Code 4	Description
COMMUNICATION DISORDERS	307.9	Unspecified Communication Disorder
Diagnostic Category 5	Diagnosis Code 5	Description
PERSONALITY DISORDERS	310.1	Personality Change Due to Another Me

Figure 5: Behavioral Diagnoses

Primary Medical Diagnoses

The *Primary Medical Diagnoses* section of the screen contains three rows for capturing diagnoses. Each row contains the following fields.

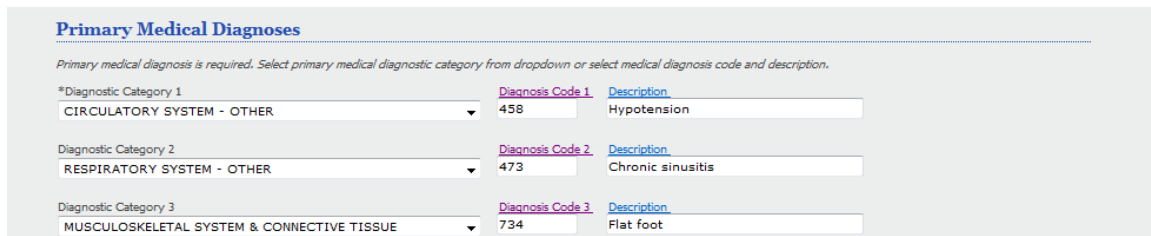
- Diagnostic Category
- Diagnosis Code
- Description

The system uses the value entered in the **Diagnostic Category** field to determine the values of the other two fields. If multiple options are available for the remaining fields, the user can select from among a list of possible choices. If only one option is available for the remaining fields, the system auto-populates those values.

Note: Entering either a diagnosis code or description automatically populates the other two fields if only one description exists for that particular code or vice versa.

This section functions as follows:

- Users may enter up to three diagnoses, **but only the principal (primary) diagnosis is required.**
- The diagnosis code and description are optional.
- The user must enter at least two characters of the diagnosis code in order to initiate the automatic search. (That is, the automatic search begins when the third character is entered.)
- Upon a user entering a partial or complete diagnosis description and then tabbing or clicking out of the field, the system begins an automatic search to complete the other two fields if there is only a single match.



Primary Medical Diagnoses

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1	Diagnosis Code 1	Description
CIRCULATORY SYSTEM - OTHER	458	Hypotension
Diagnostic Category 2	Diagnosis Code 2	Description
RESPIRATORY SYSTEM - OTHER	473	Chronic sinusitis
Diagnostic Category 3	Diagnosis Code 3	Description
MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	734	Flat foot

Figure 6: Primary Medical Diagnoses

Social Elements Impacting Diagnosis

The *Social Elements Impacting Diagnosis* section of the screen contains the following checkboxes. These values will prepopulate from the initial review. (Users may select multiple checkboxes, but are required to select at least one.)

- None
- Educational problems
- Financial problems
- Housing Problems (Not Homelessness)
- Homelessness
- Occupational problems
- Problems with Primary support group
- Problems with access to health care services
- Problems related to interaction w/legal system/crime
- Problems related to the social environment
- Other psychosocial and environmental problems*
- Unknown

*Selecting **Other psychosocial and environmental problems** activates a 250-character text box. (This field is required.)

Figure 7: Social Elements Impacting Diagnoses

Functional Assessment

The *Functional Assessment* section of the screen contains the following fields.

- Assessment Measure
- Secondary Assessment Measure

The following options are available in both drop-downs.

- **CDC HRQOL** (*Center for Disease Control's Health-Related Quality Of Life assessment*)
- **FAST** (*Functional Assessment Screening Tool*)
- **GAF** (*Global Assessment of Functioning*)
- **Other***
- **OMFAQ** (*Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire*)
- **SF12** (*Short Form 12*)
- **SF36** (*Short Form 36*)
- **WHO DAS** (*World Health Organization Disability Assessment Schedule*)

*Selecting **Other** from either drop-down activates a 25-character text box. (This field is required.)

The system also displays an **Assessment Score** field next to each assessment measure. These fields accept a maximum of 25 alphanumeric characters and are required for each assessment measure selected.

Figure 8: Functional Assessment

Responsible Party

1. Fill out the guardianship status based on if the individual is a child (Ages 17 and under) or adult (Ages 18+).

Responsible Party

If Consumer is a juvenile
Does the person or entity listed have legal custody of the consumer?

Does any person or entity other than the custodian have guardianship?

If Consumer is an Adult
Does the consumer have a legal guardian?

Parent/Guardian/Social Services/Juvenile Services Contact Information

First Name Last Name

Address

Address line 2

City State Zip Code

Phone Ext.

Figure 9: Responsible Party

Additional Required Reporting Data

Next is the **Additional Required Reporting Data** Section. The available data fields are listed along with the options for each field.

Answer all questions under **Additional Required Reporting Data**

1. Ethnicity

Is the individual of Hispanic, Latina/o or Spanish Origin?

- Yes
- No
- Not Available

2. Race (Multiple Races can be selected)

- White
- Asian
- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Available

3. Hurricane Victim

- Yes

- No
- Not Available

4. Name of Individual's/Member MCO/PCP

- Text Field to write in MCO/PCP

5. Marital Status

- Single
- Married
- Separated
- Divorced
- Widow/Widower
- Not Available

6. Number of Dependent Children

- Text field to write a number between 0 and 99.

7. Living Situation

Definition: Where the individual is currently living.

- Private Residence - Alone, with family or friends/roommates, significant other, recovery residence.
- Foster Home
- Residential Care - Level 3.1, 3.3, 3.5 or 3.7 facility, Residential Rehabilitation Program (RRP), Group Home/Therapeutic Group Home
- Crisis Residence
- Children's Residential Treatment
- Institutional Setting - Assisted living, Inpatient-General, Private Psychiatric, State
- Jail/Correctional Facility
- Homeless/Shelter
- Other
- Not Available

8. Employment Status

Definition: What is the individual's current employment status?

- Employed Full-Time
- Employed Part-Time
- Retired
- Disabled
- Homemaker
- Student
- Incarcerated/Institutional Resident
- Volunteer

- Other Unemployed – Not Seeking Work
- Other Unemployed – Seeking

9. Type of Client

Definition: Is the individual part of any special program? .

- Early Intervention
- DWI Education
- AVATAR
- No Special Program

Early Intervention: Early Intervention services enhance the likelihood of positive outcomes by reversing maladaptive behaviors and preventing problems from reaching serious proportions. These services targets early detection of high risk substance use with the intent of preventing further progression of substance use. Services may include brief intervention counseling, primary care monitoring, group and/or family education and therapy.

DWI Education: DWI (Driving While Intoxicated) programs are private and professional non-profit organizations that are required to provide education, a psychosocial evaluation and treatment referral services to DUI (Driving Under the Influence) offenders to satisfy judicial and driver licensing requirements.

Avatar: Avatar assisted therapy is an effective, proven counseling technique delivered to participants using a virtual world designed for meaningful interactions

10. Source of Referral - The source of the request for this specific SRD service

- Juvenile Justice Agency
- TASC/Other Diversionary Program
- DWI/DUI Referral
- Pre-Trial Services Agency
- Probation
- Parole
- State Prison
- Local Detention/Jail
- DHMH Drug Court (HG-507)
- Other Drug Court
- Other Criminal-Justice
- Individual/Self-Referral
- Parent/Guardian/Family
- Substance Related Disorder Care Provider
- Mental health Care Provider/Professional
- Other Health Care Provider
- School/Student Assistance Program
- Employer/Employee Assistance Program
- DSS Assessment Unit/TCA
- Other Community Referral

11. Number of Prior Lifetime Admissions to SRD Treatment

- Text field to enter a number from 0-99

12. Primary Source of Income

Definition: What is the main source of income for the individual?

- Disability
- Wages/Salary
- Other
- Public Assistance/TCA
- Retirement/Pension
- Self-Employment
- Unemployment Compensation
- Unknown

13. Type of Insurance

Definition: What type of insurance does the individual have?

- No Healthcare Coverage/Insurance - Individual has no health care insurance, and is not eligible for Medicare or for Medicaid.
- Aetna Managed Care (HMO) - The individual has health insurance with Aetna and is enrolled in a Health Maintenance Organization (HMO).
- Aetna Non-Managed Care (Not HMO) - The individual has health care insurance with Aetna and is NOT enrolled in an HMO.
- Blue Cross Blue Shield Managed Care (HMO) - The individual has health insurance with BCBS and is enrolled in a Health Maintenance Organization (HMO).
- Blue Cross Blue Shield Non-Managed Care (Not HMO) - The individual has health care insurance with BCBS and is NOT enrolled in an HMO.
- Cigna Non-Managed Care (Not HMO) - The individual has health care insurance with Cigna and is NOT enrolled in an HMO.
- Cigna Managed Care (HMO) - The individual has health insurance with Cigna and is enrolled in a Health Maintenance Organization (HMO).
- Highmark Managed Care (HMO) - The individual has health insurance with Highmark and is enrolled in a Health Maintenance Organization (HMO).
- Highmark Non-Managed Care (Not HMO) - The individual has health care insurance with Highmark and is NOT enrolled in an HMO.
- Humana Non-Managed Care (Not HMO) - The individual has health care insurance with Humana and is NOT enrolled in an HMO.
- Humana Managed Care (HMO) - The individual has health insurance with Humana and is enrolled in a Health Maintenance Organization (HMO).

- Kaiser Managed Care (HMO) - The individual has health insurance with Kaiser and is enrolled in a Health Maintenance Organization (HMO).
- Kaiser Non-Managed Care (Not HMO) - The individual has health care insurance with Kaiser and is NOT enrolled in an HMO.
- Medicaid (HealthChoice) - Individual is eligible for Medicaid and is enrolled in an MCO.
- Medicaid (Other than HealthChoice) - Individual is eligible for Medicaid but is not enrolled in an MCO.
- Medicare - Individual has Medicare as his/her primary health insurance.
- Other Private Insurance Managed Care (HMO) - The individual has health insurance with a company not specifically listed and is enrolled in a Health Maintenance Organization (HMO).
- Other Private Insurance Non-Managed care (Not HMO) - The individual has health insurance with a company not specifically listed and is NOT enrolled in a Health Maintenance Organization (HMO).
- Other Public Funds - Another state (not Medicaid) or federal agency (not Medicare) is providing health care insurance/payments for the individual.
- Tricare Managed Care (HMO) - The individual has health insurance with Tricare and is enrolled in a Health Maintenance Organization (HMO).
- Tricare Non-Managed Care (Not HMO) - The individual has health care insurance with Tricare and is NOT enrolled in an HMO.
- United Managed Care (HMO) - The individual has health insurance with United and is enrolled in a Health Maintenance Organization (HMO).
- United Non-Managed Care (Not HMO) - The individual has health care insurance with United and is NOT enrolled in an HMO.

14. Mental Health Problems

Definition: Does the individual have any mental health problems?

- Yes
- No
- Not Available

15. Pregnant (Only available to select for Female individuals)

- Yes
- No
- Not Available

16. Does the individual have a diagnosis of Tuberculosis?

Definition: Does the individual currently have active TB disease?

- Yes
- No
- Not Available

17. Tobacco Use in 30 days prior to admission

- Yes
- No
- Not Available

18. Treatment Setting?

Definition: Where is the individual being treated?

- Community
- Local Detention Center
- State Department of Corrections

19. Highest Level of School completed

- No Years of Schooling
- 01 - Grade 1
- 02 - Grade 2
- 03 - Grade 3
- 04 - Grade 4
- 05 - Grade 5
- 06 - Grade 6
- 07 - Grade 7
- 08 - Grade 8
- 09 - Grade 9
- 10 - Grade 10
- 11 - Grade 11
- 12 - Grade 12
- 13 - Nursery School, Pre-School (INCL Head Start)
- 14 - Kindergarten
- 15 - Self Contained Special Education Class
- 16 - Vocational School
- 17 - College Undergraduate Freshman (1st Year)
- 18 - College Undergraduate Sophomore (2nd Year)
- 19 - College Undergraduate Junior (3rd Year)
- 20 - College Undergraduate Senior (4th Year)
- 21 - Graduate or Professional School
- 97 - Unknown

20. Is this individual a Veteran?

- Yes
- No
- Not Available

21. Which war is this individual a veteran of (if more than 1 note most recent)?

- Afghanistan
- Iraq
- None
- Other

22. Specify the timeframe for individual's military service

Definition: How long was individual in the Military?

- Never in Military
- Veteran - In Combat less than 6 months
- Veteran - In Combat 6-12 months ago
- Veteran - In Combat more than 12 months ago
- On Active Duty
- Veteran - Never in Combat

23. Would the individual like to be contacted by the Office of Maryland's Commitment to Veterans for purposes of Veteran Benefits?

- Yes
- No
- Already in Contact
- Unknown

24. Number of arrests within past 30 days

- 0-96
- 97 – Unknown

25. Number of arrests in the Last 12 Months

- 0-96
- 97 – Unknown

26. Number of times in Self-Help Group in Last 30 Days

Definition of Self-Help Group: The act of helping oneself without relying on the assistance of professional expertise. For many, it involves joining a group of people who are dealing with similar problem. Instead of relying on professional guidance, the individuals of the group support each other. For e.g., Alcoholics Anonymous, Narcotics Anonymous, Recovery Support Center

- No attendance in the past month
- 1 – 3 times in the past month (less than 1 per week)
- 4 -7 times in the past month (about 1 per week)
- 8 – 15 times in the past month (2 – 3 times per week)
- 16 – 30 times in the past month (4+ times per week)
- Missing

27. Will Buprenorphine be prescribed during this episode of care?

- Yes
- No
- Not Available

28. Primary Method of Payment for Treatment.

Definition: How will the individual be paying for treatment?

- DHMH BHA Grant/Uninsured - The cost of this episode of care will be charged to the grant which this provider receives from the Behavioral Health Administration (BHA) to serve individuals without insurance. This includes reimbursement for services that are not eligible for Medicaid reimbursement (including residential services) as well as services that would be eligible for Medicaid reimbursement IF the individual were eligible for Medicaid.
- Medicaid - The cost of this episode of care will be reimbursed by Medicaid through the Administrative Services Organization (ASO), currently Value Options.
- Medicare - The majority of the cost of this episode of care will be paid for by Medicare. The individual may be responsible for payment of co-insurance and/or deductible amounts.
- Drug Court - The cost of this episode of care will be reimbursed through payments from a Drug Court.
- Other Public Funds - The cost of this episode of care will be paid by other government funds (such as a grant from the Department of Juvenile Services, a Department of Social Services, the Division of Parole and Probation, etc.).
- Private Managed Care/HMO - The major portion of the cost of this episode of care will; be reimbursed by payment from an HMO; the individual may be responsible for payment of co-insurance and/or deductible amounts. In many cases, the provider may have a contract to provide services to the individuals insured through the HMO.
- Non-Managed Private Insurance - The majority of the cost of this episode of care will be paid by a private health insurance company. The individual may be responsible for payment of co-insurance and/or deductible amounts. In most instances, the provider will have to bill the insurance company in order to receive payment for the services.
- Out of Pocket Payment - The individual has no health insurance or the health plan does not cover the services which are being provided; the individual will be paying for the majority of the costs of the episode of care, including payment on a sliding fee scale.
- Other - Payment will be made through a mechanism not included in any of the previous categories.

29. Was the individual screened for gambling?

- No
- Yes- Gambling Problem Not Indicated
- Yes-Gambling Problem Included in Treatment Here

- Yes-Referred to Gambling Treatment elsewhere

30. Is the individual part of an identified special population, please specify:

Definition: Is the individual part of any special populations?

- Women & Children / Non Co-occurring
- Women & Children / Co-occurring
- Court Committed 8-507 / Non Co-occurring
- Court Committed 8-507 / Co-occurring
- Not in a specific population

Definition: Women and Children are pregnant women or women with dependent children. Court Committed referrals that are Health General 8-507 treatment placements where the individual meets ASAM criteria for level 3.3 or 3.5 residential placement for high-intensity substance related disorder treatment needs. For the addictions population, co-occurring means that individuals have both a substance related disorder and a mental health disorder. A person who enters treatment with a co-occurring disorder has already been diagnosed with a substance related and mental health disorder. Non-co-occurring substance use treatment participants do not yet have a diagnosis for mental health disorder.

31. Is this a transition age individual?

Choose 'Yes' only if the individual is served by a BHA designated TAY program,

- Yes
- No
- Not Available

32. How well does the individual speak English? (Applicable for individual >5 years of age)

- Very Well
- Well
- Not Well
- Not at All
- Not Available

33. Does the individual speak a language other than English at home? (Applicable for individual >5 years of age)?

- Yes
- No
- Not Available

34. If yes, what is this language? (Applicable for individual >5 years of age)

- Spanish
- Other (Textbox to Type in Other Language)

35. Is the individual deaf or do they have serious difficulty hearing?

- Yes
- No
- Not Available
-

36. Is the individual blind or do they have difficulty seeing, even when wearing glasses?

- Yes
- No
- Not Available

37. Because of a physical, mental or emotional condition, does the individual have serious difficulty concentrating, remembering or making decisions? (Applicable for individual >5 years of age)

- Yes
- No
- Not Available

38. Does the individual have serious difficulty walking or climbing stairs?(Applicable for individual >5 years of age)

- Yes
- No
- Not Available

39. Does the individual have difficulty dressing or bathing? (Applicable for individual >5 years of age)

- Yes
- No
- Not Available

40. Because of a physical, mental or emotional condition, does the individual have difficulty doing errands alone such as visiting a doctor's office or shopping? (Applicable for individual >15 years of age)

- Yes
- No

- Not Available

Additional Required Reporting Data

Ethnicity
 *Is the consumer of Hispanic, Latina/o or Spanish origin? Yes No Not Available

***Race (Check all that apply)**
 White American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander Not Available

***Hurricane Victim** Yes No Not Available

Name of Consumer's MCO/PCP

*Marital status

*Number of Dependent Children

*Living Situation

*Employment Status

*Type of Client

*Source of Referral

*Number of Prior Lifetime Admissions to SRD Treatment

*Primary Source of Income

*Type of Insurance

*Mental Health Problems? Yes No Not Available

Pregnant? Yes No Not Available

*Does the consumer have a diagnosis of Tuberculosis? Yes No Not Available

*Tobacco Use in 30 Days Prior to Admission? Yes No Not Available

*Treatment Setting?

*Adult School Attendance

*Highest Level of School Completed

*Child School Attendance

*Is the consumer a Veteran? Yes No Not Available

Which war is this consumer a veteran of (if more than 1 note most recent)?

Specify the timeframe for consumer's military service:

Would the consumer like to be contacted by the Office of Maryland's Commitment to Veterans for purposes of Veteran benefits? Yes No Already in Contact Unknown

*Number of arrests within past 30 days

*Number of Arrests in the Last 12 Months

*Number of Times in Self-Help Group in Last 30 Days

*Will Buprenorphine be prescribed during this episode of care? Yes No Not Available

*Primary Method of Payment for Treatment

*Was Consumer Screened for Gambling?

*Is the consumer part of an identified special population, please specify:

*Is this a transition age youth Consumer?

Primary Language

How well does the consumer speak English?(5 years old or older)

Does the consumer speak a language other than English at home? (5 years old or older) Yes No Not Available

If yes, what is this language? (5 years old or older) Spanish Other

Disability Status

*Is the consumer deaf or do they have serious difficulty hearing? Yes No Not Available

*Is the consumer blind or do they have serious difficulty seeing, even when wearing glasses? Yes No Not Available

Because of a physical, mental or emotional condition, does the consumer have serious difficulty concentrating, remembering, or making decisions?(5 years old or older) Yes No Not Available

Does the consumer have serious difficulty walking or climbing stairs?(5 years old or older) Yes No Not Available

Does the consumer have difficulty dressing or bathing?(5 years old or older) Yes No Not Available

Because of a physical, mental or emotional condition, does the consumer have difficulty doing errands alone such as visiting a doctor's office or shopping?(15 years old or older) Yes No Not Available


Substance Use

Substance Use questions will need to be answered for the **Primary** Substance and optionally for the **Secondary** and **Tertiary** substances. All data fields for Primary/Secondary/Tertiary substances are the same. The options for each data field are given below.

Substance Use

All fields marked with an asterisk () are required.*

Primary Substance

*Substance <input type="text" value="SELECT..."/>	*Total Years of Use <input type="text" value="SELECT..."/>	*Usual Route of Administration <input type="text" value="SELECT..."/>
*Length of Current Use <input type="text" value="SELECT..."/>	*Amount of Use <input type="text"/>	*Frequency of Use <input type="text" value="SELECT..."/>
*Age of First Substance Use <input type="text" value="SELECT..."/>	*Date Last Used (MMDDYYYY) <input type="text"/> 	

1. Substance(Primary/Secondary/Tertiary)

Definition: Identifies the Substance Users drug of choice as it relates to which drug/alcohol is used most frequently.

- Alcohol
- Amphetamines - Amphetamine
- Amphetamines - Methamphetamine (Speed)
- Amphetamines – MDMA (Ecstasy)
- Methylenedioxymethamphetamine (MDMA, Ecstasy)
- Amphetamines - Other
- Barbiturates - Phenobarbital (Solfoton)
- Barbiturates - Secobarbital (Seconal)
- Barbiturates - Secobarbital/Amobarbital (Tuinal)
- Barbiturates - Other
- Benzodiazepines - Alprazolam (Xanax)
- Benzodiazepines - Chlordiazepoxide (Librium)
- Benzodiazepines - Clonazepam (Klonopin, Rivotril)
- Benzodiazepines - Clorazepate (Tranxene)
- Benzodiazepines - Diazepam (Valium)
- Benzodiazepines - Flunitrazepam (Rohypnol)
- Benzodiazepines - Flurazepam (Dalmane)
- Benzodiazepines - Lorazepam (Ativan)
- Benzodiazepines - Triazolam (Halcion)
- Benzodiazepines - Other
- Cocaine - Crack
- Cocaine - Other
- Diphenylhydantoin/Phenytoin (Dilantin)
- GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)

- Hallucinogens - LSD
- Hallucinogens - Other
- Inhalants - Aerosols
- Inhalants - Nitrites
- Inhalants - Solvents
- Inhalants - Other
- Ketamine (Special K)
- Marijuana/Hashish
- Meprobamate (Miltown)
- Opiates/Synthetics - Codeine
- Opiates/Synthetics - Heroin
- Opiates/Synthetics - Hydrocodone (Vicodin)
- Opiates/Synthetics - Hydromorphone (Dilaudid)
- Opiates/Synthetics - Meperidine (Demoral)
- Opiates/Synthetics - Non-Prescription Methadone
- Opiates/Synthetics - Oxycodone
- Opiates/Synthetics - Pentazocine (Talwin)
- Opiates/Synthetics - Propoxyphene
- Opiates/Synthetics - Tramadol (Ultram)
- Opiates/Synthetics - Other
- Over-The-Counter - Diphenhydramine (Benadryl)
- Over –The-Counter - Other
- PCP or PCP Combination - Phencyclidine
- Sedatives - Ethchlorvynol (Placidyl)
- Sedatives - Glutethimide (Doriden)
- Sedatives - Methaqualone (Quaaludes)
- Sedatives - Other
- Stimulants - Methylphenidate (Ritalin)
- Stimulants - Other
- Tranquilizers
- Synthetic Cannabinoids
- Other Substance

2. Total Years of Use

Definition: Years since the initial onset of use

- 0-5YRS
- 6-10YRS
- 11-15YRS
- 16-20YRS
- Unknown

3. Usual Route of Administration

Definition: Path by which the substance is taken into the body

- Oral
- Smoking
- Inhalation

- Injection
- Other

4. Length of Current Use

Definition: Period of time since the most recent relapse

- Less than one month
- One to Six months
- Six months to one year
- One year or longer
- Unknown

5. Frequency of Use

Definition: How often the individual currently uses the identified substance

- No use past month
- 1-3 times in the past month
- 1-2 times in the past week
- 3-6 times per week
- Daily
- N/A

6. Age of First Substance Use

Choose the option Age at first use if the individual is not a newborn with a substance dependency and the age of first use is known

- Newborn with a substance dependency
- Age at first use (When option selected text box appears to enter age)
- Unknown

7. Date Last Used (MMDDYYYY)

- Select or enter in date substance last used

Withdrawal Symptoms

Select Withdrawal Symptoms if Any (Multiple Selections can be made)

- None
- Nausea
- Vomiting
- Sweating
- Cramping
- Agitation
- Hallucinations
- Tremors
- Blackouts

- Current DT's
- Past DT's
- Current Seizures
- Past Seizures

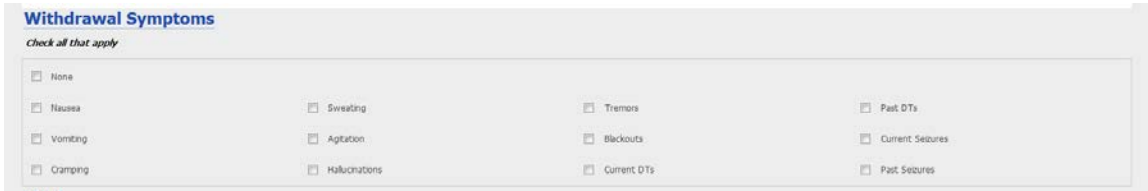


Figure 10: Withdrawal Symptoms

Vitals (Required for Inpatient Detox and if otherwise relevant)

Enter in the Vital Information for the individual. Options listed below under each data field.

1. Blood Pressure

- Enter in Blood Pressure
- N/A

2. Temperature

- Enter in Temperature
- N/A

3. Pulse

- Enter in Pulse
- N/A

4. Respiration

- Enter in Respiration
- N/A

5. Blood Alcohol

- Enter in Blood Alcohol
- N/A

6. Urine drug screen (UDS)?

Definition: Was Urine drug screen completed for the individual?

- Yes
- No
- Unknown

7. Outcome of UDS

- Positive
- Negative
- Pending

8. Positive for (Choose Substances, multiple selections can be made)

- Cannabis
- Opiates
- Cocaine
- Amphetamines
- Tricyclic Antidepressants
- Phenylpropanolamine
- Benzodiazepines
- Barbiturates
- Methamphetamine
- PCP(Phencyclidine)
- LSD (Lysergic acid Diethylamide)
- Methadone
- Other

9. Date of Urine Drug Screen (MMDDYYYY)

- Select or enter date of urine drug screen

10. Longest Period of Sobriety

Definition: Since the onset of substance use, what is the longest period the individual has gone without using any substance?

- Less than 6 months
- 6 months to 2 yrs
- More than 2 yrs
- None
- Unknown

11. Most Recent Relapse Date (MMDDYYYY)

Definition: The date when the individual broke a period of abstinence that has led to continued or escalating use

- Select or enter most recent relapse date

ASAM/Other Patient Placement Criteria

Select the ASAM Criteria for the individual's six dimensions. For all of the Dimensions, options available to select are **Low, Medium, and High**; representing either low, moderate, or high barriers to sobriety and/or recovery. To retrieve more information about each dimension please click the hyperlink above each one. Dimensions are listed below:

1. Intoxication/Withdrawal Potential
 - i.e. a high barrier may see the individual currently in acute withdrawal and a low barrier may see the individual with no recent history of use
2. Biomedical Conditions
 - i.e. a high barrier may see the individual with multiple medical issues that significantly complicate recovery efforts
3. Emot/Beh/Cogn Conditions
 - i.e. a high barrier may see the individual with emotional, behavioral, and/or cognitive issues that significantly complicate recovery efforts
4. Readiness To Change
 - i.e. a high barrier may see someone in a precontemplative stage of change
5. Relapse Potential
 - i.e. a high barrier may see someone with a significant history of relapse in multiple attempts at recovery
6. Recovery Environment
 - i.e. a high barrier may see someone living with a spouse/significant other who is actively using substances or being homeless and frequently staying in drug dens for shelter

ASAM / Other Patient Placement Criteria		
*Dimension 1	*Dimension 2	*Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
*Dimension 4	*Dimension 5	*Dimension 6
Readiness To Change	Relapse Potential	Recovery Environment
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High

Figure 11: ASAM / Other Placement Criteria

Outpatient Level of Service - Concurrent RFS

If the Outpatient request generates the equivalent of an Outpatient Review Form 2 (ORF2), the following several screens will display. (The Requested Services screen may or may not display depending on pre-established parameters.)

- Type of Services
- Additional Required Reporting
- Diagnosis
- Treatment History
- Treatment Plan
- Psychotropic Medications
- Requested Services
- Results

Type of Services – [Refer to Initial RFS \(Substance Use\)](#)

Responsible Party – [Refer to Initial RFS \(Substance Use\)](#)

Additional Required Reporting Data – [Refer to Initial RFS \(Substance Use\)](#)

For a concurrent review you may not continue if “Not Available” is selected for any of the data fields which offer this option. A value has to be selected.

The following questions appear for the Concurrent Review:

1. If requesting PRP, was individual referred by a licensed clinician? (Answer If Applicable) *If SRD Service, Providers select No and continue to next question.*
 - Yes
 - No
2. Name of Clinician (Only applicable if answer to previous question was Yes)
 - i. Text Field to enter Name of Clinician
3. If requesting PRP for a child, is the child in active treatment? (Answer if Applicable) *If SRD Service, Providers select No and continue to next question.*
 - Yes
 - No

Diagnosis (Prepopulates values on Concurrent Request from Initial Request) – [Refer to Initial RFS \(Substance Use\)](#)

Substance Use – [Refer to Initial RFS \(Substance Use\)](#)

Withdrawal Symptoms - [Refer to Initial RFS \(Substance Use\)](#)

Vitals (Required for Inpatient Detox and if otherwise relevant) - [Refer to Initial RFS \(Substance Use\)](#)

ASAM/Other Patient Placement Criteria- [Refer to Initial RFS \(Substance Use\)](#)

Treatment History

The Treatment History screen displays next.

1. Complete the Psychiatric Treatment in the Past 12 Months section.
2. Complete the Substance Abuse Treatment in the Past 12 Months section.
3. Complete the Medical Treatment in the Past 12 Months section.
4. Click **Next**.

Figure 12: Treatment History

Note: If any of the blue highlighted options are selected, additional fields will display that must be completed.

Service Plan

Information can be entered on the Service Plan screen if applicable.

1. Complete all the fields that apply.

2. Expanding out each Goal will provide you the ability to enter a Long Term Goal and up to 3 Short Term Goals.

-Goal 1

Long Term Goal: Narrative History
 Narrative Entry (0 of 500)

Status of Goal: SELECT...

Responsible Staff:

Short term goal 1

Short Term Goal Target Date:

Short Term Goals: Narrative History
 Narrative Entry (0 of 250)

Status of Goal: SELECT...

Interventions: Narrative History
 Narrative Entry (0 of 250)

Update Progress: Narrative History
 Narrative Entry (0 of 500)

Short term goal 2

Short Term Goal Target Date:

Short Term Goals: Narrative History
 Narrative Entry (0 of 250)

Status of Goal: SELECT...

Interventions: Narrative History
 Narrative Entry (0 of 250)

Update Progress: Narrative History
 Narrative Entry (0 of 500)

Short term goal 3

Short Term Goal Target Date:

Short Term Goals: Narrative History
 Narrative Entry (0 of 250)

Status of Goal: SELECT...

Interventions: Narrative History
 Narrative Entry (0 of 250)

Update Progress: Narrative History
 Narrative Entry (0 of 500)

Consumer Involved in Plan? Yes No

Family/Caregiver/Guardian Involved in Plan and Interventions? Yes No

Narrative History
 Narrative Entry (0 of 500)

Narrative History
 Narrative Entry (0 of 500)

Was Consumer offered a copy of the plan? Yes No

Individual's Hope for Recovery/Resiliency (in Consumer's own words)
 Narrative History
 Narrative Entry (0 of 500)

Discharge Plan
(Include the goals that the Consumer needs to accomplish in order for the transition (discharge to occur), the supports needed at time of discharge/transition, and an estimated timeframe within which the transition/discharge will realistically occur).
 Narrative History
 Narrative Entry (0 of 500)

Expected Discharge Date:

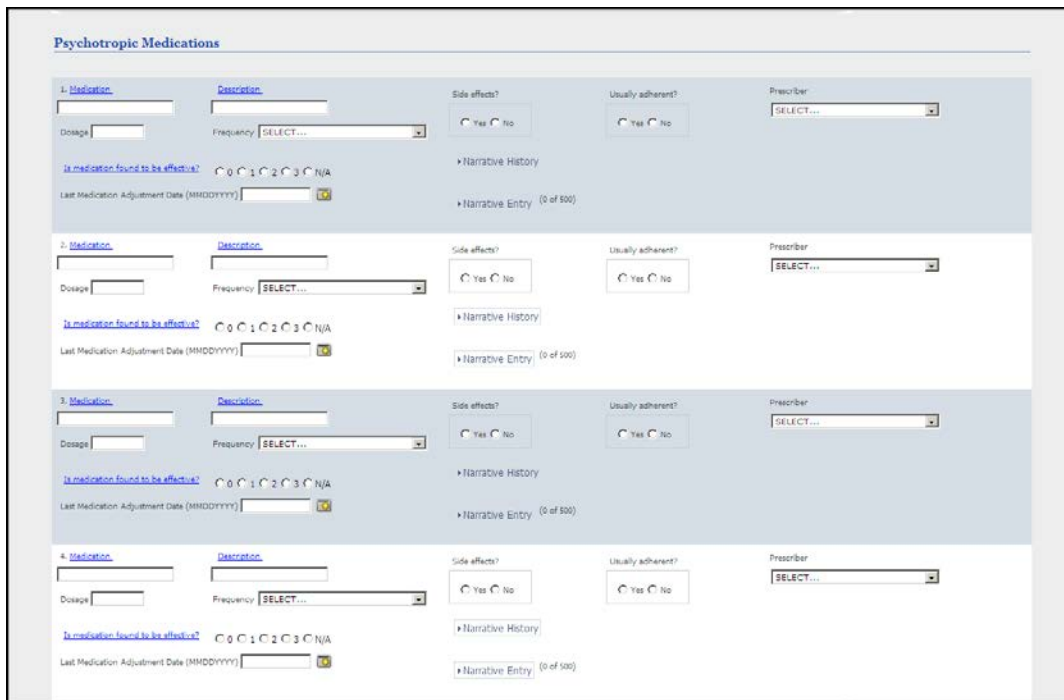
Responsible Staff:
 1.
 2.
 3.
 4.

3. Click Next.

Psychotropic Medications

Information must now be entered on the Psychotropic Medications screen.

1. Enter the medication's name in the **Medication** field or click on the link to select a medication.
2. Enter the amount in the **Dosage** field.
3. Select an option from the **Frequency** drop-down.
4. Select either **Yes** or **No** in the **Side Effects** field.
5. Select either **Yes** or **No** in the **Usually adherent** field.
6. Select an option from the **Prescriber** drop-down.
7. Repeat steps 1 through 6 for each additional medication and click **Next**.



The screenshot displays the 'Psychotropic Medications' form with four identical entry sections. Each section includes:

- Medication** and **Description** text boxes.
- Dosage** text box and **Frequency** drop-down menu.
- Side effects?** radio buttons for Yes and No.
- Usually adherent?** radio buttons for Yes and No.
- Prescriber** drop-down menu.
- Is medication found to be effective?** radio buttons for 0, 1, 2, 3, and N/A.
- Last Medication Adjustment Date (MMDDYYYY)** text box with a calendar icon.
- Narrative History** and **Narrative Entry (0 of 500)** sections.

Figure 13: Psychotropic Medications

Note: Click on the **Medication** link to display the Select Medication Code window.

Requested Services - [Refer to Initial RFS \(Substance Use\)](#)

OPSU OMS Level of Service – Initial and Concurrent RFS

For an initial request for service this would follow the same workflow as the Non-OMS specific workflow [Outpatient Level of Service – Initial RFS \(Substance Use\)](#).

For a concurrent request for service this would follow the same workflow as the Non-OMS specific workflow with the addition of having to fill out the OMS Questionnaire.

For information/instructions on the OMS Questionnaire please follow the instructions on the [Maryland OMS Website \(http://maryland.valueoptions.com/services/OMS_Welcome.html\)](http://maryland.valueoptions.com/services/OMS_Welcome.html).

Under **Additional OMS Resources**.

Outpatient Level of Service – Discharge

For an outpatient level of care when completing a Discharge Review:

1. **Actual Discharge Date**
Definition: The date of the last face-to-face service with the individual.
2. **Behavioral Diagnosis and Primary Medical Diagnosis, and Social Elements Impacting Diagnosis sections** pre-populate from Initial/Concurrent requests.

Discharge Information

*Actual Discharge Date (MM/DD/YYYY) <input type="text" value="05"/>	Type of Service S - SUBSTANCE USE	Level of Care Discharged From O - OUTPATIENT
--	---	--

Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented, if necessary. Documentation of secondary re-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

* Diagnostic Category 1 OTHER MENTAL DISORDERS	* Diagnosis Code 1 294.9	* Description Unspecified Mental Disorder Due to An
---	-----------------------------	--

Additional Behavioral Diagnoses

Diagnostic Category 2 PARAPHILIC DISORDERS	Diagnosis Code 2 302.89	Description Paraphilic Disorders - other
Diagnostic Category 3 OTHER MENTAL DISORDERS	Diagnosis Code 3 294.8	Description Obsessive-Compulsive and Related Di
Diagnostic Category 4 GENDER DYSPHORIA	Diagnosis Code 4 302.6	Description Gender Dysphoria
Diagnostic Category 5 SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDE	Diagnosis Code 5 304.10	Description Sedative, Hypnotic, or Anxiolytic Use D

Primary Medical Diagnoses

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1 CIRCULATORY SYSTEM - OTHER	Diagnosis Code 1 445	Description Atheroembolism
Diagnostic Category 2 CIRCULATORY SYSTEM - HYPERTENSION	Diagnosis Code 2 403	Description Secondary hypertension
Diagnostic Category 3 SKIN & SUBCUTANEOUS TISSUE	Diagnosis Code 3 604	Description Impetigo

*Social Elements Impacting Diagnosis

Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input checked="" type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown
<input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment			

3. If **Functional Assessment section** applicable enter information.

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure <input type="text" value="SELECT..."/>	Assessment Score <input type="text"/>	Secondary Assessment Measure <input type="text" value="SELECT..."/>	Assessment Score <input type="text"/>
--	--	--	--

Next we fill out all required **Discharge Questions**. Options are listed below each question:

1. Discharge Condition
 - Improved
 - No Change
 - Worse
 - Unknown

2. Type of Discharge
 - Planned
 - Unplanned

3. Did the individual receive a diagnosis of tuberculosis during the course of this treatment episode?
 - Yes
 - No
 - Not Available

4. Pregnant?

Definition: Is the individual pregnant at the time of discharge?

 - Yes
 - No
 - Not Available

5. Reason for Discharge
 - Completed Treatment Plan; No Additional Treatment
 - Completed Treatment Plan; Additional Treatment Rqd
 - Incomplete Treatment Plan; Additional Trtmt Rqd
 - Incarcerated or Release By or To Courts
 - Death
 - Noncompliance With Program Rules
 - Patient Left Treatment Against Clinical Advice

6. Level of Care Referred To
 - No Treatment Referral
 - 0.5 Early Intervention - ASAM Level 0.5 services for prevention and early intervention. Services designed to explore and address problems or risk factors that appear related to substance use or addictive behavior. Level 0.5 services include screening, brief intervention, and referral to treatment and are usually conducted in a hospital emergency room or a primary care medical clinic. The person receiving these types of services must NOT meet the diagnostic criteria of a substance use disorder.
 - I Outpatient Treatment - ASAM Level 1.0 are outpatient Substance Use Disorder treatment services provided by outpatient providers.
 - II.1 Intensive Outpatient Treatment - ASAM Level 2 delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends.. Programs have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, addiction medication management, and 24-hour crisis services, **Level 2.1 meets specifications in Dimension 2 and in Dimension 3 as well as in at least one of Dimensions 4, 5, or 6.**
 - I.D Outpatient Ambulatory Detox - ASAM Level 1.0 for outpatient withdrawal management; either as a standalone service or in conjunction with other qualified outpatient services. (Not used by Maryland).
 - II.5 Partial Hospitalization - ASAM Level 2 delivers treatment services during the day, before or after work or school, in the evening, and/or on

weekends.. Programs have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, addiction medication management, and 24-hour crisis services, **Level 2.5 meets specifications in Dimension 2 and in Dimension 3 as well as in at least one of Dimensions 4, 5, or 6**

- II.D Intensive Outpatient Detox - ASAM Level 2 delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends.. Programs have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, addiction medication management, and 24-hour crisis services, **Level 2.0 meets specifications in Dimension 2 and in Dimension 3 as well as in at least one of Dimensions 4, 5, or 6**
- III.1 Clinically Managed Low-Intensity RT ASAM Level 3 encompasses residential services staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. **Level 3.1 meets specifications in each of the six Dimensions**
- III.3 Clinically Managed Medium-Intensity RT-ASAM Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services which provide a range of services in a 24-hour treatment setting. **Level 3.3 meets specifications in each of the six Dimensions.**
- III.5 Clinically Managed High-Intensity RT- ASAM Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. **Level 3.5 meets specifications in each of the six Dimensions.**
- III.7- Medically Monitored Intensive IP Treatment- ASAM Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services which provide a range of services in a 24-hour treatment setting. **Level 3.7 meets specifications in at least one of Dimensions 1, 2, or 3.**
- III.7-D Medically Monitored Intensive IP Detox- ASAM Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services provided in a 24-hour treatment setting. **Level 3.7 meets specifications in at least one of Dimensions 1, 2, or 3.**
- IV Medically Managed Intensive Inpatient Services- ASAM Level 4 programs provide co-occurring capable, co-occurring enhanced, and complexity capable care to patients whose physical, mental, and/or substance-related conditions are so severe that they require primary biomedical, addiction, or psychiatric care, along with an inpatient level of nursing and other care. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available. **Level 4 meets specifications in at least one of Dimensions 1, 2, or 3.**
- IV.D Medically Monitored Inpatient Detox Services- ASAM Level 4 programs provide co-occurring capable, co-occurring enhanced, and complexity capable care to patients whose physical, mental, and/or substance-

related conditions are so severe that they require primary biomedical, addiction, or psychiatric care, along with an inpatient level of nursing and other care. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available. **Level 4 meets specifications in at least one of Dimensions 1, 2, or 3.**

- OMT Opioid Maintenance Therapy- Recovery maintenance treatment from an opiate addiction using specialized opioid agonist medications.
- OMT.D Opioid Maintenance Therapy Detox- ASAM Level 1.0 for outpatient withdrawal management; either as a standalone service or in conjunction with other qualified outpatient services.

7. Living Situation

Definition: Where the individual is currently living.

- Private Residence - Alone, with family or friends/roommates, significant other, recovery residence.
- Foster Home
- Residential Care - Level 3.1, 3.3, 3.5 or 3.7 facility, Residential Rehabilitation Program (RRP), Group Home/Therapeutic Group Home
- Crisis Residence
- Children's Residential Treatment
- Institutional Setting - Assisted living, Inpatient-General, Private Psychiatric, State
- Jail/Correctional Facility
- Homeless/Shelter
- Other
- Not Available

8. Level of Education

- No Years of Schooling
- 01 - Grade 1
- 02 - Grade 2
- 03 - Grade 3
- 04 - Grade 4
- 05 - Grade 5
- 06 - Grade 6
- 07 - Grade 7
- 08 - Grade 8
- 09 - Grade 9
- 10 - Grade 10
- 11 - Grade 11
- 12 - Grade 12
- 13 - Nursery School, Pre-School (INCL Head Start)
- 14 - Kindergarten
- 15 - Self Contained Special Education Class
- 16 - Vocational School
- 17 - College Undergraduate Freshman (1st Year)
- 18 - College Undergraduate Sophomore (2nd Year)

- 19 - College Undergraduate Junior (3rd Year)
- 20 - College Undergraduate Senior (4th Year)
- 21 - Graduate of Professional School
- 97 – Unknown

9. Employment Status

Definition: What is the individual's current employment status?

- Employed Full-Time
- Employed Part-Time
- Retired
- Disabled
- Homemaker
- Student
- Incarcerated/Institutional Resident
- Volunteer
- Other Unemployed - Not Seeking Work
- Other Unemployed - Seeking Work

10. Was the individual treated for a mental health problem during this SRD [Substance Related Disorder] treatment episode?

- Yes
- No
- Not Available

11. Was the individual treated for gambling?

- No
- Yes-Gambling Problem Included in Treatment Here
- Yes-Referred to Gambling Treatment Elsewhere

12. Number of arrests in the last 30 days

- 0-96
- 97-Unknown

13. Number of times in self-help group in last 30 days (the act of helping oneself without relying on the assistance of professional expertise. For many, it involves joining a group of people who are dealing with similar problem. Instead of relying on professional guidance, the individuals of the group support each other.)

- No Attendance in the Past Month
- 1-3 Times in the Past Month (Less than 1 Per Week)
- 4-7 Times in the Past Month (About 1 Per Week)
- 8-15 Times in the Past Month (2-3 Times Per Week)
- 16-30 Times in the Past Month (4+ Times Per Week)
- Missing

14. Were Temporary Cash Assistance (TCA) services received?

Definition: Did the individual receive TCA during this treatment episode?

- Yes
- No
- Not Available

15. Date of last direct treatment service (MMDDYYYY)

- Select or Enter Date in MMDDYYYY format.

16. Primary Source of Income

Definition: What is the main source of income for the individual?

- Wages/Salary
- Public Assistance/TCA
- Self-Employment
- Retirement/Pension
- Unemployment Compensation
- Disability
- Other
- Unknown

17. Primary method of payment for treatment

Definition: How will the individual be paying for treatment?

- DHMH BHA Grant/Uninsured - The cost of this episode of care will be charged to the grant which this provider receives from the Behavioral Health Administration (BHA) to serve individuals without insurance. This includes reimbursement for services that are not eligible for Medicaid reimbursement (including residential services) as well as services that would be eligible for Medicaid reimbursement IF the individual were eligible for Medicaid.
- Medicaid - The cost of this episode of care will be reimbursed by Medicaid through the Administrative Services Organization (ASO), currently Value Options.
- Medicare - The majority of the cost of this episode of care will be paid for by Medicare. The individual may be responsible for payment of co-insurance and/or deductible amounts.
- Drug Court - The cost of this episode of care will be reimbursed through payments from a Drug Court.
- Other Public Funds - The cost of this episode of care will be paid by other government funds (such as a grant from the Department of Juvenile Services, a Department of Social Services, the Division of Parole and Probation, etc.).
- Private Managed Care/HMO - The major portion of the cost of this episode of care will; be reimbursed by payment from an HMO; the individual may be responsible for payment of co-insurance and/or deductible amounts. In many cases, the provider may have a contract to provide services to the individuals insured through the HMO.
- Non-Managed Private Insurance - The majority of the cost of this episode of care will be paid by a private health insurance company. The individual may be responsible for payment of co-insurance and/or deductible amounts. In most instances, the provider will have to bill the insurance company in order to receive payment for the services.

- Out of Pocket Payment - The individual has no health insurance or the health plan does not cover the services which are being provided; the individual will be paying for the majority of the costs of the episode of care.
- Other - Payment will be made through a mechanism not included in any of the previous categories.

Substance Use

Fill out the **Primary Substance** and **Frequency of Use**.

Optionally fill out the **Secondary/Tertiary Substances** and **Frequencies of Use** as applicable.

Substance Use	
*Primary Substance	*Frequency of Use
COCAINE - CRACK	1-3 TIMES IN THE PAST MONTH
Secondary Substance	Frequency of Use
HALLUCINOGENS - OTHER	1-3 TIMES IN THE PAST MONTH
Tertiary Substance	Frequency of Use
INHALANTS - AEROSOLS	3-6 TIMES PER WEEK

Answer remaining questions and **Save Discharge Information**

1. Tobacco Use in 30 days prior to discharge?
 - Yes
 - No
 - Not Available
2. Number of Urinalysis tests (If applicable)
 - Enter number of Unrinalysis tests
3. Number of positive Urinalysis tests (If applicable)
 - Enter number of positive Unrinalysis tests

*Tobacco use in 30 days prior to discharge?
 Yes No Not Available

*Number of urinalysis tests

*Number of positive urinalysis tests

Medication at Discharge

▶ Narrative History

▼ Narrative Entry (0 of 250)

OPSU OMS Level of Service – Discharge

For an outpatient level of care, when submitting a discharge review please follow the instructions for creating a Discharge request for a NON OMS provider [here](#). With the addition of answering the required questions you will be required to fill out an OMS Discharge interview.

For information/instructions on the OMS Discharge process please follow the instructions on the [Maryland OMS Website \(http://maryland.valueoptions.com/services/OMS_Welcome.html\)](http://maryland.valueoptions.com/services/OMS_Welcome.html).

Under **Additional OMS Resources**.

Inpatient/HLOC/Specialty Level of Service (Substance Use)

If type of service is Substance Use and level of care is Inpatient Detox the following types of care will be applicable:

- Inpatient Level (4.0) Detox

If type of service is Substance Use and level of care is Intensive Outpatient the following types of care will be applicable:

- Intensive Outpatient

If type of service is Substance Use and level of care is Partial Hospitalization the following types of care will be applicable:

- Hospital-Based Partial
- Community-Based Partial

If type of service is Substance Use and level of care is ICF-A (Inpatient Rehab) the following types of care will be applicable:

- Level 3.3 Inpatient Rehab
- Level 3.5 Inpatient Rehab
- Level 3.7 Inpatient Rehab

For an Inpatient/HLOC/Specialty Level of Service:

1. Enter a date in the **Requested Start Date** field.
2. Select **Inpatient/HLOC/Specialty** from the **Level of Service** drop-down.
3. Select an option from the **Type of Service** drop-down.
4. Select an option from the **Level of Care** drop-down.
5. Select an option from the **Type of Care** drop-down.
6. Enter a date in the **Admit Date** field.
7. Enter a time in the **Admit Time** field.
8. Select either **Yes** or **No** in the **Has the member already been admitted to the facility** field.
9. Enter **Date of Initial Contact (Date contact first made with the individual)**
10. Enter **Days Waiting for Service (Amount of Days the individual was waiting before starting services)**

Notes:

- This question displays only if the level of service is Inpatient/HLOC/Specialty.
- This question is required if the level of service is Inpatient/HLOC/Specialty and any combination of type of service, level of care, and type of care is selected.

11. Attach any applicable documents and click **Next**.

Figure 14: Requested Services Header

A screen with several tabs will display.

Note: Only the fields with asterisks (*) are required.

Level of Care

The Level of Care screen is completed first.

1. Enter the treatment in the **Treatment Unit/Program** field.
2. Enter a name in the **Member’s Guardian** field.
3. Answer Required questions similar to Outpatient Workflow

Figure 15: Level of Care

4. Enter at least one contact name and phone number and click **Next**.



*At least one contact name and phone number is required.

Admitting Physician	Phone #	Attending Physician	Phone #
Preparer	Phone #	Utilization Review Contact	Phone #
			Fax

Figure 16: Level of Care (continued)

Diagnosis

The Diagnosis screen displays next and contains the following sections for capturing diagnosis information.

- Behavioral Diagnoses
- Primary Medical Diagnoses
- Social Elements Impacting Diagnosis
- Functional Assessment

Behavioral Diagnoses

The *Behavioral Diagnoses* section of the screen contains five rows for capturing diagnoses. Each row contains the following fields.

- Diagnostic Category
- Diagnosis Code
- Description

The system uses the value entered in the **Diagnostic Category** field to determine the values of the other two fields. If multiple options are available for the remaining fields, the user can select from among a list of possible choices. If only one option is available for the remaining fields, the system auto-populates those values.

Note: Entering either a diagnosis code or description automatically populates the other two fields if only one description exists for that particular code or vice versa.

This section functions as follows:

- Users may enter up to five diagnoses, **but only the principal (primary) diagnosis is required.**
- All the fields are required as all three fields are needed to obtain a complete behavioral diagnosis.
- The user must enter at least three characters of the diagnosis code in order to initiate the automatic search. (That is, the automatic search begins when the fourth character is entered.)
- Upon a user entering a partial or complete diagnosis description and then tabbing or clicking out of the field, the system begins an automatic search to complete the other two fields if there is only a single match

Primary Medical Diagnoses

The *Primary Medical Diagnoses* section of the screen contains three rows for capturing diagnoses. Each row contains the following fields.

- Diagnostic Category
- Diagnosis Code
- Description

The system uses the value entered in the **Diagnostic Category** field to determine the values of the other two fields. If multiple options are available for the remaining fields, the user can select from among a list of possible choices. If only one option is available for the remaining fields, the system auto-populates those values.

***Note:** Entering either a diagnosis code or description automatically populates the other two fields if only one description exists for that particular code or vice versa.*

This section functions as follows:

- Users may enter up to three diagnoses, **but only the principal (primary) diagnosis is required.**
- The diagnosis code and description are optional.
- The user must enter at least two characters of the diagnosis code in order to initiate the automatic search. (That is, the automatic search begins when the third character is entered.)
- Upon a user entering a partial or complete diagnosis description and then tabbing or clicking out of the field, the system begins an automatic search to complete the other two fields if there is only a single match.

Social Elements Impacting Diagnosis

The *Social Elements Impacting Diagnosis* section of the screen contains the following checkboxes. (Users may select multiple checkboxes, but are required to select at least one.)

- None
- Educational problems
- Financial problems
- Housing Problems (Not Homelessness)
- Homelessness
- Occupational problems
- Problems with Primary support group
- Problems with access to health care services
- Problems related to interaction w/legal system/crime
- Problems related to the social environment
- Other psychosocial and environmental problems*
- Unknown

*Selecting **Other psychosocial and environmental problems** activates a 250-character text box. (This field is required.)

Functional Assessment

The *Functional Assessment* section of the screen contains the following fields.

- Assessment Measure
- Secondary Assessment Measure

The following options are available in both drop-downs.

- **CDC HRQOL** (*Center for Disease Control's Health-Related Quality Of Life assessment*)
- **FAST** (*Functional Assessment Screening Tool*)
- **GAF** (*Global Assessment of Functioning*)
- **Other***
- **OMFAQ** (*Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire*)
- **SF12** (*Short Form 12*)
- **SF36** (*Short Form 36*)
- **WHO DAS** (*World Health Organization Disability Assessment Schedule*)

*Selecting **Other** from either drop-down activates a 25-character text box. (This field is required.)

The system also displays an **Assessment Score** field next to each assessment measure. These fields accept a maximum of 25 alphanumeric characters and are required for each assessment measure selected.

Treatment History

The Treatment History screen displays next.

1. Complete the **Psychiatric Treatment in the Past 12 Months** section.
2. Complete the **Substance Abuse Treatment in the Past 12 Months** section.
3. Complete the **Medical Treatment in the Past 12 Months** section if needed.
4. Complete the **Additional History** section if needed.
5. Click **Next**.

Treatment

Check all that apply

<p>Psychiatric Treatment in the Past 12 Months</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Outpatient (Excluding Current Course of Treatment)</p> <p><input type="checkbox"/> Intensive Outpatient/ Partial Hospital Program</p> <p><input type="checkbox"/> Hospitalization (including residential and group home)</p> <p>Description of Psychiatric Treatment in the Past 12 Months</p> <p>▶ Narrative History</p> <p>▶ Narrative Entry (0 of 2000)</p>	<p>Substance Abuse Treatment in the Past 12 Months</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Outpatient (Excluding Current Course of Treatment)</p> <p><input type="checkbox"/> Intensive Outpatient/ Partial Hospital Program</p> <p><input type="checkbox"/> Hospitalization (including residential and group home)</p> <p>Description of Substance Abuse Treatment in the Past 12 Months</p> <p>▶ Narrative History</p> <p>▶ Narrative Entry (0 of 2000)</p>
---	---

Medical Treatment in the Past 12 Months

Unknown

None

Routine Medical Treatment

Significant Medical Treatment

Is consumer currently on psychotropic medication?

Yes No

Is consumer currently on medications for physical conditions?

Yes No

If yes, identify medications.

Additional History

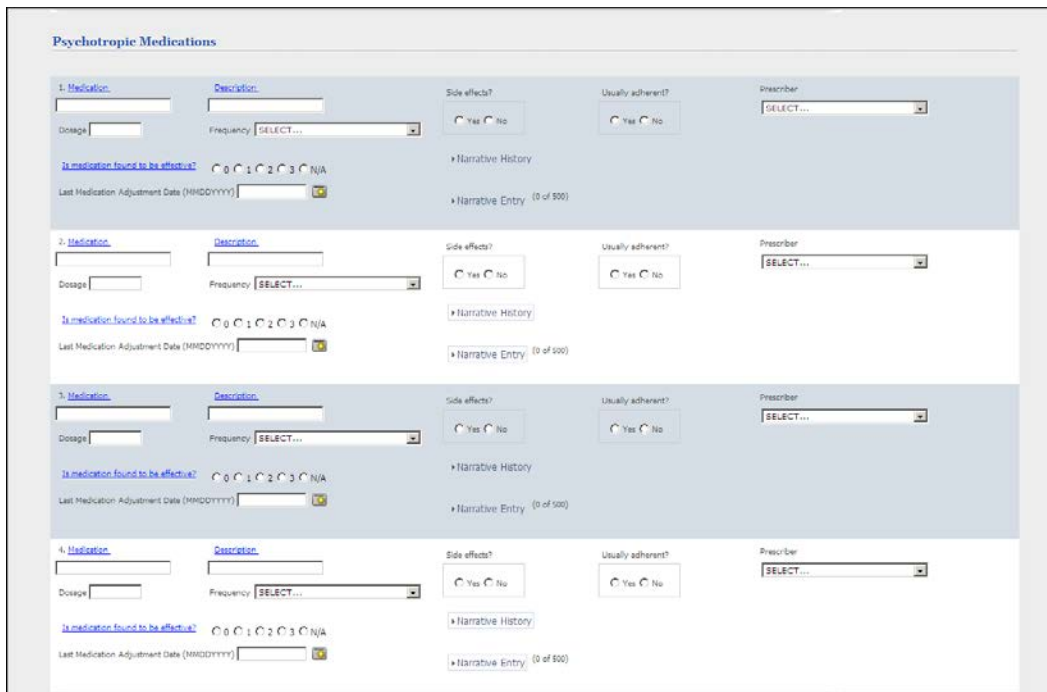
<p>Criminal justice involvement in the last 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Currently on probation?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>History of sexually inappropriate/aggressive behavior?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>▶ Narrative History</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> <p>▶ Narrative Entry (0 of 750)</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	<p>History of fire setting in the last 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Active gang involvement in the last 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>DSS/CPS involvement in the last 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Victim of sexual or physical abuse?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
--	--

Figure 17: Treatment History

Psychotropic Medications

The Psychotropic Medications screen displays next.

1. Enter the medication's name in the **Medication** field or click on the link to select a medication.
2. Enter the amount in the **Dosage** field.
3. Select an option from the **Frequency** drop-down.
4. Select either **Yes** or **No** in the **Side Effects** field.
5. Select either **Yes** or **No** in the **Usually Adherent** field.
6. Select an option from the **Prescriber** drop-down.
7. Repeat steps 1 through 6 for each additional medication and click **Next**.



The screenshot displays the 'Psychotropic Medications' form, which is organized into four identical sections for entering medication data. Each section includes the following fields and controls:

- Medication:** A text input field with a link to select a medication.
- Description:** A text input field.
- Dosage:** A text input field.
- Frequency:** A drop-down menu with a 'SELECT...' option.
- Side effects?:** Radio buttons for 'Yes' and 'No'.
- Usually adherent?:** Radio buttons for 'Yes' and 'No'.
- Prescriber:** A drop-down menu with a 'SELECT...' option.
- Is medication found to be effective?:** Radio buttons for '0', '1', '2', '3', and 'N/A'.
- Last Medication Adjustment Date (MMDDYYYY):** A date input field with a calendar icon.
- Narrative History:** A link to expand the history.
- Narrative Entry:** A text area with a character count '(0 of 500)'.

Figure 18: Psychotropic Medications

Substance Use

The Substance Use screen displays next.

1. Identify the individual's Primary, Secondary (if applicable) and Tertiary (if applicable) substances (Reference [Outpatient Workflow](#) for examples)

Substance Use

All fields marked with an asterisk (*) are required.

Primary Substance

<small>*Substance</small> SELECT...	<small>*Total Years of Use</small> SELECT...	<small>*Usual Route of Administration</small> SELECT...
<small>*Length of Current Use</small> SELECT...	<small>*Amount of Use</small> <input type="text"/>	<small>*Frequency of Use</small> SELECT...
<small>*Age of First Substance Use</small> SELECT...	<small>*Date Last Used (MMDDYYYY)</small> <input type="text"/>	

Secondary Substance

Substance SELECT...	Total Years of Use SELECT...	Usual Route of Administration SELECT...
Length of Current Use SELECT...	Amount of Use <input type="text"/>	Frequency of Use SELECT...
Age of First Substance Use SELECT...	Date Last Used (MMDDYYYY) <input type="text"/>	

Tertiary Substance

Substance SELECT...	Total Years of Use SELECT...	Usual Route of Administration SELECT...
Length of Current Use SELECT...	Amount of Use <input type="text"/>	Frequency of Use SELECT...
Age of First Substance Use SELECT...	Date Last Used (MMDDYYYY) <input type="text"/>	

For each substance you selected:

- Select an option from the **Substance** drop-down.
 - Select an option from the **Total Years of Use** drop-down.
 - Select an option from the **Usual Route of Administration** drop-down.
 - Select an option from the **Length of Current Use** drop-down.
 - Enter an amount in the **Amount of Use** drop-down.
 - Select an option from the **Frequency of Use** drop-down.
 - Select an option from the **Age of First Substance Use** drop-down.
 - a. If **Age at first use** selected, enter in Age.
 - Enter a date in the **Date Last Used** field.
2. Select all **Withdrawal Symptoms** that the individual is experiencing.

Note: This field is required if the type of service is **Detoxification**.

3. Complete the Vitals section (i.e., Blood Pressure, Temperature, Pulse, Respiration, and Blood Alcohol).

Figure 19: Withdrawal Symptoms and Vitals

The ASAM/Other Patient Placement Criteria section must be completed next.

1. Select **Low**, **Medium**, or **High** for the **Dimension 1**, **Dimension 2**, and **Dimension 3** fields if the type of service is **Detoxification**.
2. Select **Low**, **Medium**, or **High** for the **Dimension 1** through **Dimension 6** fields if the type of service is **Substance Abuse** and click **Next**.

Figure 20: ASAM/Other Placement Criteria

Treatment Plan

The Treatment Plan screen displays next.

1. Enter the **Date of Plan**.
2. Select either **Yes** or **No** in the **Member/Guardian Involved in Treatment Plan** field.
3. Expand the **PCP for Select Medicaid Accounts** section if applicable.
4. Enter **Long Term Goals**.
5. Enter information in the **Symptom/Observation** text box and all applicable text boxes in that section. (Sections repeat for multiple symptoms to be entered.)

Figure 21: Treatment Plan

Agencies

The Agency screen displays next

1. Answer question **Does Member have any state affiliation?**
2. If individual has state affiliation, complete **Agencies Involved** section as relevant.
3. Each agency can be expanded so provider can input information about the agency.

Figure 22: Agencies Involved

Example of expanded field:

Agencies Involved

*Does member have any state agency affiliation? Yes No Unknown

Protective services (Adult or Child)

Type of Services

Narrative History

Narrative Entry (0 of 250)

Contact Name

Contact Phone # Ext

Treatment Request

The Treatment Request screen displays next.

1. Select either **Yes** or **No** in the **Certificate of Need Required** field.
2. Select either **Yes** or **No** in the **Is Family/Couples Therapy Indicated** field.
3. Expand the **Medical Implications** section if applicable.
4. Check all boxes that apply for the **Treatment Request Information** fields.
5. Enter the length in the **Specify Length** field if the **Fixed Length Program** option is selected.
6. Enter a number (of visits per week or days per month) if the **Frequency of Program** option is selected.
7. Select an option from the **Primary Reason for Continued Stay** drop-down.
8. Select an option from the **Primary Barrier to Discharge** drop-down.

All fields marked with an asterisk (*) are required.
 Note: Clickable pop-up blocker functionality to view all appropriate links.

Treatment Request

Admit Date: 06/13/2013 [Certificate of need required?](#) Yes No [Is family/couples therapy indicated?](#) Yes No

Medical Implications

Check all that apply

Treatment Request Information

<input type="checkbox"/> Involuntary Admission	<input type="checkbox"/> Court Ordered	Treatment Includes <input type="checkbox"/> ECT <input type="checkbox"/> Psych Testing <small>(Separate pre-authorization may be required.)</small>
<input type="checkbox"/> Voluntary Admission	<input type="checkbox"/> Frequency of Program	
<input type="checkbox"/> Fixed Length Program		

Specify Length per

*Was consumer referred to State Facility? Yes No

Check all that apply

If Admitted or Transferred, Reasons for Admission or Transfer

<input type="checkbox"/> Extended Length Of Stay Anticipated	<input type="checkbox"/> CHIPS Hospital Refused
<input type="checkbox"/> No CHIPS Bed Available	<input type="checkbox"/> Dual Diagnosis
<input type="checkbox"/> Multiple Prior Admissions	<input type="checkbox"/> Failure to Stabilize
<input type="checkbox"/> Homeless	<input type="checkbox"/> Other <input type="text"/>

Primary Reason for Continued Stay: [SELECT...]

Primary Barrier to Discharge: [SELECT...]

Explanation for Continued Stay

Narrative History

Narrative Entry (0 of 250)

Figure 23: Treatment Request

9. Check all applicable **Baseline Functioning** behaviors. Describe the behavior in the text box if **Other** is checked.
10. Enter a date in the **Expected Discharge Date** field.
11. Enter a date in the **Estimated Return to Work Date** field.

-OR-

- Select N/A if the information is not available.
12. Select an option from the **Planned Discharge Level of Care** drop-down.
 13. Select an option from the **Planned Discharge Residence** drop-down.
 14. Click **Submit**.

The screenshot shows a web form titled "Baseline Functioning". It includes the following fields:

- Checkboxes: "Holds Job", "Asymptomatic", "Manages Medications/ Medication Compliant", "Functions Independently/ ADLs Satisfactory", "Abolvent", and "Other".
- Date pickers: "Expected Discharge Date (MM/DD/YYYY)" and "Estimated Return to Work Date (MM/DD/YYYY)".
- Dropdown menus: "*Planned Discharge Level of Care", "*Planned Discharge Residence", and "If Planned Discharge Residence is State Hospital?".
- Buttons: "Back" and "Submit" (highlighted in red).

Figure 24: Baseline Functioning

The Determination Status screen displays next.

2 Notes