



Oregon Health Authority Addictions and Mental Health

MOTS

Measures and Outcomes Tracking System

Data Dictionary and Business Rules

January 15, 2020

Version 3.4

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Appendix A: Sample Tool for Mapping MOTS Data to Existing Electronic Health/Medical Record System 40

Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval

| v # | Change Description | Author | Date |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|
| 1.0 | New document combining DD2.1 with BRE1.0 | PManion | 03/10/2014 |
| 2.0 | Added key table for reading data tables, removed old wording on page 6 associated with codes, and added section explaining the data tables per BKahn request. | PManion | 03/12/2014 |
| 2.1 | <ul style="list-style-type: none"> • Fixed Typo in Prime Number guidelines: should be “AANNNNNA” Page 9; • Removed Business Rule for Date Living Arrangement Changed: Removed “Must be => Admission Date” Page 12; • Modified Length for ODL to 6-8 characters, Page 13; • Fixed Typo in Zip Code of Residence, should be ‘nnnnn’ Page 13; • Fixed Typo in Source of Income/Support Field Length, should be (4-22), Page 14; • Removed unnecessary Business Rules for Legal Status: Only two rules are necessary, Page 14; • Fixed 2 typos on Referred To Business Rules, Page 16; • Clarified MH LOC Score Business Rule: “Can be left blank if SA client or MH Current LOC is OUT or blank” Page 19; • Removed Business Rule for Medication Assisted Tx: Removed “If value is Alcohol than one of the Substance Problems has to be alcohol” Page 27; • Fixed incorrect page numbers, Page 28 & 32; • Removed Business Rule for Final Day of Diversion: Removed “Cannot be in the future” Page 31. | Bkahn | 04/14/2014 |
| 2.2 | <ul style="list-style-type: none"> • Provided further clarification on how to submit the Facility Medicaid Provider ID, Page 9. • Added another acceptable format for Client’s Medicaid ID, Page 9. • Removed duplicate information in the explanation for MH LOC Score, Page 19. • Clarified, with an example, how Diagnosis should be submitted, page 19. • Modified presenting danger boxes to remove multiple entries allowed, Page 29. • Indicated that Procedure Modifiers need to be submitted in FULL CAPS, Page 32. | Bkahn | 05/23/2014 |
| 2.3 | <ul style="list-style-type: none"> • Clarified that some data element values are in Capital Case, page 10. • Fixed a typo regarding “Referred To” code, 07 Employment Services, page 6. | Bkahn | 06/10/2014 |
| 2.4 | <ul style="list-style-type: none"> • Clarified Diagnosis code source, page 19 and 33. | Bkahn | 07/31/2014 |
| 2.5 | <ul style="list-style-type: none"> • Added more details about Source of Income, page 14. | Bkahn | 08/06/2014 |
| 2.5 | <ul style="list-style-type: none"> • Date of Commitment and Length of Commitment are blank when Revocation, page 32-33. | TRoby | 10/09/2014 |
| | <ul style="list-style-type: none"> • Source of income cannot be “none” if income is greater than 0, p. 14. • SID Number can be 6-8 characters, p. 13. • Alpha-Numeric codes need to be submitted in UPPER CASE, p. 21. | Bkahn | 10/14/2014 |

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|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|
| 2.6 | <ul style="list-style-type: none"> Appendix A: Prime Number (Medicaid ID) Acceptable format added p. 10 | Dyale | 12/31/2015 |
| | <ul style="list-style-type: none"> MH Current LOC-can be left blank if score is blank p 21 MH LOC Score—can be blank if legal status is PSRB p21 | Dyale | 1/21/2015 |
| | <ul style="list-style-type: none"> Changed Admission Date to <i>Must be greater than Date of Birth-Pg 15</i> <i>Added 99=Other to County of Responsibility-Pgs 11 and 39</i> | | |
| 2.7 | <ul style="list-style-type: none"> Added-Mental Health Crisis and Involuntary Services are considered events. No Non-Medicaid service is required-Pg 8 Added-“SSI” is Social Security Income-Pg 15 Name field characters allowed changed to include spaces Pgs 10 and 36 | Dyale | 2/5/2015 |
| | | Dyale | 3/12/2015 |
| 2.8 | <ul style="list-style-type: none"> Added ICD10 information Pgs 21 and 35 | Dyale | 4/1/2016 |
| 2.9 | <ul style="list-style-type: none"> GAF score optional for EDI, not necessary for CE Pg 21 Added new valid entries for Veteran Status Pg 19 Added new valid entries for Living Arrangement Pg 13 Added Revision date to document footer Added ICD10 codes effective date Pgs 21 and 35 Fixed broken hyperlink Pg 34 | Dyale | 7/31/2015 |
| 3.0 | <ul style="list-style-type: none"> Change Client TX Status to Client Treatment Status Pgs 2, 12, 40 | Dyale | 8/17/2015 |
| | <ul style="list-style-type: none"> Updated See Page numbers on page 30 and 34 | Dyale | 8/27/2015 |
| 3.1 | <ul style="list-style-type: none"> Removed Rule from Source of Income/Support pg 15 | Dyale | 10/16/2015 |
| | <ul style="list-style-type: none"> Added rule to Date of Admission pg 15 | Dyale | 10/23/2015 |
| 3.2 | <ul style="list-style-type: none"> Added new LOC (Assessed and Current) codes Pgs 29-32 Crisis Bed added to Referred To and Referred From Pgs 17 and 18 Involuntary Custody added to Legal Status pg 16 | Dyale | 03/01/2016 |
| 3.3 | <ul style="list-style-type: none"> Clarified gender selection for Pregnant | Dyale | 9/29/2016 |
| | <ul style="list-style-type: none"> Removed BMRC from Referred to and Referred pgs 17 and 18 | Dyale | 10/20/2016 |
| | <ul style="list-style-type: none"> SID # Required for legal status:DUII Convicted or Diversion pg 14 | Dyale | 01/10/2017 |
| 3.4 | <ul style="list-style-type: none"> Legal Status Update added Pre and Post Jail diversion Total DUII Arrests must be > zero when Legal Status 01 or 02 DUII Completion Date is required when Legal Status 01 or 02 and Treatment Status = 03 | PV | 01/19/2019 |
| | <ul style="list-style-type: none"> Changed “Infectious Disease Risk Assessment” field from required (1) to optional (0). | JKing | 08/26/2019 |
| | <ul style="list-style-type: none"> Updated Fee Schedule link. | JKing | 01/15/2020 |

Overview

The purpose of the Data Dictionary is to inform and explain the data elements that will be collected and reported to AMH as stated in the Data Submission Guide. This dictionary is mainly for those providers submitting data from their own Electronic Health Record (EHR); however, others may find it useful, too. The Data Dictionary is intended for persons technically supporting the various (EHR)-systems. The Data Dictionary can and should be used to verify the fact that the (EHR)-systems used by providers who are required to report to AMH contain the correct data values and format, and adhere to rules and validations acceptable to the AMH data systems.

This is a comprehensive dictionary which includes instructions for *all* service modalities. Therefore, some data elements may not directly apply to your program. For convenience, the dictionary has been broken out into sections:

- Client Profile Data (CPD)
- Behavioral Health Data (BHD)
- Addiction Detail Data (ADD)
- MH Crisis Data (MCD)
- Involuntary Services (Pre-Commitment Investigation) (INS)
- Non-Medicaid Services

Data identified in this guide can be divided into 2 basic categories:

1. Status Data
2. Non-Medicaid Service Data

Status Data includes admission information and then any updates and/or changes in the client's status or record. This is similar to what is collected currently for CPMS.

Non-Medicaid Service Data will be reported after a service has been rendered for those Non-Medicaid/OHP funded services. Data fields identified in this guide specify whether the data are reported via Status updates or through Non-Medicaid Service submissions. Service data on clients that is submitted for Medicaid or through the MMIS system does not need to be submitted to AMH, since it's already submitted to the MMIS system. AMH will extract this information from MMIS. Mental Health Crisis and Involuntary Services are considered events. No Non-Medicaid service is required when just submitting a crisis or involuntary service.

Abbreviations used in this document

SA = Substance Abuse
MH = Mental Health
Tx = Treatment
Dx = Diagnosis

The tables that follow list all data elements, along with data values and rules, data type, indication of whether data element is required or not, and the field length. Status data is listed

first (Client Profile, Behavioral Health, Addiction Detail), followed by Crisis, Involuntary, and then Non-Medicaid Services.

Key to reading the data tables

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------|---------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Name of MOTS data element | Valid values for data element | A = Alpha N=Numeric D=Date AN=Alphanumeric | 1=required 0=not required 0-1=situational. May or may not be required. 1-m=One is required, but may have multiples. 0-m=Situational. May have none, one, or multiple. | (N) = Maximum number of characters or numbers accepted. N represents a numeric value. |
| | This section shows business rules that apply to listed data element | | | |

Note that data element values can be numeric codes (i.e., 01, 02, 05, etc.), or words in Capital Case (i.e., Male, Female, Other), or FULL CAPS (i.e., AL, AK, AZ). Please pay close attention to the data element values listed in the following table.

Appendix A displays a sample template that might be helpful as EHR vendors validate that their EHR can meet the reporting requirements outlined in the data dictionary. It is meant to be just a sample list, but the format may prove helpful.

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Client Profile Data Elements | | | | |
| Facility Id | State Medicaid Provider ID ¹ | N | 1 | (15) |
| | <i>-Must exist as a valid OR Provider Medicaid in MOTS -Must be registered for submitting (Status/Crisis/Involuntary Service) Data using the EDI method</i> | | | |
| Last Name | Client's Legal Last Name | A | 1 | (60) |
| | <i>-All letters and hyphen(-), apostrophe(') and space() are accepted</i> | | | |
| First Name | Client's Legal First Name | A | 1 | (35) |
| | <i>-All letters and hyphen(-), apostrophe(') and space() are accepted</i> | | | |
| Middle Name | Client's Legal Middle Name or Initial | A | 0-1 | (25) |
| | <i>-Can be left Blank -All letters and hyphen(-), apostrophe(') and space() are accepted</i> | | | |
| Last Name at Birth | Client's Legal Last Name at Birth | A | 1 | (60) |
| | <i>-All letters and hyphen(-), apostrophe(') and space() are accepted</i> | | | |
| Client ID | Unique identifier assigned to a client | AN | 1 | (20) |
| | <i>-Must be unique in combination with client's Facility Id</i> | | | |
| Prime Number | Unique Client ID also known as Medicaid ID, Recipient ID, OHP Number or MMIS Number. | AN | 0-1 | (8) |
| | <i>-Standard formatting is: AANNNNNA, AANNNANA, AAANNNNA and NNNNNNNA. -Can be left blank unless Expected/Actual Source of Payment is Medicaid/OHP, then this field is required -If not blank must follow Medicaid Prime Number guidelines: AANNNNNA, AANNNANA, AAANNNNA and NNNNNNNA.</i> | | | |

¹ Be sure to submit the full Provider Medicaid ID. Your Provider Medicaid ID could have zeros as the first few digits. If your ID starts with zeros, be sure to include those zeros when submitting the number. Ex: If your number is "000123456", do not submit "123456" but rather submit it as "000123456" (without the quotes).

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| County of Residence | 01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other | N | 1 | (2) |
| | <i>Must be a two digit value from list above</i> | | | |
| County of Responsibility | 01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other | N | 1 | (2) |
| | <i>Must be valid 2 digit value from list above</i> | | | |
| Gender | Male, Female, Other | A | 1 | (4-6) |
| | <i>Must be valid value from list above</i> | | | |
| Marital Status | Never Married, Married, Separated, Divorced, Widowed, Unknown | A | 1 | (7-13) |
| | <i>Must be value from list above</i> | | | |
| Race | 01=Alaska Native, 02=American Indian, 03=Black or African American, 04=White, 05=Asian, 06=Native Hawaiian or Other Pacific Islander, 07=Other Single Race, 08=Two or More Unspecified Races | N | 1-m | (2) |
| | <i>-Must be valid 2 digit values from list above -Can be multiple races but not multiple times the same race</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Ethnicity | 1=Puerto Rican, 2=Mexican, 3=Cuban, 4=Other Specific Hispanic, 5=Hispanic – Specific Origin not Specified, 6=Not of Hispanic Origin, 9=Unknown | N | 1 | (1) |
| | <i>Must be valid single digit value from list above</i> | | | |
| Date of Birth | CCYYMMDD | D | 1 | |
| | <i>-Must be a valid date</i> <i>-Cannot be in the future</i> <i>-Must be less than or equal to the Date of Admission</i> | | | |
| Veteran | Yes, No, UNK=Unknown (through 09/30/2015) | A | 1 | (3) |
| | Yes=Yes, Veteran and not specified Branch of Service, YVA=Yes, Veteran and Current or Former Active Duty Military, YVG=Yes, Veteran and Current or Former Guard/Reserve Military, NG=No, but Current or Former Guard/Reserve Military, No=No, UNK=Unknown (beginning 10/01/2015) | A | 1 | (3) |
| | <i>-Must be value from list above</i> <i>-If yes age(current date - date of birth) must be 17 or higher</i> | | | |
| Client Treatment Status | 01=Active, 02=Crisis Services, 03=Tx Completed, 04=Assessment only- no Tx needed or referred to other provider, 05=Left against Professional Advice, including drop-out, 06=Service Discontinued by Facility, 07=Transferred to another Program or Facility, 08=Incarcerated, 09=Aged Out, 10=Death, 11=Involuntary Services | N | 1 | (2) |
| | <i>-Must be valid 2 digit value from list above</i> <i>-Allow only status of MH Crisis if the client does not have a status of active</i> <i>-Allow a status of Involuntary Services if client does not have a status of active</i> | | | |
| Competitive Employment | 01=Full Time, 02=Part Time, 03=Unemployed, 04=Homemaker, 05=Student, 06=Retired, 07=Disabled (unable to work for physical or psychological reasons), 08=Hospital Patient or Resident of Other Institutions, 09=Other Reported Classification (e.g. volunteers), 10=Sheltered/Non-Competitive Employment, 11=Not in Labor Force, 99=Unknown | N | 1-m | (2) |
| | <i>-Must be valid 2 digit value from list above</i> <i>-Can be multiple values but not the following combination:</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| | <p>1 cannot be combined with 3, 7, 10, 11, 99 2 cannot be combined with 3, 11, 99 3 cannot be combined with 1, 2, 99 99 cannot be combined with any of the other options.</p> | | | |
| <p>Living Arrangement</p> | <p>(Through 9/30/2015). 01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate site), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence 99=Unknown</p> <p>(Beginning 10/1/2015) 01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate site), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence, 13=Private Residence (at home), 14= Private Residence (with relative), 15=Private Residence (with non-relative), 16= Residential Facility (SUD), 17=Residential Facility (BRS), 18=Residential Facility (CSEC), 19=Residential Facility (PRTS), 20=Residential Facility (SCIP/SAIP), 21=Residential Facility (SRTF for YAT), 22=Residential Facility (RTH for YAT), 23=Secure Residential (SRTF Adult), 24=Residential Sub-Acute Care Facility, 99=Unknown</p> | N | 1 | (2) |
| | <p><i>-Must be valid 2 digit value from list above</i></p> | | | |
| <p>Date changed Living Arrangement</p> | <p>CCYYMMDD</p> <p><i>-Can be left blank unless Living Arrangement has been updated then it is required</i> <i>-If not blank must be a valid date</i> <i>-Must be equal to or greater than Date of Birth</i> <i>-Cannot be in the future</i></p> | D | 0-1 | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Behavioral Health Data Elements | | | | |
| SID Number | Unique number assigned by State Police | N | 0-1 | (6-8) |
| | -Required when Legal Status = DUII Convicted or DUII Diversion | | | |
| ODL/OI Number | Oregon Driver's License or Oregon Identification or DMV Assigned Reference Number | AN | 0-1 | (6-8) |
| | -Can be left blank unless Legal Status of DUII Convicted (01) or DUII Diversion (02) is selected, then it is required | | | |
| State of Residence | AL=Alabama, AK=Alaska, AZ=Arizona, AR=Arkansas, CA=California, CO=Colorado, CT=Connecticut, DE=Delaware, DC=District of Columbia, FL=Florida, GA=Georgia, HI=Hawaii, ID=Idaho, IL=Illinois, IN=Indiana, IA=Iowa, KS=Kansas, KY=Kentucky, LA=Louisiana, ME=Maine, MD=Maryland, MA=Massachusetts, MI=Michigan, MN=Minnesota, MS=Mississippi, MO=Missouri, MT=Montana, NE=Nebraska, NV=Nevada, NH=New Hampshire, NJ=New Jersey, NM=New Mexico, NY=New York, NC=North Carolina, ND=North Dakota, OH=Ohio, OK=Oklahoma, OR=Oregon, PA=Pennsylvania, RI=Rhode Island, SC=South Carolina, SD=South Dakota, TN=Tennessee, TX=Texas, UT=Utah, VT=Vermont, VA=Virginia, WA=Washington, WV=West Virginia, WI=Wisconsin, WY=Wyoming, OT=Other | A | 1 | (2) |
| | <i>Must be valid 2 character value from list above</i> | | | |
| Zip Code of Residence | nnnnn | N | 1 | (5) |
| | -If residence outside OR use Tx Facility ZIP | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|------------|
| Tribal Affiliation | 01=Burns Paiute Tribe, 02=Confederated Tribes of Coos, Lower Umpqua & Siuslaw, 03=Confederated Tribes of Grand Ronde, 04=Confederated Tribes of Siletz, 05=Confederated Tribes of the Umatilla, 06=Confederated Tribes of Warm Springs, 07=Coquille Indian Tribe, 08=Cow Creek Band of Umpqua Indians, 09=Klamath Tribes, 10=Not Applicable, 11=Other | N | 1-m | (2) |
| | <i>-Must be valid 2 digit value from list above</i> <i>-Can be multiple Tribal Affiliations but not multiple times the same Tribe</i> | | | |
| Interpreter | FL=Foreign Language, HI=Hearing Impaired, NO=None | A | 1 | (2) |
| | <i>Must be valid 2 character value from list above</i> | | | |
| Date of Admission | CCYYMMDD | D | 1 | |
| | <i>-Must be a valid date</i> <i>-Must be greater than Date of Birth</i> <i>-Cannot be in the future</i> <i>-must be unique for an individual and facility per treatment episode</i> | | | |
| Total Number of Dependents | Nnn=(total number of people dependent upon the client's household income) | N | 1 | (3) > 0 |
| | <i>-Must be Greater than zero</i> <i>-Must be >1 if Children in Residential Tx with Parent not blank</i> | | | |
| Number of Child Dependents | Nnn=(number of children ages 0-17 year's dependent upon client's household income) | N | 1 | (3) |
| | <i>-Must be <= Total Number of Dependents</i> | | | |
| Tx Plan Indicator | Education, Employment, Housing, Other | A | 1-m | (5-10) |
| | <i>Must be valid value from list above</i> | | | |
| Source of Income/ Support | Wages/Salary, Public Assistance, Retirement/Pension/SSI, Disability/SSDI, Other, None, Unknown | A | 1 | (4-22) |
| | <i>-Must be valid value from list above</i> <i>-Cannot be "none" if Estimated Gross Household Monthly Income is greater than zero.</i> <i>-Can be "none" only if Income is equal to 0.</i> <i>Note: In this instance, "SSI" is Social Security Income.</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Estimated Gross Household Monthly Income | 0=No Income, 1=Refused to Answer, 2 - nnnnn=Monthly Income <i>Must be valid value from list above</i> | N | 1 | (5) |
| Legal Status | 01=DUII Diversion Client, 02=DUII Convicted Client, 03=30 Day Civil Commitment, 04=90 Day Civil Commitment, 05=180 Day Civil Commitment, 06=Incarcerated, 07=Parole, 08=Probation, 09=Psychiatric Security Review Board (PSRB), 10=Juvenile Psychiatric Security Review Board (JPSRB), 11=Guardianship (Court), 12=Guardianship (Child Welfare), 13=Aid and Assist (ORS 161.370), 14=None, 15=Involuntary Custody (effective April 1, 2016), 16=Pre-Booking Jail Diversion (effective July 1, 2017), 17=Post-Booking Jail Diversion (effective July 1, 2017), 99=Unknown <i>-Must be valid value from list above</i> <i>-Legal Status can be multiple values but certain values cannot be combined, and none of the values can be combined with themselves.</i> <i>Value 14 cannot be with any other numbers</i> <i>Value 99 cannot be with any other numbers</i> | N | 1-m | (2) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Referred From | 01=Child Welfare, 02=Vocational Rehabilitation, 03=Aging and People with Disabilities, 04=Developmental Disabilities Services, 05=School, 06=Community Housing, 07=Employment Services, 08= Community-based MH and/or SA Provider, 09=Local MH Authority/Community MH Program, 10=State Psychiatric Facility (i.e., OSH), 11=Coordinated Care Organization (CCO), 12=Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.), 13= Municipal Court, 14=Federal Court, 15=Circuit Court, 16=Justice Court, 17=Jail - city or county, 18=Parole - county/state/federal - includes juveniles, 19=Police or sheriff - local, state, 20=Psychiatric Security Review Board (PSRB), 21=Probation - county/state/federal - includes juveniles, 22=State Correctional Institution, 23=Federal Correctional Institution, 24=Integrated Tx Court (Drug Court or MH Court), 25=Juvenile Justice System/Oregon Youth Authority, 26=ADES, 27=Self, 28=Family/Friend, 29=Employer/Employee Assistance Programs (EAP), 30=Advocacy Group, 31=Attorney, 32=Crisis/Helpline, 33=Media/Internet, 34=Other, 35=None, 36=Crisis Bed (<i>effective April 1, 2016</i>), 99=Unknown <i>-Must be valid value from list above</i> <i>-Can be multiple Referral Sources but not multiple times the same Source</i> <i>-If Legal Status is equal to 1 or 2, at least 1 of the values has to be number 13, 15, 16 or 26</i> | N | 1-m | (2) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Referred To | 01=Child Welfare, 02=Vocational Rehabilitation, 03=Aging and People with Disabilities, 04=Developmental Disabilities Services, 05=School, 06=Community Housing, 07=Employment Services, 09=Local MH Authority/Community MH Program, 10=State Psychiatric Facility (i.e., OSH), 11=Coordinated Care Organization(CCO),12= Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.), 29=Employer/Employee Assistance Programs (EAP), 31=Attorney, 34=Other, 35=None, 36=Oregon Health Plan, 37=TANF/Food Stamps, 38=Youth/Child Social Service Agencies, Centers, or Teams, 39=Criminal Justice System Entities, 40=Other Community Agencies, 41=Community-based MH and/or SA Provider within service area, 42=Community-based MH and/or SA Provider outside service area, 43=Other MH/SA Providers, 44=Acute or Sub-Acute Psychiatric Facility, 45=MH Organization (MHO), 46=Fully Capitated Health Plan (FCHP), 47=Community Public Health Department, 48=Self Help Groups, 49=Oregon Partnership Helpline, 50=Crisis Bed <i>(effective April 1, 2016)</i> <i>-Must be valid value from list above</i> <i>-Can be multiple Referrals but not multiple times the same Referral</i> | N | 1-m | (2) |
| Primary Health Insurance | 1= Private Insurance/Managed Care Organization, 2=Medicare, 3=Medicaid/OHP, 4=Other (e.g., TRICARE - VA, CHAMPUS), 5=None, 9=Unknown <i>-Must be valid value from list above</i> | N | 1 | (1) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Expected/ Actual Source of Payment | 01=Self-Pay, 02=Medicare, 03=Medicaid/OHP, 04=AMH County Financial Assistance Agreement, 05=Other Government Payments , other than the AMH County Financial Assistance Agreement (City, County, State Funding) – Non Medicaid, 06=Worker’s Compensation, 07=Private Health Insurance , 08=No Charge (free, charity, special research or teaching), 09=Other, 10=Unknown | N | 1-m | (2) |
| | <i>-Must be valid value from list above -Can be multiple Sources of Payment but not multiple times the same Source</i> | | | |
| Tobacco Use | Yes, No, UNK=Unknown | A | 1 | (3) |
| | <i>-Must be valid value from list above</i> | | | |
| Substance Use during last 90 days | Yes, No, UNK=Unknown | A | 1 | (3) |
| | <i>-Must be valid value from list above</i> | | | |
| Pregnant | Yes, No, N/A=Not Applicable, UNK=Unknown | A | 1 | (3) |
| | <i>-Must be valid value from list above -if selected “Yes” Gender must be “Female”</i> | | | |
| Number of Arrests in Past Month | Nn=(Number of arrests) | N | 0-1 | (2) |
| | <i>-Can be left blank -Must be equal or less than Total Arrests</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Total Arrests | Nnn=(Number of arrests) | N | 0-1 | (3) |
| | -Can be left blank. -Must be equal or greater than Number of Arrests in past month | | | |
| Number of DUII Arrests in Past Month | Nn=(Number of arrests) | N | 0-1 | (2) |
| | -Can be left blank -Must be equal or less than Total DUII Arrests -Must be equal or less than Number of Arrests in past month -Must be equal or less than Total Arrests | | | |
| Total DUII Arrests | Nnn=(Number of arrests) | N | 0-1 | (3) |
| | -Can be left blank -Must be equal or greater than Number of DUII arrests in past month -Must be equal or less than Total Arrests -Must be greater than zero when legal status 01 or 02 | | | |
| Peer Delivered Services | 1=Client was informed of Peer Delivered Services, 2=Client Received Peer Delivered Services, 3=Peer Delivered Services Planned as Part of Transition Plan/Discharge, 4=None, 5=Not Applicable | N | 1 | (1) |
| | -Must be valid value from list above | | | |
| Highest School Grade Completed | Nn=(Number of grades completed) | N | 1 | (2) |
| | -Must be less than or equal to the Clients age. | | | |
| Academic Improvement | Yes, No, N/A=Not Applicable, UNK=Unknown | A | 1 | (3) |
| | -Must be valid value from list above | | | |
| School Attendance Improvement | Yes, No, N/A=Not Applicable, UNK=Unknown | A | 1 | (3) |
| | -Must be valid value from list above | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| School Behavior Improvement | Yes, No, N/A=Not Applicable, UNK=Unknown | A | 1 | (3) |
| | <i>-Must be valid value from list above</i> | | | |
| Infectious Disease Risk Assessment | 1=Not completed, 2=Low-to-No Risk, 3=Moderate-to-High Risk. Referral was not made, 4=Moderate-to-High Risk. Referral made | N | 0 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Diagnosis | ICD 9 Code(s). See latest version of the ICD 9 Code set. | AN | 1-m | (5) |
| | ICD 10 Code(s) are effective beginning October 1, 2015. | AN | 1-m | (7) |
| | <i>-Must be at least one valid value from list above -Can be multiple Diagnosis but not multiple times the same Diagnosis -No decimal point (example: 291.81 would be submitted as 29181) -Diagnosis codes that contain an Alpha character need to be in CAPS.</i> | | | |
| GAF Score | Nnn=(Number for Global Assessment of Functioning) | N | 1 | (3) |
| | <i>-Must be in valid format NOTE: Starting 10/01/15, GAF scores will be optional.</i> | | | |
| MH Current LOC | OUT=Outpatient, RES=Residential | A | 0-1 | (3) |
| | <i>-Must be valid value from list above -Can be left blank if SA client or if score is blank.</i> | | | |
| MH LOC Score | Nn=(LOC Composite score for MH clients assessed for care) | N | 0-1 | (2) |
| | <i>-Can be left blank if SA client, or MH Current LOC is OUT or blank</i> | | | |
| | <i>-Can be left blank if Legal Status is PSRB</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------------|-------------------------------|-----------|-----|--------|
| Addiction Detail Data Elements | | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Substance Problem - Primary | 02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc., 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine | N | 1 | (2) |
| | <i>-Must be valid value from list above</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Substance Problem - Secondary | 01=None, 02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine <i>-Must be valid value from list above</i> | N | 1 | (2) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------|---------------------------------------------------------|-----------|-----|--------|
| | <i>-Cannot be the same as Substance Problem Primary</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Substance Problem - Tertiary | 01=None, 02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine <i>-Must be valid value from list above</i> | N | 1 | (2) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| | -Cannot be the same as Substance Problem Primary -Must be 'none' if Substance Problem Secondary is 'none' -Cannot be the same as Substance Problem Secondary with exception of 'none' | | | |
| Age at first Use - Primary | Nnn =(Age, zero if newborn) -Must be less or equal than Client age at Admission. | N | 1 | (3) |
| Age at first Use - Secondary | Nnn =(Age, zero if newborn), 999=N/A -Must be 999(=N/A) if Substance Problem Secondary is 'none' -If not 999(=N/A) then must be less or equal than Client age at Admission. | N | 1 | (3) |
| Age at first Use - Tertiary | Nnn =(Age, zero if newborn) 999=N/A -Must be 999(=N/A) if Substance Problem Tertiary is 'none' -If not 999(=N/A) then must be less or equal than Client age at Admission. | N | 1 | (3) |
| Frequency of Use - Primary | 1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily -Must be valid value from list above | N | 1 | (1) |
| Frequency of Use - Secondary | 1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily, 6=Not Applicable -Must be valid value from list above -Must be 6 (=Not Applicable) if Substance Problem Secondary is 'none' | N | 1 | (1) |
| Frequency of Use - Tertiary | 1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily, 6=Not Applicable -Must be valid value from list above -Must be 6 (=Not Applicable) if Substance Problem Tertiary is 'none' | N | 1 | (1) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Usual Route of Administration - Primary | Oral, Smoking, Inhalation, Injection, Other | A | 1 | (4-10) |
| | <i>-Must be valid value from list above</i> | | | |
| Usual Route of Administration - Secondary | Oral, Smoking, Inhalation, Injection, Other, N/A | A | 1 | (4-10) |
| | <i>-Must be valid value from list above -Must be 'N/A' if Substance Problem Secondary is 'none'</i> | | | |
| Usual Route of Administration - Tertiary | Oral, Smoking, Inhalation, Injection, Other, N/A | A | 1 | (4-10) |
| | <i>-Must be valid value from list above -Must be 'N/A' if Substance Problem Tertiary is 'none'</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| <p>Addiction Assessed LOC</p> <p><u>These codes are effective until March 31, 2016</u></p> | <p>01=Level 0.5: Early Intervention, 02=OMT: Opioid Maintenance Therapy, 03=Level I: Outpatient Tx, 04=Level II.I: Intensive Outpatient, 05=Level II.5: Partial Hospitalization, 06=Level III.1: Clinically Managed Lower-Intensity Residential Services, 07=Level III.3: Clinically Managed Medium-Intensity Residential Tx, 08=Level III.5: Clinically Managed High-Intensity Residential Tx, 09=Level III.7: Medically Monitored Intensive Inpatient Tx, 10=Level IV: Medically Managed Intensive Inpatient Tx, 11=Level I-D: Ambulatory Detoxification without Extended On-Site Monitoring, 12=Level II-D: Ambulatory Detoxification with Extended On-Site Monitoring, 13=Level III-D: Residential/Inpatient Detoxification, 14=Level IV-D: Medically Managed Intensive Inpatient Detoxification</p> | N | 1 | (2) |
| | -Must be valid value from list above | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| <p>Addiction Assessed LOC</p> <p>EFFECTIVE APRIL 1, 2016</p> | <p>01=Level 0.5: Early Intervention, 02=OTS:Opioid Treatment Services, 03=Level 1: Outpatient Services, 04=Level 2.1: Intensive Outpatient Services, 05=Level 2.5: Day Treatment Outpatient Services, 06=Level 3.1: Clinically Managed Low-Intensity Residential Services, 07=Level. 3.3: Clinically Managed Population-Specific High-Intensity (Adult) Residential Services, 08=Level. 3.5: Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services, 09=Level 3.7: Medically Monitored Intensive (Adult) Inpatient/High-Intensity (Adolescent)Inpatient Services, 10=Level 4 ; Medically Managed Intensive Inpatient Services, 11=Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring, 12=Level 2: WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring, 13=<i>Discontinued</i>, 14=Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management, 15= Level 3.2-WM: Clinically Managed Residential Withdrawal Management (NEW), 16=Level 3.7-WM:Medically Monitored Inpatient Withdrawal Management (NEW)</p> | N | 1 | (2) |
| <p><i>-Must be valid value from list above</i></p> | | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| <p>Addiction Current LOC</p> <p><u>These codes are effective until March 31, 2016</u></p> | <p>01=Level 0.5: Early Intervention, 02=OMT: Opioid Maintenance Therapy, 03=Level I: Outpatient Tx, 04=Level II.I: Intensive Outpatient, 05=Level II.5: Partial Hospitalization, 06=Level III.1: Clinically Managed Lower-Intensity Residential Services, 07=Level III.3: Clinically Managed Medium-Intensity Residential Tx, 08=Level III.5: Clinically Managed High-Intensity Residential Tx, 09=Level III.7: Medically Monitored Intensive Inpatient Tx, 10=Level IV: Medically Managed Intensive Inpatient Tx, 11=Level I-D: Ambulatory Detoxification without Extended On-Site Monitoring, 12=Level II-D: Ambulatory Detoxification with Extended On-Site Monitoring, 13=Level III-D: Residential/Inpatient Detoxification, 14=Level IV-D: Medically Managed Intensive Inpatient Detoxification</p> | N | 1 | (2) |
| | -Must be valid value from list above | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| <p>Addiction Current LOC</p> <p>EFFECTIVE APRIL 1, 2016</p> | <p>01=Level 0.5: Early Intervention, 02=OTS:Opioid Treatment Services, 03=Level 1: Outpatient Services, 04=Level 2.1: Intensive Outpatient Services, 05=Level 2.5: Day Treatment Outpatient Services, 06=Level 3.1: Clinically Managed Low-Intensity Residential Services, 07=Level. 3.3: Clinically Managed Population-Specific High-Intensity (Adult) Residential Services, 08=Level. 3.5: Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services, 09 =Level 3.7: Medically Monitored Intensive (Adult) Inpatient/High-Intensity (Adolescent)Inpatient Services, 10=Level 4 ; Medically Managed Intensive Inpatient Services, 11=Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring, 12=Level 2: WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring, 13=Discontinued, 14=Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management, 15= Level 3.2-WM: Clinically Managed Residential Withdrawal Management (NEW), 16=Level 3.7-WM:Medically Monitored Inpatient Withdrawal Management (NEW)</p> | N | 1 | (2) |
| <p><i>-Must be valid value from list above</i></p> | | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Medication Assisted Tx | Nicotine, Alcohol, Opiate, None | A | 1 | (4-8) |
| | <i>-Must be valid value from list above</i> | | | |
| Frequency of Attendance at Self Help Programs | 1=No attendance in the past month, 2=1-3 times in the past month (less than once per week), 3=4-7 times in the past month (about once per week), 4=8-15 times in the past month (2 or 3 times per week), 5=16-30 times in the past month (4 or more times per week), 6=Some attendance, but frequency unknown, 9=Unknown | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Positive Alcohol/Drug Tests | Nn=(number of tests that were positive during the past reporting period) | N | 1 | (2) |
| | <i>-Must be valid value</i> | | | |
| Children in Residential Tx with Parent | CCYYMMDD | D | 0-m | |
| | <i>-Can be left blank -If not blank have to be a valid date(s) and cannot be in the future</i> | | | |
| DUII Completion Date | CCYYMMDD | D | 0-1 | |
| | <i>-Can be left blank -If not blank have to be a valid date and cannot be in the future -Required when Legal Status = 01 or 02, and Treatment Status = 03</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| MH Crisis Data Elements | | | | |
| Legal Status | (see page 16) | N | 1-m | (2) |
| | <i>-See page 16</i> | | | |
| Referred From | (see page 17) | N | 1-m | (2) |
| | <i>-See page 17</i> | | | |
| Referred To | (see page 18) | N | 1-m | (2) |
| | <i>-See page 18</i> | | | |
| Primary Health Insurance | (see page 18) | N | 1 | (1) |
| | <i>-See page 18</i> | | | |
| Date of Service | CCYYMMDD | D | 1 | |
| | <i>-Must be a valid date -Cannot be in the future</i> | | | |
| Place of Service | http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html | N | 1 | (2) |
| | <i>-Must be valid value from above reference</i> | | | |
| Diagnosis | (see page 21) | AN | 1-m | (5) |
| | <i>-See page 21 -At least one ICD-9 code (or effective 10/1/2015, ICD-10 code) -No decimal point</i> | | | |
| Time of Service | 24-HHMM | N | 1 | (4) |
| | <i>-Must be a valid time in the 24 hour clock: Hours (HH) can vary from 00 through 23, Minutes (MM) can vary from 00 through 59</i> | | | |
| Presenting Danger of Suicide | 1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Presenting Danger of Other Harm to Self | 1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Presenting Danger of Harm to Others | 1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Presenting Danger of Harm to Property | 1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Involuntary Service (Pre-Commitment Investigation) Elements | | | | |
| Service Status | 1=Pre-Commitment investigation, 2=Revocation, 3=Recertification | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Type of Petition/NMI | 1=Two person, County Health Officer, or Court Magistrate, 2=CMHP Director, 3=Physician/Hospital Hold, 4=Recertification, 5=Revocation | N | 1 | (1) |
| | <i>-Must be valid value from list above</i> | | | |
| Date of Petition/NMI | CCYYMMDD | D | 1 | |
| | <i>-Must be a valid date -Cannot be in the future -Must be before or the same as the Date of Commitment</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Hearing Recommended | 1=No, petition/NMI withdrawn, 2=No, person agrees to voluntary treatment, 3=No, there is not probable cause, 4=No, but judge orders hearing, 5=Yes, there is probable cause, 6=No, 14-day diversion, 7=Yes, Protested recertification, 8=Yes, revocation <i>-Must be valid value from list above</i> | N | 1 | (1) |
| Reason(s) for Recommending Hearing/ Diversion | 1=Danger to self, 2=Danger to others, 3=Basic personal needs, 4=Chronic mentally ill (meets expanded criteria), 5=Not applicable (Hearing not recommended) <i>-Must be valid value from list above</i> <i>-Can be multiple Reasons but not multiple times the same Reason</i> <i>-Value 5(N/A) cannot be combined with any of the other values</i> | N | 1-m | (1) |
| Date of Commitment | CCYYMMDD <i>-Must be a valid date</i> <i>-Cannot be in the future</i> <i>-Must be after or the same as the Date of Petition/NMI</i> <i>-Must be left blank if the code for Hearing Recommended is 1, 2, 3, 6 or 8, or if the code for the Disposition by Judge is 1, 2, 3 or 6</i> | D | 0-1 | |
| Basis for Involuntary Services | 1=Danger to self, 2=Danger to others, 3=Basic personal needs, 4=Chronic mentally ill <i>-Must be valid value from list above</i> <i>-Can be multiple Basis but not multiple times the same Basis</i> <i>-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6, or if the code for the Disposition by Judge is 1, 2 or 3</i> | N | 0-m | (1) |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Disposition by Judge | 1=Found not mentally ill, 2=Dismissed, 3=Conditionally released, 4=Outpatient commitment, 5=Inpatient commitment, 6=Revocation, 7=Re-certification | N | 0-1 | (1) |
| | <i>-Must be valid value from list above</i> <i>-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6</i> | | | |
| Length of Commitment | Nnn=(Total number of days committed) | N | 0-1 | (3) |
| | <i>-Must be numeric</i> <i>-Must be left blank if the code for Hearing Recommended is 1, 2, 3, 6 or 8, or if the code for the Disposition by Judge is 1, 2, 3 or 6</i> | | | |
| Service Setting Assigned To if Committed | 1=Community Mental Health Program, 2=Community Hospital, 3=State Hospital, 4=V.A. Hospital, 5=State Approved Facility, 6=Outpatient, 7=Other | N | 0-1 | (1) |
| | <i>-Must be valid value from list above</i> <i>-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6, or if the code for the Disposition by Judge is 1, 2 or 3</i> | | | |
| Final Day of Diversion | CCYYMMDD | D | 0-1 | |
| | <i>-Must be a valid date</i> <i>-Must be after or the same as the Date of Petition/NMI</i> <i>-Must be left blank if Hearing Recommended <> 6</i> | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Non-Medicaid Service Data Elements | | | | |
| Facility Id | (see page 10) | N | 1 | (15) |
| | -See page 10 -Must be a number registered in MOTS -Must be a number that is registered submitting Non-Medicaid services through EDI | | | |
| Parent Provider Id | State Medicaid Provider ID (of entity accountable/paying for the service/procedure) | N | 1 | (15) |
| | -Must be set up as Parent Provider for the Facility Id in this record, through MOTS registration | | | |
| Last Name at Birth | (see page 10) | A | 1 | (60) |
| | -See page 10 -Must match Last Name at Birth registered in MOTS for the Client Id in this record | | | |
| Client ID | (see page 10) | AN | 1 | (20) |
| | -See page 10 -Must have Client Id registered in MOTS for the Facility Id in this record | | | |
| Date of Birth | CCYYMMDD | D | 1 | |
| | -See page 12 -Must match Date of Birth registered in MOTS for the Client Id in this record | | | |
| Procedure Code | https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx | AN | 1 | (5) |
| | -Must be in reference shown above | | | |
| Modifier | Modifier that can be added to Procedure Code (Referenced in Procedure Code document) | A | 0-4 | (2) |
| | -Can be left blank -Can be multiple modifiers but not the same modifier multiple times -No more than 4 Modifiers are allowed -Modifier Codes are in Full CAPS. | | | |

| Data Element Name | Data Element Values and Rules | Data Type | Req | Length |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| Number of Units | Nnn=(number of units for service provided) | N | 1 | (3) |
| | -Must be in format shown above -No decimal point. | | | |
| Date of Service (Begin) | CCYYMMDD | D | 1 | |
| | -Must be a valid date -Cannot be in the future | | | |
| Date of Service (End) | CCYYMMDD | D | 0-1 | |
| | -Can be left blank -If not blank must be a valid date and cannot be in the future and must be >= than Date of Service(Begin) | | | |
| Place of Service | http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html | N | 1 | (2) |
| | -Must be valid value from above reference | | | |
| Billed Charges | Nnnnn=(fee for service amount charged) | N | 1 | (5) |
| | -Must be if format shown above -No decimal point | | | |
| Diagnosis | ICD-9 code. One or more selected from the Diagnosis registered in the Behavioral Health Data Elements as part of the Status Data for this individual. | AN | 1-3 | (5) |
| | ICD 10 Code(s) will be required effective October 1, 2015. | AN | 1-m | (7) |
| | -Must be selected from the diagnosis codes submitted via the status data -No decimal point. -If multiple, the first Diagnosis reported must be the Primary Diagnosis | | | |

Appendix A: Sample Tool for Mapping MOTS Data to Existing Electronic Health/Medical Record System

You can use the MOTS data dictionary to create a data mapping tool for your existing electronic health/medical record system by copying the tables in this document and adding additional columns to capture the equivalent data elements from your system. This will allow you to easily identify missing/non-equivalent data items, and to make a plan for how you will ensure the necessary data is available. This is just a sample to provide the format that you may want to use. It is not a complete list of all data fields in Status and Service.

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|----------------------------|--------------------|-------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| Agency/Facility Identifier | Alpha numeric (15) | Y | State Medicaid Provider ID | -Must exist as a valid OR Provider Medicaid in MOTS -Must be registered for submitting (Status/Crisis/Involuntary Service) Data using the EDI method | | | |
| Last Name | Alpha (60) | Y | Client's Legal Last Name | -All letters and hyphen(-), apostrophe(') and space() are accepted | | | |
| First Name | Alpha (35) | Y | Client's legal First Name | --All letters and hyphen(-), apostrophe(') and space() are accepted | | | |
| Middle Name | Alpha (25) | N | Client's Legal Middle Name or Initial | -Can be left Blank -All letters and hyphen(-), apostrophe(') and space() are accepted | | | |
| Last Name at Birth | Alpha (60) | Y | Client's Legal Last Name at Birth | -All letters and hyphen(-), apostrophe(') and space() are accepted | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|----------------------------|--------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| Client ID | Alpha numeric (20) | Y | Unique identifier assigned to a client by provider | -Must be unique in combination with client's Facility Id | | | |
| Prime Number (Medicaid ID) | Alphanumeric (8) | C | Standard formatting is: AANNNNNA, AANNNANA , AAANNNNA and NNNNNNNA | -Can be left blank unless Expected/Actual Source of Payment is Medicaid/OHP, then this field is required -If not blank must follow Medicaid Prime Number guidelines: AANNNNA, AANNNANA , AAANNNNA or NNNNNNNA | | | |
| County of Residence | Numeric (2) | Y | 01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, | | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|--------------------------|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|------------------------|-------------|
| | | | 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other | | | | |
| County of Responsibility | Numeric (2) | Y | 01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, | | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|-------------------|---------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| | | | 69=Wheeler, 71=Yamhill, 99=Other | | | | |
| Gender | Alpha numeric | Y | Male, Female, Other | | | | |
| Marital Status | Alpha numeric | Y | Never Married, Married, Separated, Divorced, Widowed, Unknown | | | | |
| Race | Numeric (2) | Y | 01=Alaska Native, 02=American Indian, 03=Black or African American, 04=White, 05=Asian, 06=Native Hawaiian or Other Pacific Islander, 07=Other Single Race, 08=Two or More Unspecified Races | -Can be multiple races but not multiple times the same race | | | |
| Ethnicity | Numeric (1) | Y | 1=Puerto Rican, 2=Mexican, 3=Cuban, 4=Other Specific Hispanic, 5=Hispanic – Specific Origin not Specified, 6=Not of Hispanic Origin, 9=Unknown | | | | |
| Date of Birth | CCYYMMDD | Y | CCYYMMDD | -Must be a valid date -Cannot be in the future -Must be less than or equal to the Date of Admission | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|-------------------------|-------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| Veteran | Alphanumeric (3). | Y | Yes, No, UNK=Unknown | -If yes age(current date - date of birth) must be 17 or higher | | | |
| Client Treatment Status | Numeric (2). | Y | 01=Active, 02=Crisis Services, 03=Tx Completed, 04=Assessment only- no Tx needed or referred to other provider, 05=Left against Professional Advice, including drop-out, 06=Service Discontinued by Facility, 07=Transferred to another Program or Facility, 08=Incarcerated, 09=Aged Out, 10=Death, 11=Involuntary Services | -Must be a valid entry -Allow only status of MH Crisis if the client does not have a status of active -Allow a status of Involuntary Services if client does not have a status of five | | | |
| Competitive Employment | Numeric (2). | Y | 01=Full Time, 02=Part Time, 03=Unemployed, 04=Homemaker, 05=Student, 06=Retired, 07=Disabled (unable to work for physical or psychological reasons), 08=Hospital Patient or Resident of Other | -Can be multiple values but not the following combination: 1 cannot be combined with 3, 7, 10, 11, 99 2 cannot be combined with 3, 11, 99 3 cannot be combined with 1, 2, 99 | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|---------------------------------|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| | | | Institutions, 09=Other Reported Classification (e.g. volunteers), 10=Sheltered/Non-Competitive Employment, 11=Not in Labor Force, 99=Unknown | 99 cannot be combined with any of the other options. | | | |
| Living Arrangement | Numeric (2) | Y | 01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate setting), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence, 99=Unknown | | | | |
| Date Changed Living Arrangement | CCYYMMDD | C | CCYYMMDD | -Can be left blank unless Living Arrangement has been updated then it is required -If not blank must be a valid date -Must be equal to or greater than Date of Birth | | | |

| MOTS Data Element | Description | Req'd | Valid Entries/Format | Validations | Your E.H.R. Equivalent Element | Approach to Converting | Constraints |
|-------------------|-------------|-------|----------------------|------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|
| | | | | -Cannot be in the future -Must be equal to or greater than Admission Date | | | |