RESILIENCE OUTCOMES ANALYSIS
& DATA SUBMISSION (ROADS)

Reference Manual: BHRN + NMS

September 10, 2026 | Version 1.3

VERSION HISTORY

Version #	Version Purpose/Description of Changes	Author(s)	Release Date
0.1	BHRN+NMS segment submission	EY	3/10/2026
0.2	Page 93- Added additional instructions to Service Element/Program field	EY	3/30/2026
0.3	Page 64- Added the following definition to Service Element/Program field • MHS 05 - Assertive Community Treatment Services (ACT)- This selection is used for any ACT services that are not reimbursable by Medicaid. Examples include but not limited to: CFAA (General Funds), Choice, & private insurance. Page 42- Open Race Ethnicity field added to CPD segment	EY	4/19/2026
0.5	MR3.0 Draft Submission	EY	5/08/2026
1.0	MR3.0 Final Submission	EY	6/05/2026
1.1	Page 55- Reason(s) for Delay is now required when there is a gap of 48 hours or more between Date of Contact and BHRN Admission Date Page 70- Diagnosis is now required on BHRN Episodes when Episode Type= BHRN SUD. Page 75- Added the following value to Substance field: Unable to Assess Page 76 to 80- The following fields in the BHRN Substance Problem repeating record are no longer required when Substance= Unable to Assess: Age at First Use, Frequency, Usual Route of Administration, Medication Assisted Tx Page 94- Service Element/Program field has been updated to Program Area and values have been updated accordingly Page 100- Added the following value to Service Type field: Peer Support Services (PSS)	EY	8/06/2026

1.2	Page 6- Added guidance to What Clients Are Facilities Required to Submit to ROADS Page 21- Added instructions to Client Medicaid ID field Page 25- The following values are in the process of being removed from the Living Arrangement field and should not be selected: BHRN Funded Housing, Private Residence with BHRN Rental Assistance Page 66- Updated the field description for Has the Client Needed Wraparound Services field Page 70- Added instructions to Diagnosis field Page 100- Service Type field is required when Procedure Code is blank AND Program Area= BHRN Related Services	EY	8/26/26
1.3	Page 6- Added BHRN Dual Reporting Flow Chart Page 87- Added additional field instructions for Number of Units field Page 89- Added additional field instructions for Billed Charges field	EY	9/10/26

CONTENTS

ROADS INTRODUCTION

Oregon Health Authority's (OHA) Resilience Outcomes Analysis and Data Submission (ROADS) System facilitates behavioral health data collection to meet mandatory reporting requirements at both the federal and state levels. The ROADS System replaces the Measures & Outcomes Tracking System (MOTS) and improves upon the existing systems by standardizing data fields, removing data silos, migrating from an outdated legacy platform, and eliminating the need for duplicative data collection and workarounds.

ROADS becomes the system of record for all agencies and facilities in the State of Oregon required to report on behavioral health services, including, but not limited to, data on mental health, addiction, mental health crisis, and involuntary services.

For the Behavioral Health Division (BHD) to continue its leadership of Oregon's Behavioral Health Care system it is imperative that the state, counties, and providers demonstrate the impact of behavioral health services on those who receive services. Accountability for behavioral health service delivery in Oregon is important to the Legislature, to Substance Abuse and Mental Health Services Administration (SAMHSA) and to other federal funding agencies, as well as counties, providers, behavioral health service recipients and their families, and communities.

To meet requirements for reporting and funding, BHD, Oregon's administrative oversight Agency for behavioral health care services, has the right to collect and access client data under the guidelines of the Health Insurance Portability and Accountability Act (HIPAA) and Title 42 of the Code of Federal Regulations (CFR).

The collection of this data will allow OHA to focus on outcomes and services provided –not just count the number of people served. Ultimately, OHA will be able to provide data and information to our stakeholders, including the Legislature and other requesters.

By implementing and collecting data through ROADS, OHA will acquire information necessary to fulfill its obligation to those entities to which it is accountable, along with ensuring the ability to track metrics that align with broader Oregon Health Authority Health System Transformation efforts.

Outcome data is necessary to identify what is working well and what is not working well for those who receive behavioral health services. The fields collected are used to:

- Evaluate client demographics
- Monitor and report client outcomes
- Comply with federal and state funding and/or grant requirements to ensure adequate and appropriate funding for the behavioral health system
- Assist with financial-related activities such as budget development and rate setting
- Evaluate contract utilization
- Support quality and utilization management activities
- Analyze Health System Transformation Measures for Performance and Outcomes

- Respond to requests for information

Therefore, collecting outcome data facilitates the improvement of service delivery. In this respect, development of an outcomes measurement system is the key to ensuring continuous quality improvement. Demonstrating quality improvement positively impacts the lives of those who receive behavioral health services and, in turn, benefits their families and communities, as well as the public health and social systems that also provide services in their communities.

DOCUMENT OVERVIEW

The purpose of the ROADS Reference Manual is to inform and explain the fields that will be collected and reported. OHA has reviewed fields required by the federal government as part of block grant reporting, data required by the Oregon Legislature, as well as data required by OHA and community partners. The reference manual encompasses the fields necessary for OHA to evaluate and conform to national quality measure sets and will be utilized by Coordinated Care Organizations (CCO). This is a comprehensive manual which includes instructions for all service modalities. Therefore, some fields may not directly apply to your program. For convenience, the manual has been broken out into sections:

DOCUMENT LAYOUT

Additionally, each field in ROADS is explained in the following order:

- **Field Name:** Name of field as it is encoutered in ROADS.
- **MOTS Field:** Previous name used in MOTS.
- **Description:** Brief description of the field.
- **Requirement Status:** Whether the field is automated/locked, required, optional, or conditional.
- **Valid Entries:** Field type (Date Picker, Drop-down Menu, or Open Entry) and drop-down options.
- **Field Guidelines:** Additional information to accurately complete the field (not all fields include this section).
- **Instructions:** How to successfully complete field entry and acceptable/allowable field responses.
- **Why:** Why this field is important to OHA.

ROADS RESOURCES

The following resources provide additional information on using ROADS and can be found here.

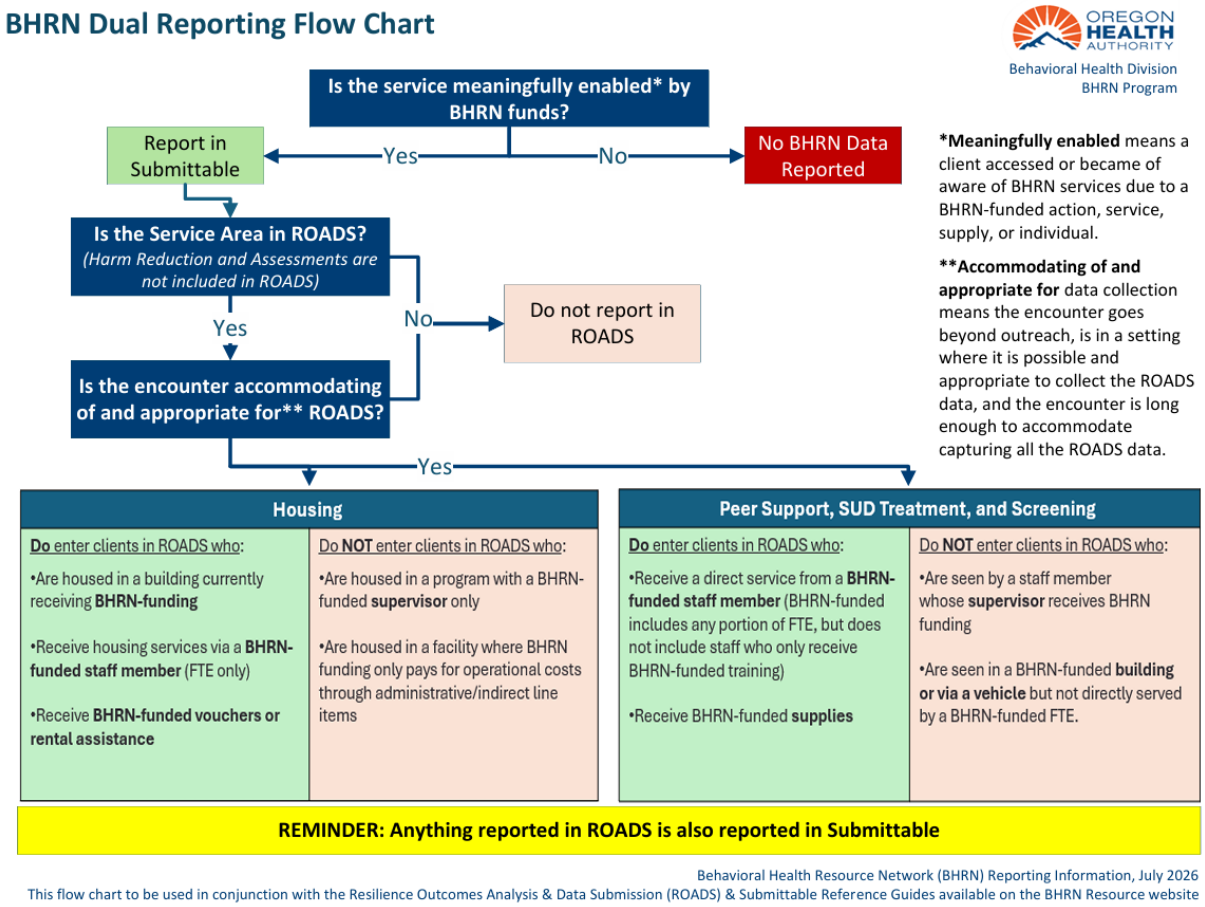
- ROADS Portal User Guide
- ROADS EDI v2 Data Dictionary and Business Rules
- ROADS EDI v2 File Specifications and Certification Requirements

ACRONYMS AND ABBREVIATIONS

Acronym	Definition
BHRN	Behavioral Health Resource Network
CCO	Coordinated Care Organizations
CFR	Code of Federal Regulations
CMHP	County Mental Health Programs
COA	Certificate of Approval
DUII	Driving Under the Influence of Intoxicants
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act
LMHA	Local Mental Health Authorities
LOC	Level of Care
MHO	Mental Health Organization
MMIS	Medicaid Management Information System
MOTS	Measures and Outcomes Tracking System
OARs	Oregon Administrative Rules
OHA	Oregon Health Authority
OSH	Oregon State Hospital
OTP	Opioid Treatment Program (Methadone Maintenance Providers)
REALD	Race, Ethnicity, Language, and Disability
ROADS	Resilience Outcomes Analysis and Data Submission
SAMHSA	Substance Abuse and Mental Health Services Administration
SOGI	Sexual Orientation and Gender Identity
SUD	Substance Use Disorders
Tx	Treatment

DATA SUBMISSION FAQ

WHAT CLIENTS ARE FACILITIES REQUIRED TO SUBMIT TO ROADS?



For more detailed descriptions of which clients to report to ROADS, please contact your BHRN Grant Administrator.

WHAT SEGMENTS ARE FACILITIES REQUIRED TO SUBMIT FOR BHRN CLIENTS?

There are two components to ROADS data submission for BHRN providers. The Episode of Care section is used to document client-level updates, including changes to diagnosis codes, living arrangements, income, and other demographic or status changes that occur over time. This segment also needs to be updated at minimum every 90 days.

The Non-Medicaid Service segments document service encounters related to the BHRN program. Each service provided should be recorded using Non-Medicaid Service submissions.

- Episode of Care (Housing, Peer Services, SUD) = client updates and ongoing status changes. Requires updates at minimum every 90 days.
- Episode of Care Screening = Screening data (no updates required) and corresponding Non-Medicaid Service of singular encounter
- Non-Medicaid Services = encounters and services provided

WHEN MUST CLIENT DATA BE REPORTED?

Table 1. ROADS Data Submission Cadence

Behavioral Health Resource Network (BHRN) Data Submission Cadence(s)	
Type of Data Submission	**Data Submission Cadence**
BHRN Episode Admission	Within 7 days of admission date
BHRN Episode Updates	At least every 90 days
BHRN Services Provided (NMS submission)	By the 15th of the month following the date of service
BHRN Episode Discharge	Within 30 days of discharge date

NON-MEDICAID SERVICES REPORTING

The existing ROADS segment labeled **"Non-Medicaid Services"** will serve as the location where BHRN providers submit **individual BHRN services rendered**. Although this segment was originally designed for different purposes, it is being updated to capture the specific data elements needed for BHRN reporting. Because of these adjustments, the current segment name may not appear intuitive to BHRN providers, but its functionality will fully support the required BHRN service submissions.

NOTES

OHA endorses the term “individual” as used throughout the Oregon Administrative Rules (OARs) to encompass all persons that may use services, potential individuals and those that have left services. However, throughout this document, the term “client” is used to identify the person receiving services and to be consistent with terminology among electronic health records.

If you have questions or suggestions for improvement regarding information in this manual, contact ROADS@odhsoha.oregon.gov. As more details become available, this manual will be updated and placed on the OHA website.

CLIENT PROFILE

Fields associated with the Client Profile form (in order of appearance):

- First Name
- Middle Name
- Last Name
- Date of Birth
- Suffix
- Last Name at Birth
- Facility
- Client ID
- Client Medicaid ID
- Social Security Number (SSN)
- Living Arrangement
- Date Living Arrangement Changed
- Marital Status
- County of Responsibility
- County of Residence
- State of Residence
- ZIP Code of Residence
- Veteran
- Competitive Employment
- Tribal Affiliation
- Race Ethnicity Identity
- Race Ethnicity Specified
- Primary Race Ethnicity
- Open Race Ethnicity
- Gender Identity
- Gender Identity Specified
- Screening Date
- Screening Time

FIRST NAME

MOTS Field: First Name

DESCRIPTION

REQUIRED

Client's legal first name.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the entire first name.
2. Verify correct spelling of name to safeguard database integrity.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

MIDDLE NAME

MOTS Field: Middle Name

DESCRIPTION

OPTIONAL

Client's legal middle name or initial.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the entire middle name or middle initial.
2. Verify correct spelling of name to safeguard database integrity.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

LAST NAME

MOTS Field: Last Name

DESCRIPTION

REQUIRED

Client's legal last name.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the entire last name.
2. Verify correct spelling of name to safeguard database integrity.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

DATE OF BIRTH

MOTS Field: Date of Birth

DESCRIPTION

REQUIRED

Client's date of birth.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

INSTRUCTIONS

1. Enter the date of birth.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify MM/DD/YYYY format.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

SUFFIX

New ROADS Field

DESCRIPTION

OPTIONAL

Any generational or honorary suffix that is part of the client's legal name.

VALID ENTRIES

Drop-down Option Set (single select)

- Jr (Junior)
- Sr (Senior)
- II (Second)
- III (Third)
- IV (Fourth)
- V (Fifth)
- VI (Sixth)
- VII (Seventh)

INSTRUCTIONS

1. Select the appropriate option from the drop-down menu.
2. Verify the suffix matches official documents to maintain consistency and accuracy in records.

WHY

The inclusion of a suffix in the client's profile helps to distinguish individuals with similar or identical names, ensuring accurate identification and record-keeping. It is also important for legal, billing, and correspondence purposes to use the full legal name, including any suffixes.

LAST NAME AT BIRTH

MOTS Field: Last Name at Birth

DESCRIPTION

REQUIRED

Client's legal last name at birth.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the client's Last Name at Birth.
    a. If the Last Name at Birth is the same as the Last Name, enter the current last name as the last name at birth.
    b. If the Last Name at Birth is not known, enter the client's current last name in both the Last Name and Last Name at Birth fields.
2. Verify correct spelling to safeguard database integrity.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

FACILITY

MOTS Field: Agency/Facility Identifier

DESCRIPTION

REQUIRED

Identifies the facility providing the treatment service using its Oregon Medicaid Provider ID or other verified identifier.

VALID ENTRIES

Drop-down Option Set (single select)

FIELD GUIDELINES

- A Facility is a unit of an Agency, or the Agency itself, which provides a specific service or set of services.
- Facilities register with ROADS using an Oregon Medicaid Provider Identification number or other accepted verified identifier.
- Facility numbers are permanent unless officially changed by the Medicaid Team to request a new number. The same number must always be used when enrolling clients. When a Facility closes, the Facility number is retired; it is never reassigned to a different Facility.
- An Agency can only have one number for behavioral health services but there can be multiple facilities under the Agency with different numbers. Facilities with multiple Medicaid provider numbers will need to choose one number and can also choose an alternative number to use for ROADS. Therefore, it is very important that the correct number be used for the service for which the client is being enrolled.
- If an Agency has Facilities in multiple counties, each Facility must be assigned a unique Medicaid Provider ID. The Agency must enroll clients in the correct Facility based on the services they are receiving and the Facility's location.
    - Examples:
        - Agency: ABC-CMHP, (Oregon Medicaid Provider #123456)
        - Facility: MLK Location, (Oregon Medicaid Provider #567891)
        - Facility: Downtown Location, (Oregon Medicaid Provider #345678)
        - Facility: Riverside Location, (Oregon Medicaid Provider #234567)

INSTRUCTIONS

1. Verify the Agency/Facility is correct for this record.

WHY

Capturing facility identifiers allows OHA to accurately track where services are delivered, align treatment records with funding sources, and ensure proper reporting for Medicaid and non-Medicaid programs.

CLIENT ID

MOTS Field: Client ID

DESCRIPTION

REQUIRED

A unique identifier assigned by the Facility to a client.

VALID ENTRIES

Open Text (alpha/numeric)

FIELD GUIDELINES

- This number corresponds to the client's file that contains the treatment plan as specified in Administrative Rules. If a client leaves, that number is retired and not used again unless the same client returns and is re-activated. Upon reactivation, that client's same number should be re-assigned to him/her.

INSTRUCTIONS

1. Enter a unique identifier (alpha/numeric).

WHY

The client identifier, previously known as the client case number, allows OHA to refer to a client without disclosing the client’s name.

CLIENT MEDICAID ID

MOTS Field: Client OR Medicaid Number

DESCRIPTION

CONDITIONAL

Unique identifier also known as OR Medicaid ID, Recipient ID, OHP Number, MMIS Client ID, Prime Number or MMIS Number. Required if the client's services are funded by OHP/Medicaid.

VALID ENTRIES

Open Text (alpha/numeric)

INSTRUCTIONS

1. If the Client Medicaid ID is not known but the client reports Medicaid or OHP as their Primary Health Insurance, select "Unknown" for the Primary Health Insurance. Once the Client Medicaid ID becomes available, update the Primary Health Insurance to reflect Medicaid/OHP and enter the Client Medicaid ID into the system.
2. Providers can look up members' Medicaid Number by calling 800-273-0557 or via the provider portal (registration is required).

WHY

Allows OHA to track services across funding streams to ensure appropriate and continued treatment occurs.

SOCIAL SECURITY NUMBER (SSN)

New ROADS Field

DESCRIPTION

OPTIONAL

Records the unique nine-digit number assigned to U.S. citizens, permanent residents, and temporary working residents for identification and employment purposes.

VALID ENTRIES

Open Text (numeric)

INSTRUCTIONS

1. Enter the client's SSN as a continuous string of nine digits without any dashes or spaces.
2. Verify the number for accuracy before submission.

WHY

The SSN is a critical identifier used for verifying client identity, facilitating billing and claims processing, and ensuring that services are accurately documented and tracked within the healthcare system.

LIVING ARRANGEMENT

MOTS Field: Living Arrangement

DESCRIPTION REQUIRED

Specifies client's residential status.

VALID ENTRIES

Drop-down Option Set (single select)

- **Transient/Homeless**: Person with no fixed address; includes homeless and shelters. Includes all ages.
- **Foster Home:** A home licensed by a county, tribe, or State department to provide foster care. Includes all ages.
- **Residential Facility:** This level of care may include a group home, therapeutic group home, board and care residential treatment, rehabilitation center, Agency-operated residential care facilities, or a nursing home. Includes all ages.
- **Jail:** Individual resides in a city or county jail, correctional Facility, or detention center with care provided on a 24-hour, 7 days a week basis.
- **Prison:** Individual resides in a state or federal prison with care provided on a 24-hour, 7 days a week basis.
- **Room and Board:** Person lives in a Facility which provides room and board only in exchange for a fee paid directly by the resident.
- **Supported Housing:** Permanent housing with tenancy rights and optional supported services. Support services offered to people living in supported housing are flexible and are available as needed and desired, but not mandated as a condition of obtaining tenancy. Tenants have a private and secure place to make their home, just like other members of the community. Allows individuals with disabilities to interact with individuals without disabilities to the fullest extent possible. Units must be scattered with no more than 20 per cent of the units at any site occupied by individuals with a disability that is known to the state.
- **Supportive Housing (scattered site**): Mainstream rental housing linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Supportive Housing (congregate setting):** A housing program specific to an identified population linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Alcohol and Drug Free Housing:** Housing in which the rental agreement prohibits the tenant from using, possessing or sharing alcohol, illegal drugs, controlled substances or prescription drugs without a medical prescription, either on or off the premises.

- **Oxford Home:** Democratically-run, self-supporting, alcohol and drug free housing for individuals in recovery from a substance use disorder that have a valid Charter from Oxford House, Inc.
- **Private Residence (at home):** Clients living independently in their own private residence and capable of self-care, including clients who live independently with case management support. Also includes children youth or young adults living in a residence they consider their home with their parent or permanent legal guardian.
- **Private Residence (with relative):** Clients living with any non-parental adult relative in a private residence. Clients living independently in a private residence and capable of self-care, including clients who live independently with case management support. Includes children and young adults if not placed by a state Agency.
- **Private Residence (with non-relative):** Client living with adult non-relative in a private residence. Clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support. Includes children and young adults if not placed by a state Agency.
- **SUD Residential Facility:** Clients participating in treatment services with 24 hour supervision, treatment and care for SUD. This does not include people in a mental health residential Facility receiving SUD treatment.
- **BRS Residential Facility:** Children and youth 17 years old and younger living in a Behavioral Rehabilitation Services residential Facility with services provided on a 24 hour, 7 day a week basis.
- **CSEC Residential Facility:** Youth who are 11 through 18 years old living in a residential care Facility contracted by OHA – Addictions and Mental Health, consisting of shared or individual living units in a Facility based setting where youth who are victims of Commercial Sexual Exploitation receive care and treatment. The residential care Facility offers and coordinates a range of services and supports available on a 24-hour basis to meet the activities of daily living, health and social needs of the residents.
- **PRTS Residential Facility:** Children and youth 17 years old and younger with a diagnosed mental health condition living in a Psychiatric Residential Treatment Services Facility with a structured residential psychiatric treatment environment, 24-hour, 7 days a week supervision and active psychiatric treatment.
- **SCIP/SAIP Residential Facility:** Children and youth 17 years old and younger living in a Secure Children's Inpatient Program or Secure Adolescent Inpatient Program with 24 hour, 7 days a week supervision, care and treatment. Provides psychiatric oversight and active treatment for children/adolescents with complex psychiatric disorders who have not responded to treatment in less secure facilities.
- **SRTF for YAT Residential Facility:** Ages 17 through 24 living in a residential program receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation. Commonly referred to as a "group home".
- **RTH for YAT Residential Facility:** Young Adult in Transition age 17 through 24 living in a Residential Treatment program receiving custodial care who, without any assistance, are

capable of responding to an emergency situation to complete building evacuation. Commonly referred to as a "group home".

- **Secure Residential Facility (SRTF):** Any person living in a secure residential Facility that is not solely for young adults in transition (YAT) and offers treatment in an environment with restricted egress. Facilities are licensed as either class 1 or class 2 programs:
  - **Class 1:** licensed to provide seclusion and restraint and can compel medication.
  - **Class 2:** Not licensed to provide seclusion and restraint or to compel medication.
- **Residential Sub-Acute Care Facility:** Clients living in a secure setting who require active treatment for a diagnosed mental health condition. Sub-acute provides short-term rehabilitation and complex medical services to individuals with a condition that does not require acute hospital care in a 24 hour, 7 days a week setting. Includes all ages.
- **DHS Temporary Lodging/Shelter:** No placement can be found for a youth resulting in the youth staying overnight in a hotel with Oregon Department of Human Services (ODHS) Child Welfare workers, while the team works to resolve the placement crisis.
- **Assisted Living Facility:** A building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living Facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.
- **Adoptive Family:** An individual or individuals who have legalized a parental relationship to the child who joined the family through a judgment of the court.
- **Not Listed**
- **Client Unable to Answer**
- **Client Declined to Answer**
- **Did Not Ask**
- ~~**BHRN-Funded Housing**: Housing funded fully through the BHRN grant~~
- ~~**Private Residence with BHRN Rental Assistance:** Housing is partially funded through the BHRN grant~~. (These fields are in the process of being removed – please do not select them)
- **Unknown:** Unable to determine client's current living arrangement status.

FIELD GUIDELINES

With clients who are new enrollees, this data element refers to their living arrangement for the last 30 days prior to entry into treatment. In other situations, this data element is a status update for the current reporting period.

- For children under the age of 18 living with parents, select "Private Residence (at home)"
- For children under the age of 18 living with a relative other than a parent, not placed by a state Agency, select "Private Residence (with Relative)"

- For children under the age of 18 living with someone other then a parent or relative, not placed there by a state Agency, select “Private Residence (non-relative)”
- For children under the age of 18 living under a foster care arrangement, select “Foster Home”
- For children under the age of 18 who have been legally adopted, select “Adoptive Family”

INSTRUCTIONS

1. Select the appropriate corresponding option from the drop-down menu.

WHY

Required by Federal Block Grant and the US DOJ to ensure clients are in the least restrictive housing possible. Also used to produce OHA performance and outcome measures reports.

DATE LIVING ARRANGEMENT CHANGED

MOTS Field: Date of Status Change for Living Arrangement

DESCRIPTION

CONDITIONAL

Specifies the estimated date of change in any living arrangement.

Required when Living Arrangement value is changed.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

INSTRUCTIONS

1. Enter the date living arrangement changed.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.

WHY

Required by US DOJ to ensure clients are in the least restrictive housing situation possible.

MARITAL STATUS

MOTS Field: Marital Status

DESCRIPTION

REQUIRED

Describes the client's current marital status.

VALID ENTRIES

Drop-down Option Set (single select)

- **Never Married:** Includes clients who have never been married or those whose marriage was annulled.
- **Married:** Includes married couples, those living together as married, living with partners, or cohabitating.
- **Separated:** Includes those separated legally or otherwise absent from spouse because of marital discord.
- **Divorced:** Divorced and living presently as a single person. Those without a final divorce decree are classified as "separated."
- **Widowed:** Includes widows and widowers living presently as a single person.
- **Unknown:** Used when the treatment provider is unable to ascertain the client's marital status.

FIELD GUIDELINES

- These categories are compatible with U.S. Census categories.
- Indicates the client's CURRENT marital situation. For example, if a client is divorced but has also remarried at the time of his/her enrollment, then the client should be entered as "Married."

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the client's current marital status.

WHY

This is a required data element for states receiving federal SAMHSA block grant funds.

COUNTY OF RESPONSIBILITY

MOTS Field: County of Responsibility

DESCRIPTION — REQUIRED

The client's current county of responsibility. This is the county helping to facilitate admission and discharge of the client.

VALID ENTRIES

Drop-down Option Set (single select)

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill
- Other

FIELD GUIDELINES

- If the client does not reside in Oregon, use the county where the service is rendered. If the Client belongs to a CCO, use the county of client enrollment.
    - **Example 1:** Client A is enrolled in the Eastern Oregon CCO (EOCCO). EOCCO is a CCO that encompasses many Eastern Oregon counties. Client A lives in Union County which is part of EOCCO. EOCCO sends Client A to Douglas County for Services. The County of Responsibility is Union County.
    - **Example 2:** Client B lives in Marion County and is receiving services at USA Treatment Center in Marion County. Client B is receiving Marion County indigent funds/public dollars to supplement costs of services. USA Treatment Center sends Client B to a treatment Agency in Jackson County. The county of responsibility is Marion County, as they are paying for the services.
    - **Example 3:** Client C has private insurance. Client C is receiving services at USA Treatment Center in Marion County. USA Treatment Center sends Client C to a treatment Agency in Jackson County. The county of responsibility is Marion County as they are the referral source.

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the county of responsibility.

WHY

When compared with county of residence, this field allows OHA to better understand capacity needs across the state, including identifying areas for future investments.

COUNTY OF RESIDENCE

MOTS Field: County of Residence

DESCRIPTION

REQUIRED

The client's current county of residence if the client resides in the State of Oregon.

VALID ENTRIES

Drop-down Option Set (single select)

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill
- Other

FIELD GUIDELINES

- Select "Other" if client resides outside of Oregon.

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the county in which the client resides.

WHY

This allows OHA to better understand capacity needs across the state, including identifying areas for future investments.

STATE OF RESIDENCE

MOTS Field: State of Residence

DESCRIPTION

REQUIRED

The client's current State of residence.

VALID ENTRIES

Drop-down Option Set (single select)

- 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

FIELD GUIDELINES

- Select "Other" if client resides outside of United States.

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the state in which the client resides.

WHY

This field helps determine where clients are coming from to get treatment in Oregon and assists OHA in planning for comprehensive services across the state.

ZIP CODE OF RESIDENCE

MOTS Field: ZIP Code of Residence

DESCRIPTION

REQUIRED

Client's zip code for current residence if client resides in the United States.

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- Use the treatment Facility zip code if the residence is unavailable, or outside the State of Oregon.
- If the client is in prison use the zip code where the prison is located.

INSTRUCTIONS

1. Enter the 5-digit zip code for the most recent primary residence within the last 30 days.

WHY

This field helps determine where clients are coming from to get treatment in Oregon and assists OHA in planning for comprehensive services across the state.

VETERAN

MOTS Field: Veteran

DESCRIPTION — REQUIRED

Specifies whether the client is a Veteran and is serving or has served in the uniformed services.

VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, Veteran and not specified Branch of Service:** Client has served (even for a short time) or is now serving (but has not specified whether active duty or in the National Guard or Military Reserves) in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.
- **YVA - Yes, Veteran and Current or Former Active Duty Military:** Client has served (even for a short time) or is now serving on active duty in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.
- **YVG - Yes, Veteran and Current or Former Guard/Reserve Military:** Client has served or is now serving in the National Guard or Military Reserves and were ever called or ordered to active duty, not counting the four to six months for initial training or yearly summer camp.
- **NG - No, but Current or Former Guard/Reserve Military:** Client has served or is now serving in the National Guard or Military Reserves and was never called or ordered to active duty.
- **No:** Client has never served in any Military Service.
- **Unknown:** Client Veteran status is unknown.

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the Client's veteran status.

WHY

This is a required field for states receiving federal SAMHSA block grant funds. Also ensures services are delivered to all populations.

COMPETITIVE EMPLOYMENT

MOTS Field: Competitive Employment

DESCRIPTION

REQUIRED

Designates the client's competitive employment status.

VALID ENTRIES

Drop-down Option Set (multiple select)

- **Full Time:** Working 35 hours or more each week, including active duty members of the uniformed services.
- **Part Time:** Working fewer than 35 hours each week.
- **Unemployed:** Looking for work during the past 30 days or on layoff from a job.
- **Disabled:** Unable to work for physical or psychological reasons.
- **Sheltered/Non-Competitive Labor:** Jobs in segregated settings for a specific population, intended to provide training and experience to acquire the skills necessary to succeed in subsequent competitive employment; or, long-term or permanent placements that allow individuals to use their existing abilities to earn wages in a segregated setting.
- **Not in Labor Force:** Not actively looking for work during the reporting period.
- **Homemaker:** Engaged primarily in managing a household and not participating in paid employment.
- **Student:** Enrolled in an educational or training program and not employed full time.
- **Retired:** No longer working due to retirement from the workforce.
- **Hospital Patient or Resident of Other Institutions:** Residing in a hospital, long-term care facility, correctional facility, or other institutional setting and not available for employment.
- **Other Reported Classification (e.g. volunteers):** Employment or activity status that does not fall into the defined categories, such as volunteer work.
- **Unknown:** Employment status is not reported or cannot be determined.

FIELD GUIDELINES

- "Full time" cannot be combined with "Unemployed", "Disabled (unable to work for physical or psychological reasons)", "Sheltered/Non-Competitive Labor", "Not in labor force", or "Unknown"
- "Part time" cannot be combined with "Unemployed", "Not in labor force", or "Unknown".
- "Unemployed" cannot be combined with "Full time", "Part time", or "Unknown".
- "Unknown" cannot be combined with any other option.

INSTRUCTIONS

1. Select the values from the drop-down menu that best describe the Client's Competitive Employment status.

WHY

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce and monitor outcome and performance measures reports.

TRIBAL AFFILIATION

MOTS Field: Tribal Affiliation

DESCRIPTION

REQUIRED

Identifies the client's tribal affiliation with a federally recognized tribe within the State of Oregon.

VALID ENTRIES

Drop-down Option Set (multiple select)

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of the Umatilla
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Indians
- Klamath Tribes
- Not Applicable
- Other

FIELD GUIDELINES

- A Native American client may not be an actual member of a tribe and still affiliate with one.

INSTRUCTIONS

1. Select the value(s) from the drop-down menu that best describes the Client's Tribal Affiliation(s).

WHY

This field helps determine which Native American tribe clients are associated with, and which behavioral health services they are using. This helps OHA in planning for comprehensive services across the state for all populations.

RACE ETHNICITY IDENTITY

MOTS Field: Race Field / Ethnicity Field

DESCRIPTION

REQUIRED

Identifies client's most recent reported race(s). Based on US Census categories, one or more values will be accepted.

VALID ENTRIES

Drop-down Option Set (multiple select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black Latinx Mexican
- Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- Chamoru (Chamorro)
- Communities Micronesian Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Other (please list)
- Don't know
- Don't want to answer
- Did not answer/missing
- I don't just have one primary identity
- Identify as Biracial or Multiracial
- Not asked

FIELD GUIDELINES

- Client-reported category (as opposed to provider perspective)

INSTRUCTIONS

1. Select the value(s) from the drop-down menu that best describes the Race and Ethnicity.

WHY

Assists OHA with ensuring services are provided to all populations. It is also a required field for states that receive SAMHSA block grant funds. Collecting race and ethnicity data helps in the analysis of health trends and outcomes across different populations. It is also used to ensure compliance with federal reporting requirements and to tailor healthcare services to meet the needs of diverse communities.

RACE ETHNICITY SPECIFIED

New ROADS Field

DESCRIPTION

CONDITIONAL

Allows for a more detailed description, or clarification, of the client's race, ethnicity, and/or identity that may not be fully captured by the predefined categories under Race Ethnicity Identity.

Required when “Other (please list)” is selected for Race Ethnicity Identity.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the client's racial or ethnic identity.

WHY

Assists OHA with ensuring services are provided to all populations.

PRIMARY RACE ETHNICITY

New ROADS Field

DESCRIPTION

REQUIRED

The client's self-identified primary racial or ethnic background.

VALID ENTRIES

Drop-down Option Set (single select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black Latinx Mexican
- Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- CHamoru (Chamorro)
- Communities Micronesian Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Don't know
- Don't want to answer
- Did not answer/missing
- I don’t just have one primary identity
- Identify as Biracial or Multiracial
- Not asked

FIELD GUIDELINES

- Client-reported category (as opposed to provider perspective)

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the Client's primary race identity.

WHY

Assists OHA with ensuring services are provided to all populations. It is also a Required field for states that receive SAMHSA block grant funds. Collecting race and ethnicity data helps in the analysis of health trends and outcomes across different populations. It is also used to ensure compliance with federal reporting requirements and to tailor healthcare services to meet the needs of diverse communities.

OPEN RACE ETHNICITY

New ROADS Field

DESCRIPTION

OPTIONAL

Open-ended question prompting client's personal racial or ethnic background.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Use the question prompt.
2. Document client's answer.

WHY

OHA collects race and ethnicity data as mandated by HB 3159 to ensure services are accessible to all populations. This data collection is also a required field for states receiving SAMHSA block grant funds. Collecting race and ethnicity data aids in analyzing health trends and outcomes across different populations, helping to identify disparities and inform targeted interventions. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

GENDER IDENTITY

MOTS Field: Gender

DESCRIPTION

OPTIONAL

The gender with which the client identifies.

VALID ENTRIES

Drop-down Option Set (multiple select)

- Boy, Man
- Girl, Woman
- Non-binary
- Agender, No gender
- Questioning
- Fluid
- Queer
- Not Listed. Please specify
- Don't know
- Don't know what the question is asking
- Don't want to answer

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the Client's gender.
2. If no options are correct, select "Not listed. Please specify" and continue to Gender Identity Specified.

WHY

Assists OHA with ensuring services are provided to all populations. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. It is also used to tailor healthcare services to meet the needs of diverse communities.

GENDER IDENTITY SPECIFIED

New ROADS Field

DESCRIPTION

OPTIONAL

Open text field allows for a more detailed description, or clarification, of the client's gender identity that may not be fully captured by the predefined categories under Gender Identity. Field will appear when “Not listed. Please specify” is selected for Gender Identity.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the gender identity as reported by the client.

WHY

Assists OHA with ensuring services are provided to all populations. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. It is also used to tailor healthcare services to meet the needs of diverse communities.

SCREENING DATE

DESCRIPTION REQUIRED

Date and time of Screening Service within the BHRN Screening Services form in the BHRN Episode grid.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (DD = day, MM = month, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

INSTRUCTIONS

1. Enter the Screening Date.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date and time.
5. Press “Continue” in the top right to create record and enter remaining fields.

WHY

The Screening Date is essential for maintaining an accurate and chronological health record for the client.

ALIAS

Fields associated with the Alias form (in order of appearance):

- Alias First Name
- Alias Middle Name
- Alias Last Name
- Alias Type

ALIAS FIRST NAME

New ROADS Field

DESCRIPTION

OPTIONAL

Documents an alias that is related to client's first name.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the first name that the client uses as an alias.
2. Complete the form as necessary

WHY

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

ALIAS MIDDLE NAME

New ROADS Field

DESCRIPTION

OPTIONAL

Documents an alias that is related to client's middle name.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the middle name that the client uses as an alias.
2. Complete the form as necessary.

WHY

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

ALIAS LAST NAME

New ROADS Field

DESCRIPTION

OPTIONAL

Documents an alias that is related to client's last name.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter the last name that the client uses as an alias.
2. Complete the form as necessary.

WHY

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

ALIAS TYPE

New ROADS Field

DESCRIPTION

CONDITIONAL

Specifies the category or reason for which the alias name is used by the client. Field is required if adding an Alias to the client record.

VALID ENTRIES

Drop-down Option Set (single select)

- Maiden Name
- Nickname
- Previous Name
- Adoptive Name
- Religious or Cultural Name
- Pseudonym
- Former Married Name
- Shortened Name
- Other Alias

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the nature of the alias being documented.
2. If the alias does not fit any of the predefined categories, select "Other Alias".

WHY

Identifying the type of alias helps in understanding the context in which the alternative name is used and ensures proper communication with the client. It also aids in distinguishing between different aliases a client may have.

BEHAVIORAL HEALTH RESOURCE NETWORK (BHRN) EPISODES

Fields associated with the BHRN Episodes form (in order of appearance):

- Episode Type
- Date Of Contact
- Time of Contact
- Reason(s) for Delay
- Follow-Up Attempt Regarding Client Participation
- Follow-Up Attempt Regarding Client Participation Method
- Follow-Up Attempt Regarding Client Participation Date
- Tribal Affiliation
- Provider ID
- Date of First BHRN Service
- Time of First BHRN Service
- BHRN Admission Date
- BHRN Admission Time
- BHRN Discharge Date
- Client Last Contact Date SUD
- Has the Client needed wraparound services?
- If Yes, please select all that apply
- Primary Health Insurance
- Diagnosis
- BHRN Housing Type
- Substance Problem
- Substance
- Age at First Use
- Frequency of Use
- Usual Route of Administration
- Medication Assisted Tx

EPISODE TYPE

New ROADS Field

DESCRIPTION

REQUIRED

Service category applicable to the client's reason for care.

VALID ENTRIES

Drop-down Option Set (multi-select)

- **BHRN Substance Use Disorder Treatment:** Outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders which can include but is not limited to cognitive or behavioral therapies, contingency management, medically monitored withdrawal management, medication assisted treatment (MAT). More information regarding BHRN Low Barrier SUD Treatment guidelines can be found here.
- **BHRN Peer Support Services:** Low-barrier community-based services, outreach, and engagement performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education and to work with people who have harm caused by substance use and/or substance use disorder.
- **BHRN Housing:** Low-barrier shelter, provided based on individual and family needs, including but not limited to Emergency, Family, Permanent, Recovery, Supportive, and Transitional.

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Allows ROADS to populate the correct data fields for the service chosen.

DATE OF CONTACT

New ROADS Field

DESCRIPTION — REQUIRED

Date the client first initiated contact with the provider organization regarding BHRN services. In some scenarios, the provider may initiate contact first (ex. Referrals), then the Date of Contact can be the date the provider first initiated contact with the client.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.

INSTRUCTIONS

1. Enter the date of the attempted follow-up.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

WHY

Allows OHA to record the date the client attempted to reach the provider organization regarding participation in the service(s) they requested.

TIME OF CONTACT

New ROADS Field

DESCRIPTION — REQUIRED

Time the client first initiated contact with the provider organization regarding BHRN services. In some scenarios, the provider may initiate contact first (ex. Referrals), then the Time of Contact can be the time the provider first initiated contact with the client.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

FIELD GUIDELINES

- Must be a valid 24-hour time.
- In combination with Date of Contact, this time cannot be in the future.

INSTRUCTIONS

1. Enter the time crisis service was provided.
2. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
3. Press “Continue” in the top right to create record and enter remaining fields.

WHY

Allows OHA to record the time the client attempted to reach the provider organization regarding participation in the service(s) they requested.

REASON(S) FOR DELAY

New ROADS Field

DESCRIPTION

CONDITIONAL

Documents the reason for a delay greater than 48 hours from the time of referral or contact. Required when there is a gap of 48 hours or more between Date of Contact and Date of First BHRN Service (i.e., Date of First Screening Service, Date of First SUD Service, Date of First Peer Support Service, Date of First Harm Reduction Service).

VALID ENTRIES

Drop-down Option Set (multi-select field)

- **No Appointment within 24 hours:** Provider unable to see the client within 24 hours of client contact.
- **Client no show:** Client did not show up to scheduled appointment/time.
- **Service Waitlist:** Client unable to be seen due to provider waitlist for services.
- **Client unable/unwilling to engage at appointment:** Client refused to engage in appointment during their scheduled time.

INSTRUCTIONS

1. Select applicable value(s) from the list.

WHY

Helps OHA identify barriers to timely service delivery, monitor access issues, and inform strategies to improve responsiveness across the system.

FOLLOW-UP ATTEMPT REGARDING CLIENT PARTICIPATION

Sub-grid Only

DESCRIPTION

OPTIONAL

Identifies each attempted contact with the client to confirm their participation status in BHRN services.

FIELD GUIDELINES

- Submit a new record for each separate follow-up attempt.
- Follow-up tracking is only required when a client has received a service but does not return; contact attempts for clients who never engaged in services are not required.

WHY

Allows OHA to track client participation and service outcomes for BHRN.

FOLLOW-UP ATTEMPT REGARDING CLIENT PARTICIPATION METHOD

New ROADS Field

DESCRIPTION

CONDITIONAL

Identifies the method used by the provider to attempt contact with the client to confirm their participation status in BHRN services. Required when Follow-Up Attempt Regarding Client Participation is completed.

VALID ENTRIES

Drop-down Option Set (single-select field)

- Phone
- Peer Outreach
- Emergency Contact

FIELD GUIDELINES

- After 90 days, clients who do not access BHRN services are considered inactive and marked as “Left against Professional Advice including drop-out.”

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Allows OHA to track client participation and service outcomes for BHRN.

FOLLOW-UP ATTEMPT REGARDING CLIENT PARTICIPATION DATE

New ROADS Field

DESCRIPTION

CONDITIONAL

Date the provider attempted to contact the client to verify their participation status in BHRN services. Required when Follow-Up Attempt Regarding Client Participation is completed.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.

INSTRUCTIONS

1. Enter the date of the attempted follow-up.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

WHY

Allows OHA to record the date the provider attempted to reach the client regarding participation in the service(s) the client has requested.

PROVIDER ID

New ROADS Field

DESCRIPTION

OPTIONAL

The Provider ID field captures the National Provider Identifier (NPI) of the provider used to bill the screening service

VALID ENTRIES

Open Text (numeric)

INSTRUCTIONS

1. Enter the provider's NPI number without any dashes or spaces.
2. Verify the accuracy of the NPI number before submission.

WHY

The Provider ID is used for billing, reporting, and verifying the identity of healthcare providers in the delivery of services.

DATE OF FIRST BHRN SERVICE

New ROADS Field

DESCRIPTION

REQUIRED

Date the client began receiving their first BHRN treatment or service.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.
- Generally, this date is the first “face-to-face” BHRN service contact with the client.
- For transfers, this is the date of the first direct treatment or service provided after the transfer.

INSTRUCTIONS

1. Enter the date the subsequent treatment started.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

WHY

Helps OHA track when BHRN services begin, monitor service delivery timelines, and assess program capacity across the state. This information supports planning, resource allocation, and evaluation of how long individuals engage with BHRN services.

TIME OF FIRST BHRN SERVICE

New ROADS Field

DESCRIPTION

REQUIRED

Time the client began receiving their first BHRN treatment or service.

For transfers, this is the date of the first direct treatment or service provided after the transfer. Typically, this represents the initial "face-to-face" contact for the new episode of care.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

FIELD GUIDELINES

- Must be a valid 24-hour time.
- In combination with Date of First BHRN Service, this time cannot be in the future.
- Generally, this date is the first "face-to-face" BHRN service contact with the client.

INSTRUCTIONS

1. Enter the time the service was provided.
2. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
3. Press "Continue" in the top right to create record and enter remaining fields.

WHY

Helps OHA track when BHRN services begin, monitor service delivery timelines, and assess program capacity across the state. This information supports planning, resource allocation, and evaluation of how long individuals engage with BHRN services.

BHRN ADMISSION DATE

New ROADS Field

DESCRIPTION

REQUIRED

Date the client was admitted for BHRN Episode.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.

INSTRUCTIONS

1. Enter the admission date of the BHRN Episode.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

WHY

Helps OHA track when BHRN services begin, monitor service delivery timelines, and assess program capacity across the state. This information supports planning, resource allocation, and evaluation of how long individuals engage with BHRN services.

BHRN ADMISSION TIME

New ROADS Field

DESCRIPTION

REQUIRED

Time the client was admitted for BHRN Episode.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

FIELD GUIDELINES

- Must be a valid 24-hour time.
- In combination with BHRN Admission Date, this time cannot be in the future.

INSTRUCTIONS

1. Enter the admission time of the BHRN Episode.
2. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
3. Press “Continue” in the top right to create record and enter remaining fields.

WHY

Helps OHA track when BHRN services begin, monitor service delivery timelines, and assess program capacity across the state. This information supports planning, resource allocation, and evaluation of how long individuals engage with BHRN services.

BHRN DISCHARGE DATE

New ROADS Field

DESCRIPTION

REQUIRED

Date the client was discharged from the BHRN Episode.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.

INSTRUCTIONS

1. Enter the discharge date of the BHRN Episode.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

WHY

Helps OHA track when BHRN services begin, monitor service delivery timelines, and assess program capacity across the state. This information supports planning, resource allocation, and evaluation of how long individuals engage with BHRN services.

CLIENT LAST CONTACT DATE BHRN

New ROADS Field

DESCRIPTION

CONDITIONAL

Last date the client was contacted regarding their BHRN treatment or services. Required when Substance Problem and BHRN Discharge Date is provided.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.

INSTRUCTIONS

1. Enter the date client was last contacted regarding BHRN.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press “Continue” in the top right to create record and enter remaining fields.

WHY

Maintaining accurate and up-to-date contact information helps OHA track client engagement and monitor continuity of care.

HAS THE CLIENT NEEDED WRAPAROUND SERVICES

New ROADS Field

DESCRIPTION

REQUIRED

Use this field to report all wraparound services the client needs, whether or not your organization may provide any of them during this episode.

All wraparound services provided by your organization should be captured via ROADS Non-Medicaid Service submissions.

VALID ENTRIES

Drop-down Option Set (single-select field)

- Yes
- No

INSTRUCTIONS

1. Select applicable value(s) from the list.

WHY

Allows OHA to track whether wraparound services were needed and assists OHA in determining service allocation across the state.

IF YES, PLEASE SELECT ALL THAT APPLY

New ROADS Field

DESCRIPTION

CONDITIONAL

Description of wraparound services needed.

Required when "Yes" is selected for Has the Client needed Wraparound Services?

VALID ENTRIES

Drop-down Option Set (multi-select field)

- **Food Security Support:** Helps people experiencing food insecurity by providing a coordinated plan of support that addresses their needs.
- **Childcare:** Childcare that extends beyond the school day, or a planning process for children and families with SUD challenges.
- **Legal Services:** Comprehensive approach where legal assistance is provided alongside other necessary support services, like counseling, financial aid, or housing assistance, to address the root causes of a legal issue, effectively wrapping around the individual's needs with a holistic approach.
- **Medical Care Services:** Access to and coordination of general physical health care services that address medical needs beyond behavioral health. This includes preventive care, primary care visits, treatment for chronic or acute physical conditions, referrals to specialists, and coordination between physical and behavioral health providers to ensure holistic support for the client's overall well-being.
- **Administrative Support:** Management and coordination tasks necessary to deliver wraparound services effectively, including case management, documentation, communication between different service providers, and overall program oversight.
- **Counseling Support for Families or Caregivers of Clients:** Therapeutic support that helps improve well-being and cope with challenges.
- **Recreational Services:** Therapeutic interventions that use leisure activities and recreational pursuits to improve mental health, social skills, and overall well-being of individuals struggling with mental health conditions.
- **Transportation Services:** Transportation of people with SUD conditions to and from healthcare facilities (e.g., cab fare, gas cards, peers transporting clients to appointments, etc.).
- **Cultural Event Support or Participation:** Actively engaging individuals in events or activities that align with their cultural background, values, and traditions, aiming to promote well-being by providing a sense of belonging, connection, and positive identity within their community.

INSTRUCTIONS

1. Select applicable value(s) from the list. Can select multiple services but cannot select the same services multiple times.

WHY

Allows OHA to track the types of wraparound services needed and assists OHA in determining service allocation across the state.

PRIMARY HEALTH INSURANCE

MOTS Field: Primary Health Insurance

DESCRIPTION

REQUIRED

Specifies the client's health insurance (if any). The insurance may or may not cover the costs of treatment.

VALID ENTRIES

Drop-down Option Set (single select)

- Private Insurance/Managed Care Organization
- Medicare
- Medicaid/OHP
- Other (e.g., TRICARE - VA, CHAMPUS)
- None
- Blue Cross/Blue Shield
- Health Maintenance Organization (HMO)
- Unknown

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

Required for SAMHSA block grant reporting and helps OHA ensure equitable access and monitor outcomes across insurance types. Additionally, the Census Bureau collects data about different types of health insurance coverage and broadly classifies the types into either Private (non-government) coverage or government-sponsored coverage.

DIAGNOSIS

New ROADS Field

DESCRIPTION — CONDITIONAL

Specifies the client's current diagnosis related to the BHRN event.

Required if Episode Type = "BHRN SUD" otherwise optional.

VALID ENTRIES

Drop-down Option Set (single select)

- For the latest version of the ICD-10 Code Set, visit: https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists

INSTRUCTIONS

1. Select appropriate response from drop-down options.
2. If a diagnosis is not known for any reason, use R69 – Unspecified Illness.
    a. *Note: The diagnosis code can be updated prior to the BHRN SUD discharge.*

WHY

Important clinical information that provides context for patient and program outcomes.

BHRN HOUSING TYPE

New ROADS Field

DESCRIPTION — CONDITIONAL

Identifies the specific housing-related support offered to the client.

Required when “BHRN-Funded Housing”or “Private Residence with BHRN Rental Assistance” is selected for Living Arrangement.

VALID ENTRIES

Drop-down Option Set (single-select field)

- **Emergency Housing:** Temporary housing provided to persons/or families in transition for a period of up to sixty days for the purpose of facilitating the movement of such persons to a more permanent, safe, and stable living situation.
- **Family Housing:** Housing for people with children that prioritizes not separating families, traditional or non-traditional, experiencing SUD or harmful substance use.
- **Permanent Housing:** Community-based housing without a designated length of stay and with the goal of facilitating independent living for individuals experiencing SUD and their families.
- **Recovery Housing:** Abstinence-based or drug-free housing for people in recovery from addiction. Such housing creates a peer supportive community of individuals participating in outpatient SUD treatment and those individuals with an ongoing program of recovery. Recovery Housing provides a drug free environment for all residents and is inclusive of individuals who are receiving Medication Assisted Treatment (MAT) and the practice of Intervention Before Eviction (IBE) if residents relapse.
- **Supportive Housing:** Low-barrier, safe place to live that supports access to lifesaving health services until the individual decides to participate in a program of recovery. The housing may or may not have drug-free requirements. The program connects individuals to treatment and recovery services when the individual chooses to seek a life without drugs or, may include Housing First or other supportive housing models.
- **Transitional Housing:** Low-barrier housing with appropriate supportive services to unhoused persons with SUD or harmful substance use to facilitate movement to independent living. This housing is short term.

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Enables OHA to better track provided behavioral services and allocate resources.

SUBSTANCE PROBLEM

Sub-grid Only

DESCRIPTION

CONDITIONAL

Identifies each substance problem record.

Required when “BHRN SUD” is selected for Episode Type.

FIELD GUIDELINES

- Submit a new record for each separate follow-up attempt. Up to 7 substances may be provided.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

SUBSTANCE

MOTS Field: Substance Problem

DESCRIPTION

CONDITIONAL

Type of substance that caused dysfunction.

Required when a Substance Problem repeating record is submitted.

VALID ENTRIES

Drop-down Option Set (single select)

- Alcohol
- Crack
- Other Cocaine
- Marijuana/Hashish, THC, and any other cannabis sativa preparations
- Heroin
- Non-Prescription Methadone
- Codeine
- Propoxyphene (Darvon)
- Oxycodone (Oxycontin)
- Meperidine (Demerol)
- Hydromorphone (Dilaudid)
- Butorphanol (Stadol), morphine (Mscontin), opium, and other narcotic analgesics, opiates, or synthetics
- Pentazocine (Talwin)
- Hydrocodone (Vicodin)
- Tramadol (Ultram)
- Buprenorphine (Subutex, Suboxone)
- Fentanyl
- PCP
- LSD
- DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
- Methamphetamine/Speed
- Amphetamine
- Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 'Bath Salts', phenmetrazine, and other amines and related drugs
- Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other Benzodiazepines
- Flunitrazepam (Rohypnol)
- Clonazepam (Klonopin, Rivotril)
- Meprobamate (Miltown)
- Other non-benzodiazepine tranquilizers
- Phenobarbital
- Secobarbital/Amobarbital (Tuinal)
- Secobarbital (Seconal)
- Amobarbital, pentobarbital (Nembutal) and other barbiturate sedatives
- Ethchlorvynol (Placidyl)
- Glutethimide (Doriden)
- Methaqualone (Quaalude)
- Chloral hydrate and other Non-Barbiturate Sedatives/hypnotics
- Aerosols
- Nitrites
- Gasoline, glue, and other inappropriately inhaled products
- Solvents (paint thinner and other solvents)
- Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
- Diphenhydramine
- Other antihistamines, aspirin, Dextromethorphan (DXM) and other

- Other Stimulants
- Methylphenidate (Ritalin)
- Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Clorazepate (Tranzene)1304 - Diazepam (Valium)
- Flurazepam (Dalmane)
- Lorazepam (Ativan)
- Triazolam (Halcion)

cough syrups, Ephedrine, sleep aids, and any other legally obtained, non-prescription medication

- Diphenylhydantoin/Phenytoin (Dilantin)
- Synthetic Cannabinoid 'Spice', Carisoprodol (Soma) and other drugs
- GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- Ketamine (Special K)
- Unknown
- Not Collected
- Unable to Assess

INSTRUCTIONS

1. Select appropriate substance from drop-down options.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

AGE AT FIRST USE

MOTS Field: Age at First Use

DESCRIPTION

CONDITIONAL

This field identifies the age at which the Substance was first used. For alcohol, this field records the age at first intoxication.

Optional if Substance Problem = "Unable to Assess", otherwise required.

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- This field is cross-referenced with Date of Birth to make sure that client age is greater than the age of first use.
- If the exact age is unknown, estimate as closely as possible.
- Use '0' for newborn if affected at birth.

INSTRUCTIONS

1. Enter the age that indicates when the client first became involved with the drug type(s) identified in Substance.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

FREQUENCY OF USE

MOTS Field: Frequency of Use

DESCRIPTION

CONDITIONAL

Frequency of use for the associated substance.

Optional if Substance Problem = "Unable to Assess", otherwise required.

VALID ENTRIES

Drop-down Option Set (single select)

- No use in the past month
- 1-3 times in the past month
- 1-2 times in the past week
- 3-6 times in the past week
- Daily

FIELD GUIDELINES

- If there has been no use in the past 30 days prior to admission, select the frequency as "No use in past month." It is okay for a client to have a frequency of no use for the primary substance of abuse.
- During the initial assessment a client may report no use in the past 30 days. After a couple of individual or group sessions with the client, and/or after the first urinalysis test results are received, the assessment may need to be adjusted if use has been detected. This information would be captured through a status update.
- When a client receiving detox services completes treatment, the time period may refer to the last two weeks.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

USUAL ROUTE OF ADMINISTRATION

MOTS Field: Usual Route of Administration

DESCRIPTION

CONDITIONAL

Specifies the primary route of administration for the identified substance.

Optional if Substance Problem = “Unable to Assess”, otherwise required.

VALID ENTRIES

Drop-down Option Set (single select)

- Oral
- Smoking
- Inhalation
- Injection (IV or Intramuscular)
- Other

FIELD GUIDELINES

- If more than one route of administration exists, select the most frequent route.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

MEDICATION ASSISTED TX

MOTS Field: Medication Assisted Treatment

DESCRIPTION

CONDITIONAL

Type of medication the client is receiving as part of their treatment plan.

Optional if Substance Problem = “Unable to Assess”, otherwise required.

VALID ENTRIES

Drop-down Option Set (single select)

- Acamprosate/Campral
- Buprenorphine/Suboxone/Subutex/Zubsolv
- Extended Release Buprenorphine/Sublocade
- Bupropion/Zyban
- Disulfiram/Antabuse
- Methadone
- Naloxone/Narcan
- Extended Release Injectable Naltrexone/Vivitrol
- Naltrexone Implant
- Oral Naltrexone
- Varenicline/Chantix
- None

INSTRUCTIONS

1. Select appropriate response if the client is receiving any of the listed medications as part of their treatment plan.

WHY

This field is required by SAMHSA block grant recipients. It also helps with OHA’s strategic planning.

NON-MEDICAID SERVICES

An NMS record must be completed for all procedures that are partially or fully funded by public funds. This includes any service covered by the CFAA, BHRN Grants, block grants, and any other OHA funded service.

Fields associated with the NMS form (in order of appearance):

- Facility ID
- ROADS ID
- Last Name at Birth
- Client ID
- Date of Birth
- Date of Service Begin
- Date of Service End
- Number of Units
- Billed Charges
- Place of Service
- Rendering Provider ID
- Adjustment Flag
- Is this a CFAA Funded Service
- Parent Provider ID
- Program Area
- Procedure Code
- Modifier
- Diagnosis
- Primary Diagnosis
- Service Type
- Service Type Specified
- Screening Outcome
- Screening Outcome if Referred to Assessment

WHAT CONSTITUTES A NON-MEDICAID SERVICE FOR A BHRN PROVIDER?

A Non-Medicaid Service must be submitted for every BHRN encounter. Whenever a service is provided, it should be documented through a Non-Medicaid Service submission.

Please note:

- For all BHRN NMS Encounters, the “Program Area” field should show **BHRN – Related Service.**
- The type of encounter provided should be recorded in either the “Procedure Code” field or, if a procedure code is not applicable, the “Service Type” field will become required.
- If the service is part of Wraparound please use both the “Service Type” field AND “Procedure Code” field.

FACILITY ID

MOTS Field: Agency/Facility Identifier

DESCRIPTION — CONDITIONAL

Identifies the facility providing the treatment service using its Oregon Medicaid Provider ID.

Required when ROADS ID is not provided.

⚠ *Note: This field is for EDI use only and is not applicable for Portal entry.*

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- The Facility must exist as a valid Oregon Medicaid Provider Identification in ROADS.
- The Facility must be registered for submitting (Status, Crisis, or Involuntary Service) using EDI.
- Facility numbers are permanent unless officially changed by the Medicaid Team to request a new number. The same number must always be used when enrolling clients. When a Facility closes, the Facility number is retired; it is never reassigned to a different Facility.
- This field is required when ROADS ID is not provided.

INSTRUCTIONS

1. Enter the applicable Facility ID.

WHY

Capturing facility identifiers allows OHA to accurately track where services are delivered, align treatment records with funding sources, and ensure proper reporting for Medicaid and non-Medicaid programs.

ROADS ID

New ROADS Field

DESCRIPTION

CONDITIONAL

ROADS ID Is a unique identifier provided by OHA.

Required when Facility ID is not provided.

⚠ *Note: This field is for EDI use only and is not applicable for Portal entry.*

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- This field is required when Facility ID is not provided.

INSTRUCTIONS

1. Enter the applicable Facility ID.

WHY

Capturing facility identifiers allows OHA to accurately track where services are delivered, align treatment records with funding sources, and ensure proper reporting for Medicaid and non-Medicaid programs.

LAST NAME AT BIRTH

New ROADS Field

DESCRIPTION

REQUIRED

1. Client identification field throughout ROADS, shows Client last name at birth. This must match the Last Name at Birth registered in ROADS for the Client ID in this record.

VALID ENTRIES

Open text (Alpha only)

INSTRUCTIONS

2. Enter the Client's last name at birth.

WHY

Allows users to easily validate the Client by last name at birth when clicking into a new page.

DATE OF BIRTH

MOTS Field: Date of Birth

DESCRIPTION

REQUIRED

Client's date of birth. This must match the Date of Birth registered in ROADS for the Client ID in this record.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

INSTRUCTIONS

1. Enter the date of birth.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify MM/DD/YYYY format.

WHY

ROADS requires multiple client identifiers to prevent duplicate client entry.

DATE OF SERVICE BEGIN

MOTS Field: Date of Service Begin

DESCRIPTION

REQUIRED

Date the client was first seen for service.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

INSTRUCTIONS

1. Enter the date service began.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press “Continue” in the top right to create record and enter remaining fields.

WHY

This field lets OHA know when the client was admitted for services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

DATE OF SERVICE END

MOTS Field: Date of Service End

DESCRIPTION

OPTIONAL

Date the client was last seen for treatment.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

INSTRUCTIONS

1. Enter the date service ended.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press “Continue” in the top right to create record and enter remaining fields.

WHY

This field lets OHA know when the client was discharged from services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

NUMBER OF UNITS

MOTS Field: Number of Units

DESCRIPTION

REQUIRED

A unit of measure (service unit) that corresponds to a procedure code which describes a measurable level of service.

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

The number of units reported for each service should follow the Medicaid standard for units of measurement. Sometimes the unit is the equivalent of treatment time. Units will be captured as whole numbers and no decimals will be accepted. Examples:

- H0004 Behavioral health counseling/therapy 1 unit = 15 minutes i.e. 30 minutes of H0004 would be 2 service units
- H0038 Self-help/peer services (Including any BHRN Peer Support Service) 1 unit = 15 minutes i.e. 30 minutes of H0038 would be 2 service units
- H0037 Community Psychiatric Supportive Treatment Program 1 unit = 1 day
- H2012 Behavioral Health Treatment 1 unit = 1 hour i.e. 2 hours of H2012 would be 2 service units
- H2013 Psychiatric health Facility service 1 unit = 1 day
- S5141 HW HK –Personal Care Services in an Adult Foster Home 1 unit = 1 month
- If Peer Support Services (PSS) is selected, in the context of BHRN, then follow these rounding rules for the 15-minute service increments:
    - 1–15 minutes → 1 unit
    - 16–30 minutes → 2 units
    - 31–45 minutes → 3 units
        - And so on, continuing to add 1 unit for each additional 15-minute increment.
        - **Note that this rule is unique because it cannot apply to Number of Units for ALL of NMS, only for a BHRN Peer Service in NMS*

INSTRUCTIONS

1. Enter the number of units corresponding to the procedure code.

WHY

This field is collected so that facilities can tell us more about the service being provided with public funds other than Medicaid.

BILLED CHARGES

MOTS Field: Billed Charges

DESCRIPTION — REQUIRED

Usual and customary fee for service amount charged to Medicaid or to an insurance company.

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- If a client is not Medicaid, and the client can't or won't pay for services in full (Full Private Pay), or have private insurance pay in full, please submit the billed charges within the Non-Medicaid Service submission deadline.
- Enter (0) zero if billing insurance with usual/customary fees is not part of your typical practice at your organization.
- Non-Medicaid Service data must be submitted by the 15th of each month for services provided the previous month. If a service was entered in error, zero out the billed charges and number of units for that service. Round amount to the nearest whole number/amount.

INSTRUCTIONS

1. Enter the total billed charges for the service code.

WHY

Allows OHA the ability to better understand how the non-Medicaid dollars are being spent and allows the flexible fund contracts to continue.

PLACE OF SERVICE

New ROADS Field

DESCRIPTION

REQUIRED

The location where the service was rendered.

VALID ENTRIES

Drop-down Option Set (single select)

- For a list of valid entries and definitions, visit: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field assists OHA in determining where services are lacking. Also helps with behavioral health treatment capacity management.

RENDERING PROVIDER ID

New ROADS Field

DESCRIPTION

OPTIONAL

Unique identifier assigned to a Facility to verify eligibility and submit Medicaid claims. This number may be the same as the Facility Medicaid ID number.

VALID ENTRIES

Open Text (numeric)

INSTRUCTIONS

1. Enter Provider ID.
2. Verify entry is correct.

WHY

This field provides specific identification for a Medicaid provider.

ADJUSTMENT FLAG

New ROADS field

DESCRIPTION

CONDITIONAL

This indicator notifies OHA that the non-Medicaid Service record being submitted is an adjustment to a previous submission. This field is required when the transaction is an adjustment to an existing transaction.

⚠ *Note: This field is for EDI use only and is not applicable for Portal entry.*

VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No

FIELD GUIDELINES

- This field is required when the transaction is an adjustment to an existing transaction and Yes must be selected from the Option Set.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

OHA uses the Adjustment Flag to assist with tracking and aligning adjustments to previously submitted non-Medicaid Service records.

IS THIS A CFAA FUNDED SERVICE

New ROADS field

DESCRIPTION

REQUIRED

Identifies if the service being provided is CFAA funded.

VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No

FIELD GUIDELINES

- Counties/CMHPs should select Yes if the service being entered is covered under the County Financial Assistance Agreement (CFAA). Note: For CMHP subcontractors, please refer to your contract/CMHP for clarification if you are unsure whether a service is covered under the CFAA.
- County subcontractors should select Yes if the service being entered is within the scope of services contracted by the County for the Agency to provide.
- All other providers should select No for this field, as the service would not fall under the CFAA.
- Examples:
    - Provider A is a County-operated CMHP. The services they are entering are funded through the County Financial Assistance Agreement (CFAA). Provider A should select Yes for the CFAA field.
    - Provider B is a subcontracted Agency that provides crisis services on behalf of County B under a formal contract. Because these services fall within the County's contracted scope, Provider B should select Yes for the CFAA field.
    - Provider C is an independent provider that does not receive funding through a CFAA and does not hold a subcontract with a County. Provider C should select No for the CFAA field.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

Helps OHA distinguish CFAA-funded services from non-CFAA services, supporting accurate oversight, reporting, and compliance with county and subcontractor funding agreements.

PARENT PROVIDER ID

MOTS Field: Parent Provider Identifier

DESCRIPTION

REQUIRED

This field identifies the entity that is providing the funds for the treatment service. This number is an Oregon Medicaid Provider Identification number.

VALID ENTRIES

Drop-down Option Set (single select)

FIELD GUIDELINES

- **Addictions** and **Mental Health** are the only available value for this field for BHRN Providers.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

BHD uses the Parent Provider ID to assist with tracking and aligning behavioral health client treatment services funded by Medicaid and non-Medicaid public funds.

PROGRAM AREA

New ROADS Field

DESCRIPTION

CONDITIONAL

Specifies the program provided. For BHRN related services, the "BHRN - Related Service" value should be selected.

When Is this a CFAA funded service? is 01=Yes, this field becomes optional.

VALID ENTRIES

Drop-down Option Set (single select)

- A&D 61 - Adult Substance Use Disorder Residential Treatment Services
- A&D 62 - Supported Capacity for Dependent Children Whose Parents Are In Adult Substance Use Disorder Residential Treatment
- A&D 64 - Housing Assistance
- A&D 66 - Community Behavioral and Substance Use Disorder Services
- A&D 67 - Substance Use Disorder Residential & Day Treatment Capacity
- A&D 71 - Youth Substance Use Disorder Residential Treatment Services
- ACTM - Assertive Community Treatment Services (ACT) Medicaid
- ACTN - Assertive Community Treatment Services (ACT) Non-Medicaid
- BHRN - Related Service
- MHBG 301 - Mental Health Services Block Grant - General
- MHBG 307 - Mental Health Block Grant - EASA set aside
- MHBG 309 - Mental Health Block Grant - Crisis Set Aside
- MHS 04 - Aid and Assist Client Services
- MHS 08 - Crisis and Acute Transition Services (CATS)
- MHS 09 - Jail Diversion Services
- MHS 10 - Mental Health Promotion and Prevention Services
- MHS 12 - Rental Assistance Program Services
- SUPTRS 520 - Substance Use Block Grant
- N/A

INSTRUCTIONS

1. Select appropriate response from drop-down options.
2. If your organization holds an OHA grant, a program area contract, or a county grant to provide services on behalf of the county, the program area should be filled out. Please refer to your grant agreement or county contract to determine the correct value to select. If you do not hold any of these agreements, the program area field does not apply and you should select N/A as the value.

WHY

Allows data associated with specific programs to be tracked and categorized for program management and funding.

PROCEDURE CODE

MOTS Field: Procedure Code

DESCRIPTION

CONDITIONAL

The procedure code is used to describe a particular service provided to a client receiving behavioral health services.

Required when Service Type is left blank.

VALID ENTRIES

Drop-down Option Set (single select)

- For a list of valid entries, visit: https://www.oregon.gov/OHA/HSD/OHP/PAGES/FEE-SCHEDULE.ASPX

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field is collected in order to see what services were provided to clients using BHRN grant funding.

MODIFIER

MOTS Field: Modifier

DESCRIPTION

OPTIONAL

A single, or multiple, modifiers can be added to Procedure Code to further describe the service or level of service provided to a client by a behavioral health provider.

VALID ENTRIES

Drop-down Option Set (multiple select)

- For a list of valid entries, visit: https://www.oregon.gov/OHA/HSD/OHP/PAGES/FEE-SCHEDULE.ASPX

FIELD GUIDELINES

- Enter any appropriate modifier(s) (up to 4 modifiers per procedure code) to accurately capture the services provided.
- For tracking of PCIT services, use modifier TL- Early Intervention/Individualized Family Service Plan (PCIT).
- For tracking of EASA services, use modifier HT- Multidisciplinary Team (EASA).
- For tracking Jail Diversion services, use modifier H9 – Jail Diverison.

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field is collected so that facilities can tell us more about the service being provided.

DIAGNOSIS

New ROADS Field

DESCRIPTION

REQUIRED

Specifies the client's current diagnosis.

VALID ENTRIES

Drop-down Option Set (single select)

- For the latest version of the ICD-10 Code Set, visit: https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

Important clinical information that provides context for patient and program outcomes.

PRIMARY DIAGNOSIS

New ROADS Field

DESCRIPTION

REQUIRED

Describes if the diagnosis is the client's primary diagnosis. Every NMS requires at least 1 diagnosis to be listed as Primary.

VALID ENTRIES

Radio Button (single select)

- **Yes**: Stated diagnosis is the primary diagnosis.
- **No**: Stated diagnosis is not the primary diagnosis.

INSTRUCTIONS

1. Click the radio button next to the appropriate selection.

WHY

This field allows OHA to better understand why behavioral services are provided. It also helps OHA to understand the capacity needs across the state.

SERVICE TYPE

New ROADS Field

DESCRIPTION

CONDITIONAL

Service category applicable to the client's reason for care.

Required when Procedure Code is blank AND Program Area= BHRN Related Services.

VALID ENTRIES

Drop-down Option Set (single-select)

- Food Assistance
- Reccreational Services
- Cultural Event Support or Participation
- School Supplies
- Child Care
- Legal Services
- Medical Care Services
- Transportation
- Administrative Support
- Rental Assistance
- Transitional Housing
    - Low-barrier housing with appropriate supportive services to homless persons with substance use disorder or harmful substance use to facilitate movement to independent living. The housing is short term.
- Family Housing
    - Housing for people with children that prioritizes not seperating families, traditional or non-traditional, experiencing Substance Use Disorder (SUD) or harmful substance use.
- Emergency Housing
- Motel/Hotel Vouchers
- Housing Navigation
- Supportive Housing
    - Low-barrier, safe place to live that supports access to lifesaving health services until the individual decides to participate in a program of recovery. The housing may or may not have drug-free requirements. The program connects individuals to treatment and recovery services when the individual chooses to seek a life without drugs or, may include Housing First or other supportive housing models.
- Peer Support Services (PSS)
    - When using Peer Support from the service type dropdown enter 1 unit for every 15 minutes.

    - Example: Provider spends 30 minutes with the client, then in the NMS, the provider would enter 2 for units and select Peer support from the service type drop down.
- Not Listed, Please Specifiy

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Allows ROADS to populate the correct data fields for the service chosen.

SERVICE TYPE SPECIFIED

New ROADS Field

DESCRIPTION

CONDITIONAL

Service category applicable to the client's reason for care.

Required when "Not Listed. Please Specify" is selected for Service Type.

VALID ENTRIES

Open Text (alpha only)

INSTRUCTIONS

1. Enter applicable service type.

WHY

Allows ROADS to populate the correct data fields for the service chosen.

SCREENING OUTCOME

New ROADS Field

DESCRIPTION

CONDITIONAL

Describes if the client was referred to a Comprehensive Behavioral Health Assessment.

VALID ENTRIES

Drop-down Option Set (single-select field)

- Referred to Assessment
- Not referred to Assessment

FIELD GUIDELINES

- Required when "BHRN - Related Service" is selected for Program Area AND the Procedure Code field houses one of the following codes: 99408, 99409, G0396, G0397, G0442, G0443, G2011, H0049, H0050, H0001, 96160, 96127, 80305, 80306, 80307.

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Allows OHA to track the number of clients referred to a Comprehensive Behavioral Health Assessment.

SCREENING OUTCOME IF REFERRED TO ASSESSMENT

New ROADS Field

DESCRIPTION

CONDITIONAL

Indicates whether the client was referred for a Comprehensive Behavioral Health Assessment and specifies if the referral was made within or outside the BHRN Organization. Required if "Referred to Assessment" is selected for Screening Outcome.

VALID ENTRIES

Drop-down Option Set (single-select field)

- Referred to Provider/Organization outside the BHRN Organization
- Referred to Provider/Organization within the BHRN Organization

FIELD GUIDELINES

- If client was referred to assessment in Screening Outcome, one option must be chosen.

INSTRUCTIONS

1. Select applicable value from the list.

WHY

Allows OHA to track the number of clients referred to assessment inside and outside of the BHRN Organization.

APPENDICES

APPENDIX A: CLIENT NAMES

ROADS has four name fields:

- **First Name:** The client's legal first name.
- **Middle Name:** The client's legal middle name or middle initial. If the client has no middle name, this field should be left blank.
- **Last Name:** The client's current legal last name.
- **Last Name at Birth:** The client's last name at the time of his or her birth. If the client's last name has never changed, or if this information is not known or not available, the client's current last name should be entered.

Additionally, ROADS provides a single-select drop-down field to document suffixes such as Sr., Jr., and successions II through VII.

Once a client record is created, the Alias sub grid (Figure 2) will become available in the Client Profile to document any alternative names the client uses, such as nicknames, former married name, pseudonyms, etc.

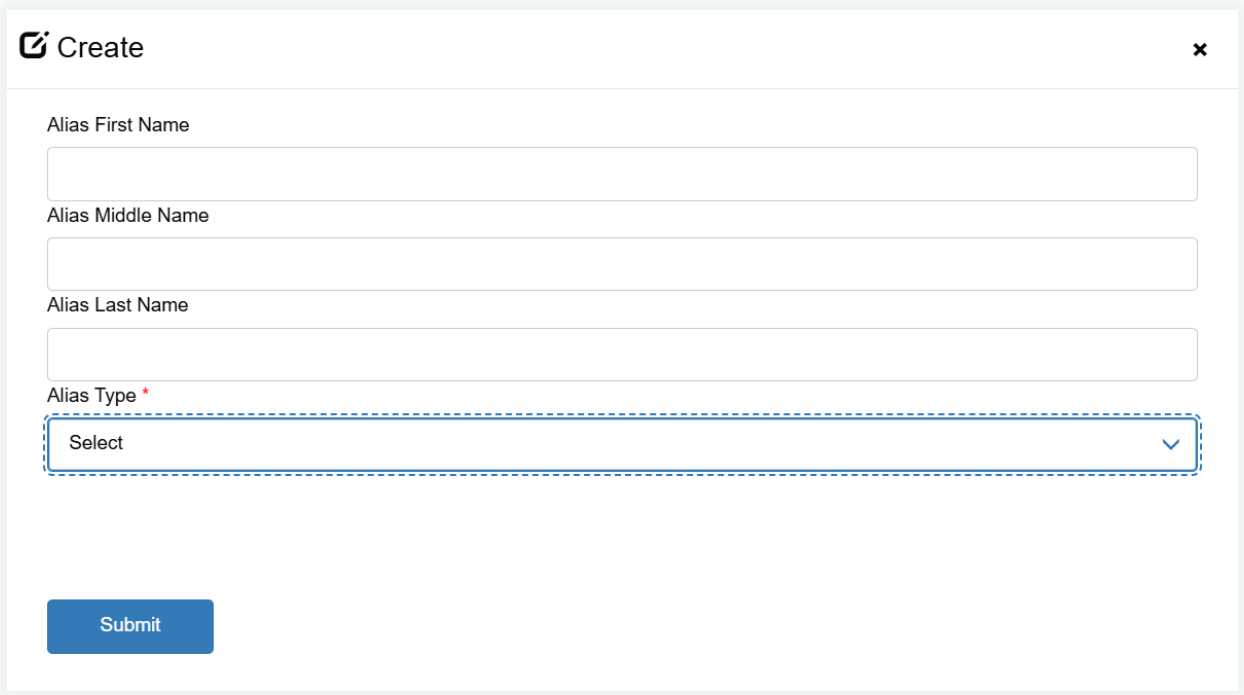


Figure 2. Alias form in ROADS

All ROADS name fields accept upper-case letters, lower-case letters, spaces, hyphens, and apostrophes. Any other special characters (periods, parentheses, quote marks, etc.) will cause the data to be rejected. Use only one space or one hyphen in compound names.

Here are some examples of how client names should and should not be submitted. All of these examples were created from randomly generated lists of common names but are similar to real submissions.

- A client introduces himself as John Daniel Adams. The Client Profile should show:
  - First Name: John
  - Middle Name: Daniel
  - Last Name: Adams
- John Daniel Adams prefers to be called “Johnny”. Create an Alias record:
  - Alias First Name: Johnny
  - Alias Type: Nickname
- John Daniel Adams sometimes uses a fake ID as Thomas Larry Johnson. Create an additional Alias record:
  - Alias First Name: Thomas
  - Alias Middle Name: Larry
  - Alias Last Name: Johnson
  - Alias Type: Pseudonym