

**Arkansas Department of Human Services  
Division of Behavioral Health Services  
Office of Alcohol and Drug Abuse Prevention**

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**Alcohol/Drug Management Information System (ADMIS)**

**Instruction Manual**

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## Introduction

The Alcohol/Drug Management Information System (ADMIS) is a data collection system developed and operated by the Department of Health and Human Services, Division of Behavioral Health Services-Office of Alcohol and Drug Abuse Prevention (OADAP) to be used in alcohol and drug abuse treatment programs in the State of Arkansas.

Reporting under this system is a requirement in accordance with Act 25 of 1991 and applies to ALL alcohol or drug treatment programs that are licensed by OADAP, funded or non-funded programs.

The Office of Alcohol and Drug Abuse Prevention will occasionally conduct special studies that will result in the collection of detailed data. These special studies projects may include, but are not limited to the study of special population groups, special alcohol/drug problems, and employment status. ADMIS is the primary vehicle used to collect special studies information.

The purpose of the ADMIS system is to provide current information that describes the clients and the treatment provided to them in order to aid in planning, management, and evaluation of alcohol/drug treatment and rehabilitation programs on both a State and National level. The system is designed to be flexible in order to take into account the wide variety of clients being served by an equally wide variety of programs.

The OADAP is the Single State Agency (SSA) for alcohol and drug programs in Arkansas and *welcomes any comments or suggestions for the continued improvement of this management information system.*

This instruction manual for ADMIS supersedes any previous handbooks and instructions issued prior to July 1, 2010.

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## Getting Started

Welcome to the Alcohol/Drug Management Information System (ADMIS)! This will guide you through the process of the monthly billing system, reports, and the introduction of processing online. All of ADMIS services are accessible online at <https://dhs.arkansas.gov/dbhs/oadap/index.aspx>

### Creating Your User Profile

All ADMIS users have a unique user profile, which includes a User ID and User password. Each provider has a unique Provider ID number that begins with a D.

#### To create a user profile:

1. All new users must call the Administrator to get a User ID and password.
2. When a User ID and User password is created by the Administrator, you will be able to log in to your account.

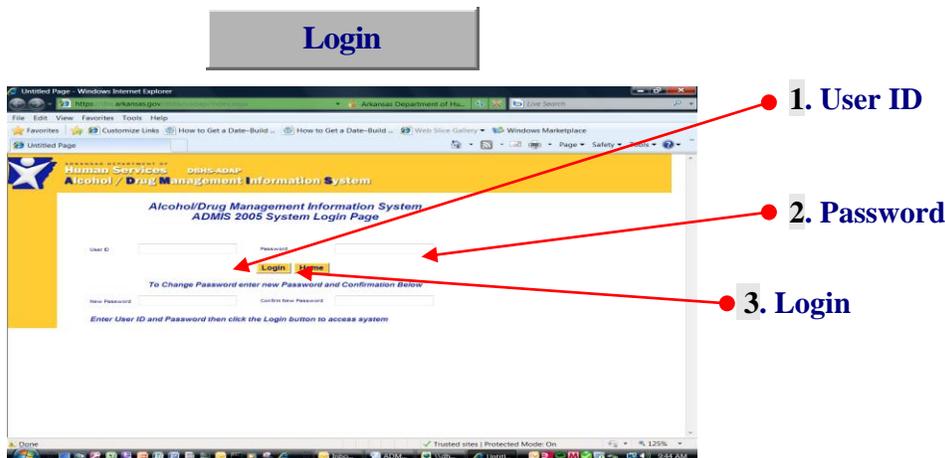


If an Administrator is unavailable call the main number (501) 686-9866 to get assistance.

#### 1) Logging In

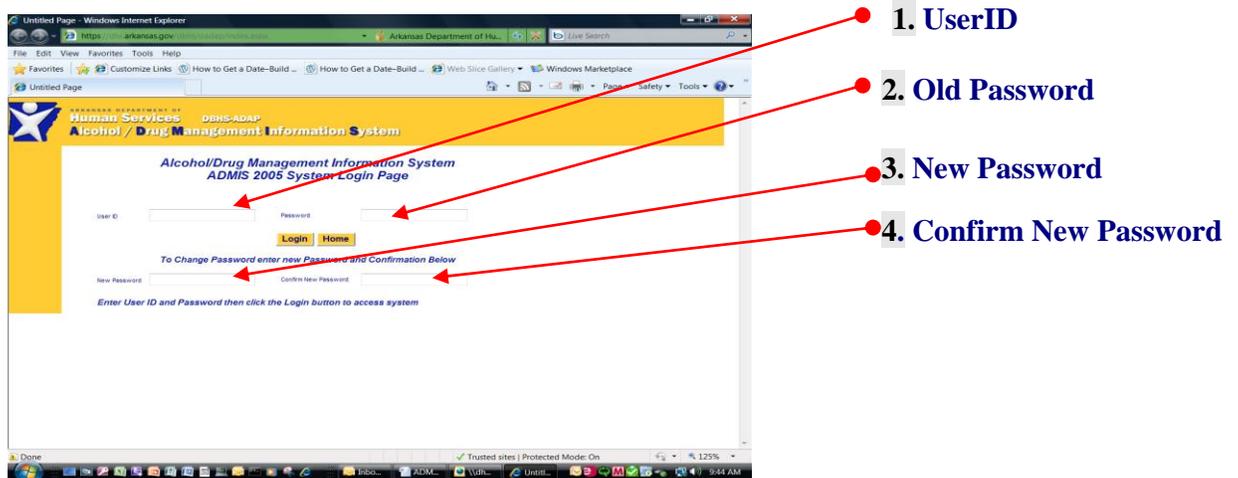
#### To login to ADMIS:

1. Go to <https://dhs.arkansas.gov/dbhs/oadap/index.aspx>
2. On the log in page, enter your User ID and Password.
3. On the Login Button, click your mouse or push enter on your keyboard.



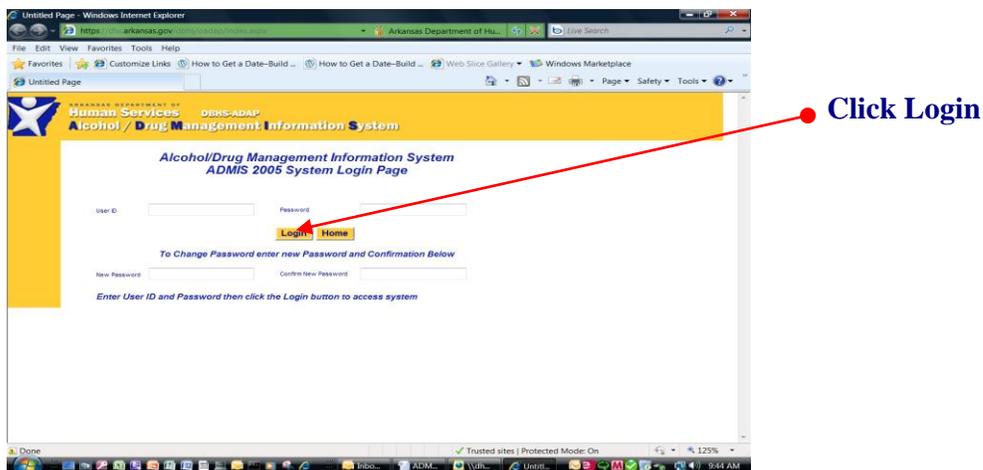
- If you do not like the password given by the Administrator it can be changed. In order to do so, enter your User ID and Password only the Administrator can only change your User ID. The User ID is always the first letter in your first name and then your full last name.
- Click in the **New Password** box and enter your new password that you would like to have. Click again in the **Confirm New Password** box.

⚠ A password will expire in sixty days from the date that is given if it is not changed within this time frame. It must contain 8 characters with the first letter capitalized and one number at the end. If your password expires, you will have to call the Administrator to get a new password.



- On the **Login** Button, click your mouse or push enter on your keyboard.

⚠ Occasionally, there will be a **System Message** on the Main Menu screen that will have a message that will pertain to something that you need to know.



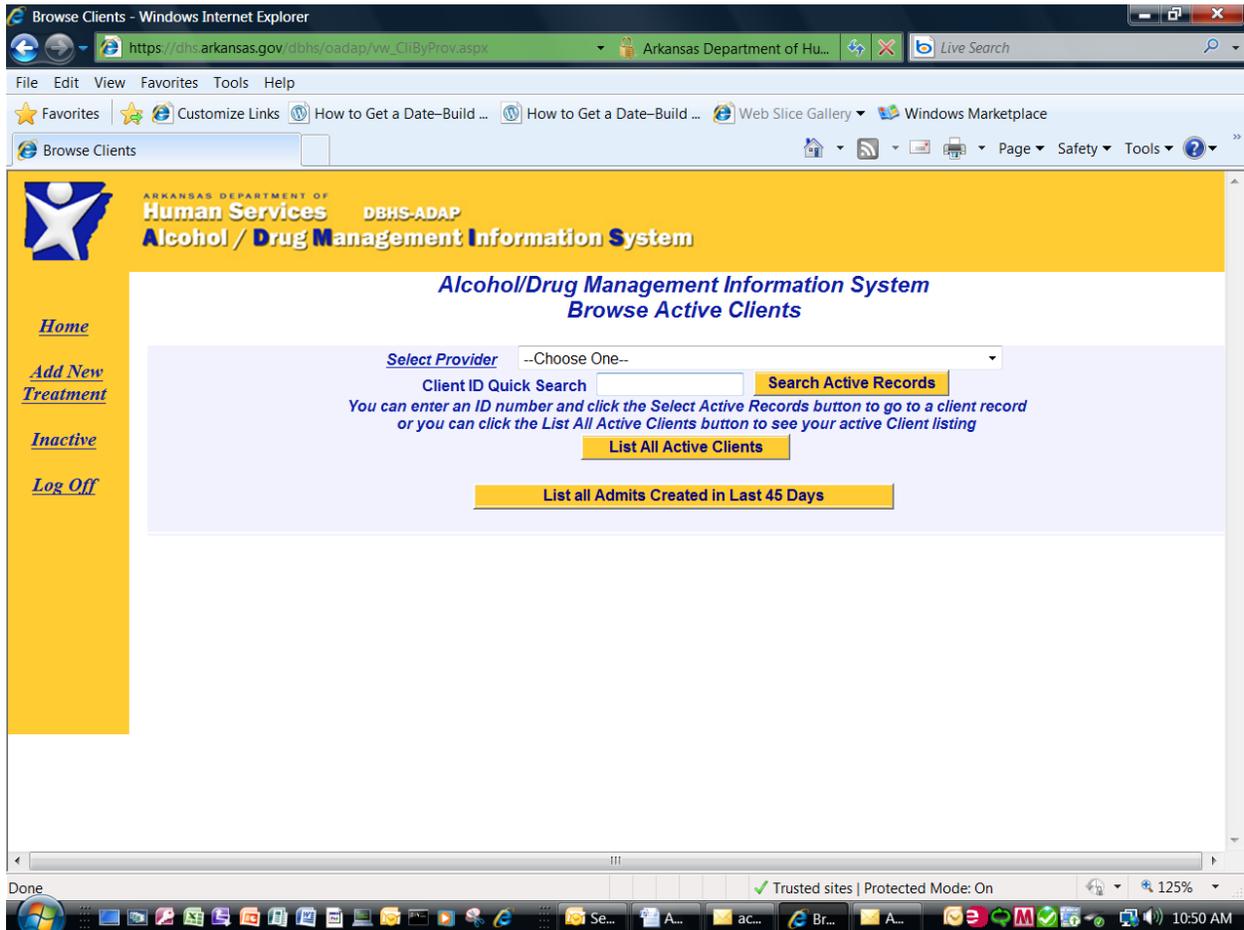
## Section 1.02     *The Main System Menu*

The main menu contains certain functions that can guide you through the system. As you will see if you are a new user, the functions consist of [Client Maintenance Browse](#), [Financial Services Subsystem](#), [System Administration Subsystem](#), [ADMIS Instruction Manual](#) and [Reporting Subsystem](#). Let's look at some of these functions.

The screenshot shows a web browser window titled "ADMIS Main Menu - Windows Internet Explorer". The address bar shows the URL "https://dhs.arkansas.gov/dbhs/oadap/ADMIS\_MainMenu.aspx". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content features a yellow header with the Arkansas Department of Human Services logo and the text "DBHS-ADAP Alcohol / Drug Management Information System". Below the header, the page title is "Alcohol/Drug Management Information System System Menu". A welcome message reads: "Welcome Barbra D Brooks Of Arkansas Department of Human Services It is Tuesday, June 29, 2010 10:45:08 AM". An "Important Message(s) from ADAP Central Office:" box contains three lines of text: "Effective Tuesday, June 1, 2010. The Social Support data field in ADMIS has been updated to be in compliance with federal reporting requirements. OADAP will send instructions explaining more about this change by Friday of this week. Thank you.", "Reminder: All funded and non-funded providers need to enter all clients for this state fiscal year (July 1, 2009 - June 30, 2010) by June 30th. After June 30th you will not be able to enter your clients from this state fiscal year. Please discharge all clients that you have not had any contact in the last 90 days.", and "THIS IS A VERY IMPORTANT MESSAGE TO FUNDED PROVIDERS: We are having difficulties running the June billing. We are sorry for any inconvenience." The footer of the message box says "Last Updated: 6/29/2010 10:45:04 AM By: bdbrooks". Below the message box, the word "ADMIS" is displayed in blue. Underneath, there are five underlined links: "Client Maintenance Browse", "Financial Services Subsystem", "System Administration Subsystem", "Reporting Subsystem", and "ADMIS Instruction Manual". At the bottom, there is a "Log Off" link. The browser's status bar at the bottom shows "Done", "Trusted sites | Protected Mode: On", and "125%". The Windows taskbar at the very bottom shows various application icons and the system clock displaying "10:45 AM".

## Section 1.03 *Client Maintenance Browse*

The client maintenance browse is where you can search for active clients, list all active clients, and view clients that are still active for List of Admits Created in the Last 45 days. Additionally, this is where you can add your active clients, discharge your client, and change the client environment. It also contains Add New Treatment, Inactive and a log off and home on the left side of the page.



### (a) Search Active Clients

1. Your Provider ID and Provider Name will automatically appear.
2. Click **Client ID Quick Search** add client ID. The Client ID is a zero with the client's social security number. Example: 0455132870
3. Click **Search Active Records**.

 This will give you a quick search to see if the client has been entered or discharged.

#### 4. Click **List of All Active Clients**

This searches for all active clients that are in your facility at the present time.

The screenshot shows the ADMIS web application in Internet Explorer. The page title is "Alcohol/Drug Management Information System" and the subtitle is "Browse Active Clients". The interface includes a "Select Provider" dropdown menu, a "Client ID Quick Search" input field, and a "Search Active Records" button. Below these is a "List All Active Clients" button. A "List all Admits Created in Last 45 Days" button is also visible. A sidebar on the left contains links for "Home", "Add New Treatment", "Inactive", and "Log Off".

Numbered callouts on the right side of the screenshot indicate the following steps:

1. Provider ID and Name
2. Client ID
3. Click Search Active Records

Or

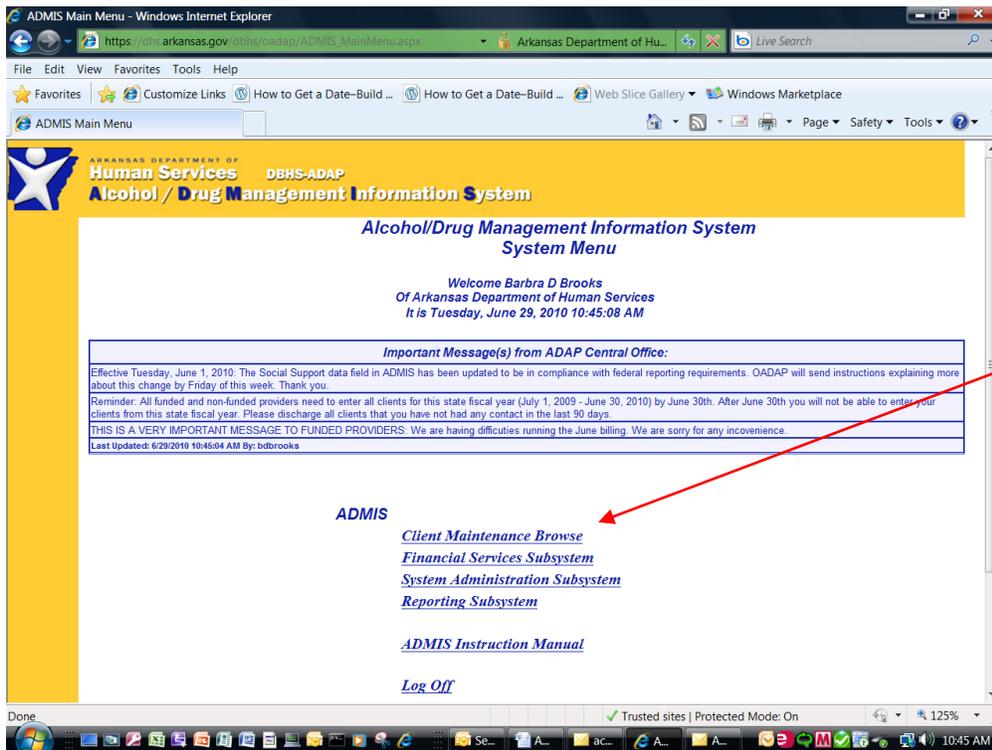
4. Click List All Active Clients

## Section 1.04 *Entering an Admission Report (AR)*

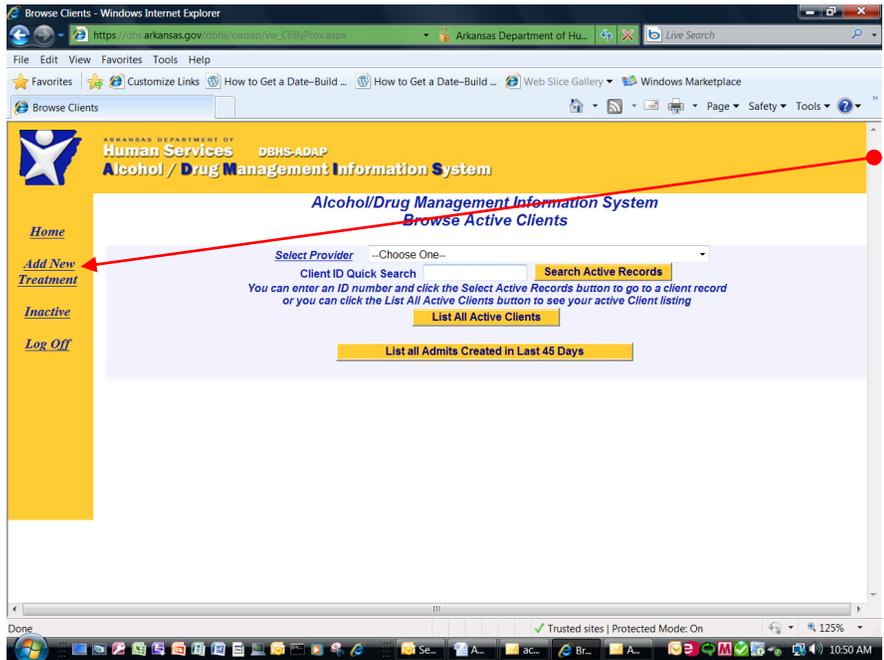
The Admission Report (AR) is to be completed each time a client enters treatment at a program, regardless of the type of admission, whether it is a first time admission, readmission, or a transfer admission from one program to another program. The Admission Report provides data on admission status, client characteristics, and alcohol/drug problems. The Admission Report also collects information on the client's socio-demographic characteristics, treatment history, treatment plan components, and alcohol/drug history.

### Admission Report (AR)

1. Sally needs treatment and has to enter treatment. Click [Client Maintenance Browse](#) on the [Main Menu Page](#).

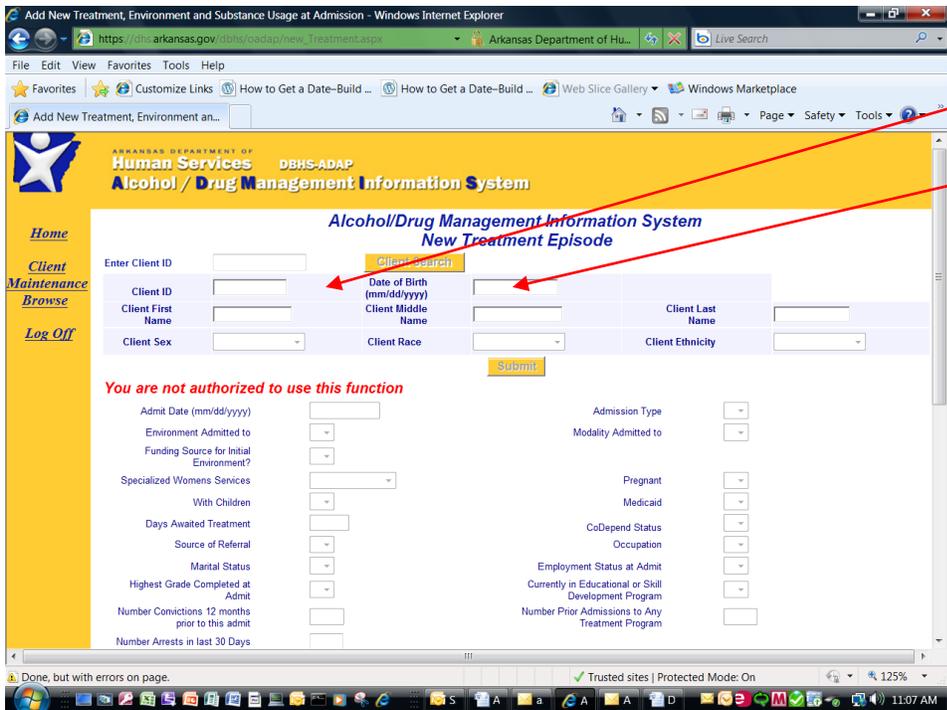


2. On the **Browse Active Clients Page**, click with your mouse, **Add New Treatment**.



2. Click **Add New Treatment**

3. After you click **Add New Treatment**, you will get this page to enter the Admission Report.



1. Enter **Client ID**

2. Click **Client Search**

4. On the [New Treatment Episode](#) homepage, [Enter Client ID](#) number to do a search to see if the client is in another facility then click with your mouse [Client Search](#) or you can use CTRL S on your keyboard. The Client ID must begin with a zero and the Social Security number for the client. **Example:** 0433185555

Enter Client ID

 All Client IDs need to be checked by looking at the clients social security card. If the client is at another facility and is not discharged. Call or e-mail the administrator to contact the other facility to discharge the client. Please do not write, the client's name or social security number in the subject line of the e-mail or e-mail the ClientID because of the HIPPA and Federal Confidentialty Laws. Although, you can write that it is an active episode. **If you do not have a client ID contact the ADMIS Administrator to get a pseudo number.**

5. Enter the new [Client ID](#) if they are not at another provider.

Enter Client ID

 First enter a zero and the actual social security number.

6. Enter the [Date of Birth](#) of client. This has to be in the format of mm/dd/yyyy.

Date of Birth (mm/dd/yyyy)

7. Enter the [Client's First Name](#).

Client First Name

8. Enter the [Client's Middle Name](#).

Client Middle Name

9. Enter the [Client's Last Name](#).

Client Last Name

10. Choose the **Client's Sex**-Male, Female, or Unknown.

Client Sex

 If the client is male the questions that deal with women's services will be faded out.

11. Choose the Client's Race. The race categories are White, Black, American Indian, Alaskan Native, Asian, Hispanic Mexican, Hispanic Puerto Rico, Hispanic Cuban, Other Hispanic, Nat Hawaiian/Pl, and unknown.

Client Race

 These are based on staff observation and client self-identification; choose one of the races, which have been chosen to conform to the Office of Federal Statistical Policy and Standards, U.S. Department of Commerce. If a client is racially mixed; enter the code for the race/ethnic background with which he/she identifies. \* See *Glossary for Race definitions*

12. Choose **Client's Ethnicity** if the client is Hispanic and if not leave it as Not Hispanic. These choices are Puerto Rican, Mexican, Cuban, Other Specific Hispanic, Not Hispanic, Non Specific Hispanic, and Unknown.

Client Ethnicity

 Identifies the client's specific Hispanic origin, if applicable.

13. Enter Client's **Admit Date**, which is the date that the client first entered your facility and had his/her face-to-face interview or treatment contact. The date of admission of a transferred client is the actual date the client receives a face-to-face treatment interview. Enter two digits each for month, day, and 4 digits for year.

Admit Date (mm/dd/yyyy)

14. Choose the **Admission Type**. Choose one of the following: First Admission, Readmission, and Transfer to an ADMIS Program, or Transferred to a Non-ADMIS Program.

Admission Type

15. Choose the **Environment Admitted** that the client was admitted. This indicates the treatment environment that the client was assigned by the program staff. The choice is Detoxification, Residential, Day Treatment, and Outpatient.

**Environment Admitted to**

16. Choose **Modality Admitted**. This indicates the geographic unit (facility/program) in which treatment takes place: Detoxification, Maintenance, Alcohol/Drug Treatment, and Other.

**Modality Admitted**

17. Choose the **Funding Source for Initial Environment**. This is determined by the services provided and the available contract. The Funding Source is filled based upon the Date of Admission. Enter the Date of Admission and then tab off the field and it will fill the Funding Source drop down list based upon the date.

**Funding Source for Initial Environment?**

18. Choose if the Client is in **Specialized Women's Service**. Yes or No

**Specialized Women's Service**

 Only answer "Yes" if your facility has SWS funding.

19. Choose whether the client is **Pregnant**. Yes or No

**Pregnant**

 Specify whether the client is pregnant at the time of admission.

20. Choose whether the client has **Children**. Yes or No

**Children**

 Only answer "Yes" if your facility has SWS funding. If the client were a male then the answer would be "No".

21. Choose if client receives **Medicaid**. Yes or No

**Medicaid**

22. Enter how many days that the client had to await for treatment.

Days Awaited Treatment

- Indicate the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from the client failure to comply with administrative procedures or failure to meet other obligations.

22. Choose what type of **Co-dependent Status** that the client is in at admission.

Co-dependent Status

- In the Co-Dependent Status ask the counselor the following questions:

1. Is seeking services due to problems arising from his/her relationship with an alcohol or drug user? This applies only to those persons who are not yet clients (walk-ins – can't bill).
2. Has been formally admitted for treatment (services) and the alcohol or other drug abuser is not admitted client?
3. This client has a separate record; or has his/her own client record within another primary client record?
4. Services are re billed under another client's number?
5. None of the above are applicable?

- For individuals whose Admission Report is marked as a walk-in or has a record within another client's record only, complete the top section.

23. Choose what type of **Source of Referral** that the client was referred.

Source of Referral

- The referral is to indicate the agency, individual, or legal situation through of the client is committed or referred to treatment. When there is a combination legal and self or private referral, the legal commitment takes priority over the other sources.

24. Choose **Occupation** as identified by the client.

Occupation



Employed persons are classified by occupation (what kind of work they do) and industry (what kind of work their employer or business does). Unemployed persons are classified according to their last job. *Please see Appendices to see the occupation types.*

25. Choose **Martial Status** at admission.

Martial Status

26. Choose client's **Employment Status at Admit**.

Employment Status at Admit



The employment status definition indicates if the client is employed (includes self - employment) or unemployed at the time of admission. (Definitions are consistent with those of the U.S Bureau of Labor Statistics.)

In order for a client to qualify as being employed the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client whose sole source of income is derived from these monies would not be considered employed. Income through illegal drug sales is not considered legal employment. If the client is not employed choose **Not In Labor Force (NILF)**. *\*See Glossary for definitions for Not In Labor Force.*

27. Choose client's **Highest Grade Completed**.

Highest Grade Completed



If a client has completed their GED then it would be considered 12<sup>th</sup> grade completion no matter what age group that they are at the time of admission.

28. Choose whether the client is **Currently in Educational or Skill Development Program**.  
Yes or No

Currently in Educational or Skill Development Program



This indicates the client is attending an educational or skill development program on a full or part-time basis at the time of admission. Participation in

an educational program is attendance at a school or college from which the client will receive a diploma or degree. High school equivalency programs are included. On the Job Training (OJT) is considered to be participation under this item as is enrollment as a client under Rehabilitation Services. Participation in a skill development program provides the client with vocational training (for example; clerk, barber, or mechanic).

29. Enter client's **Number Convictions 12 months prior to this admit**.

**Number Convictions 12 months prior to this admit**

 This is a number of times the client was convicted during the 12 months prior to admission. The codes range from 00 to 96. If a client was convicted more than 96 times, enter code 96. Convictions do not have to be only alcohol/drug related to be included in this item.

30. Enter **Number of Prior Admissions to Any Treatment Program**. Enter the number of admissions and readmissions to any alcohol/drug treatment program that occurred.

**Number of Prior Admissions to Any Treatment Program**

 This is prior to this admission or readmission. The codes range from 00 to 96. If a client has had more than 96 prior admissions, enter code 96. Prior admissions or readmissions to this program are included; consequently, at least one prior admission will be recorded here, if **Admission Type** is readmission. This does not count transfer admissions within the program in this item.

31. Enter **Number Arrests in last 30 Days**.

**Number Arrests in last 30 Days**

32. Enter **Months Since Last Discharge**. Enter the number of months that have elapsed since the client was last discharged from alcohol/drug treatment prior to the current admission.

**Months Since Last Discharge**

 The codes range from 00 to 96. If more than 96 months have elapsed, enter code 96. Count any portion of a month as a full month. For example, 2 weeks should be entered as 01; 6 months and 1 week should be entered as 07. Enter 00 if the client has had no lapse in treatment. For example, if the client has been referred to your program through a formal agreement (written or oral) with the referring program, 00

would be entered to indicate no lapse in treatment. If the client has had no prior discharges from this or any other treatment program the code would be 00.

33. Choose client's **County Code at Admit**. Enter the county in which the client resides.

**County Code at Admit**

 The County in which the client is being treated is not to be used unless the client resides in the same county in which the treatment is provided. *County Names are provided in the Appendices.*

34. Choose if the client is **Dually Diagnosed**. Yes or No.

**Dually Diagnosed**

 Dually diagnosed is a client diagnosed with a substance abuse and a mental illness, are defined in the DSM-IV. The "YES", should only be chosen if there is such a diagnosis made and documented for the record by a Mental Health Professional. If the Mental Health Screening Form, III, Modified for the client is "positive", then the Dually Diagnosed category on the AR and in ADMIS should be "Yes". If the Mental Health Screening Form, III, Modified for the client is "negative", then the Dually Diagnosed category on the AR and in ADMIS should be "No".

 *Please see Appendices for the Mental Health Screening form and instructions on score.*

35. Choose what type of health insurance that the client has in the **Health Insurance Type** at admission. Choose the appropriate Insurance type.

**Health Insurance Type**

 Determine if the client has health insurance at the time of admission to this program, not whether alcohol/drug treatment is specifically covered by the client's insurance.

36. Choose whether the client **Receives SSI/SSIDI**. Yes or No.

**Receives SSI/SSIDI**

37. Choose whether the client **Receives TANF/TEA/Welfare to Work**. Yes or No.

Receives TANF/TEA/Welfare to Work

38. Choose whether the client is receiving **Opioid Treatment**. Yes or No.

Opioid Treatment

39. Choose the **DSM Code** for the client. Enter the primary DSM Code as defined in the DSM-IV if “Yes” was chosen at the Dually Diagnosed or Alcohol /Drug DSM Code.

DSM Code

 Indicate the appropriate code as defined in the DSM-IV for the client’s primary diagnosis. A valid entry generally will have 3 characters and a decimal point followed by 1 or 2 characters. Example: (XXX.xx,)

40. Choose the client’s **Living Arrangements**.

Living Arrangements

41. Choose the client’s **Client Veteran Status**. Yes or No.

Client Veteran Status

 Choose “Yes’ if a veteran is a person 16 years or over who has served (even for a short time) but is not serving, on active duty in the US Army, Navy Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Services or National Oceanic and Atmospheric Administration, or who served in the National Guard or Military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps.

42. Choose what type of income that the client has in the **Client Income Source**.

Client Income Source

 For children under 18, this will be the parent’s primary source of income/support.

43. Choose the way that the client is expected to pay for treatment in the **Expected Payment Source**.

Expected Payment Source

44. Choose **Not In Labor Force (NIF)** that applies to the client at admission for the **Detail NIF Code**. *\*See Glossary for definitions*

Detail NILF Code

 Only choose if the client is NILF on the [Employment as Admit](#).

45. Choose the Criminal Referral that applies to the client at admission for the [Detail Criminal Referral](#).

Detail Criminal Referral

46. Choose the US Citizenship that applies to the client at admission.

US Citizen

47. Choose [Social Support Program in last 30 days](#) that applies at the time of admission.

[Social Support Program in last 30 days](#)

 This is a frequency of attendance at self-help programs in the 30 days prior to admission and the number of times a client has attended a self-help program in the 30 days preceding the date of admission to treatment services. This includes attendance at AA, NA, and other self-help/ mutual groups that focus on recovery from substance and dependence. This is only voluntary self-help substance abuse recovery support groups it cannot be involuntary.

46. Re-enter Client ID for confirmation.

Re-enter Client ID for confirmation

 **\*\*Please recheck everything that is on the Admission Report (AR) before submitting the form. You cannot delete the form. \*\***

 **On June 30<sup>th</sup> of each year will be the last day that you can enter a client for the State Fiscal Year. On July 1 each year will be a new State Fiscal Year.**

## Section 1.04 *Entering a Substance Usage at Admission*

On the Admission Report, the Substance Abuse at Admission will be viewed at the bottom of the page; this will complete the alcohol/drug usage in order to complete the Substance Information. It is important to know that ADMIS distinguishes between chemical substances that are problems, those that were merely used during 30 days prior to admission, and whether the client has ever used a needle to administer drugs.

Each client's alcohol/drug problem(s) is to be individually assessed. Do not compare one client's pattern of alcohol/drug involvement with that of another client.

**Problem drug(s):** From the drug types, identify and enter the drug(s), which causes the client's dysfunction at the time of admission. Identify any drug used intravenously/intramuscularly at any time during the client's drug taking history.

1. Before you click submit the admission report “Substance Usage at Admission” has to be entered.

The screenshot shows a web browser window with the URL [https://www.arkansas.gov/arkadms/new\\_Treatment.aspx](https://www.arkansas.gov/arkadms/new_Treatment.aspx). The page title is "Add New Treatment, Environment and Substance Usage at Admission". The form contains several input fields and dropdown menus for admission details, including:

- Admit (dropdown)
- Development Program (dropdown)
- Number Convictions 12 months prior to this admit (text input)
- Number Prior Admissions to Any Treatment Program (text input)
- Number Arrests in last 30 Days (text input)
- County Code at Admit (dropdown)
- Months Since Last Discharge (text input)
- Health Insurance Type (dropdown)
- Dually Diagnosed (dropdown)
- Receives TANF/TEA/Welfare to Work (dropdown)
- Receives SSI/SSDI (dropdown)
- Opoid Treatment (dropdown)
- DSM Code (text input)
- Client Living Arrangements (dropdown)
- Client Veteran Status (dropdown)
- Client Income Source (dropdown)
- Expected Payment Source (dropdown)
- Detail NILF Code (dropdown)
- Detail Criminal Referral Code (dropdown)
- US Citizen (dropdown)
- Social Support Program in last 30 days (dropdown)
- Re-enter Client ID for confirmation (text input)

Below these fields is a section titled "Substance Use at Admission" with a table:

	Drug Type(s)	Problem Severity	Frequency of Use	Usual Route	Age at first use
Primary					
Secondary					
Tertiary					
IV / IM					

A "Submit" button is located below the table.

2. Choose the [Drug Type](#) whether it was a primary problem, secondary problem, tertiary, or is an IV/IM user. *\*See Appendices for the list of Drug Types.*

For ADMIS purposes IV/IM, and any subcutaneous or "skin popping" injection should be included in this column. A **DRUG TYPE** MUST BE INDICATED.

- An alcohol/drug treatment programs, (alcohol) will be listed as the primary problem in most cases. However, some clients may be involved with drugs as well. Therefore, if applicable, information regarding use of drugs, other than alcohol, must be recorded.

**EXAMPLE** - A client who has a primary problem of amphetamine, a secondary problem of marijuana, and a previous problem of injecting heroin will show an abuse pattern as shown in the example:

	Drug Type(s)	Problem Severity	Frequency Of Use	Usual Route	Age at First Use
<b>Primary</b>	Amphetamine	_-Choose One-	_-Choose One-	_-Choose One-	
<b>Secondary</b>	Marijuana	_-Choose One-	_-Choose One-	_-Choose One-	
<b>Tertiary</b>	Alcohol	_-Choose One-	_-Choose One-	_-Choose One-	
<b>IV/IM</b>	Herion	_-Choose One-	_-Choose One-	_-Choose One-	

4. **Problem Severity**

From the severity definitions, rank and record the severity for each drug type identified. A high degree of coordination must be maintained between the treatment staff and the person(s) reporting on ADMIS to insure the most accurate and descriptive severity is used. *\*See Glossary for definitions.*

5. **Frequency Of Use**

Choose one of the definitions to indicate the frequency of alcohol or drug use during the 30 days prior to admission for each drug type recorded. If more than one frequency exists, enter the highest frequency. *\*See Glossary for definitions.*

6. **Usual Route**

Choose one of the definitions to indicate the client's most recent usual route of administration at the time of admission. If more than one route of administration exists, enter the most frequent route.

If a client has a current (primary) drug problem, or has within the past month (secondary) had a drug problem with a route of administration of Intravenous or Intramuscular (including subcutaneous), choose the drug in the appropriate column and utilize the IV/IM column, the previous situation does not apply, do not choose anything in this column. *\*See Glossary for definitions.*

**\*\*Do not indicate in more than one of the three columns for the same drug. \*\***

## 6. Age Of First Use

Enter the age of the first use to indicate when the client first became involved on a regular basis in the alcohol/drug type(s). If the exact year is unknown, estimate as closely as possible. First use does not include incidental or irregular sampling provided by a parent. Rather, first use includes initiation of use on one's own or regular supply by others. For IV/IM use, enter the age the client first utilized this route of administration.

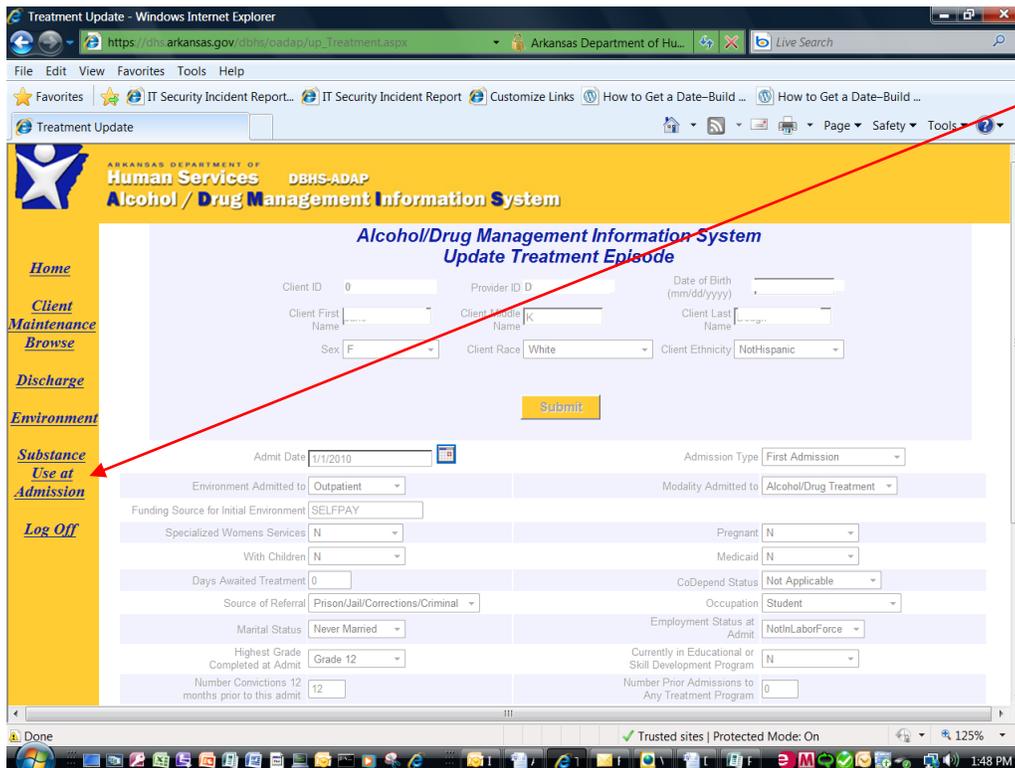
Click “Submit” submit when you’re finished entering the substances.



However, if you just want to see what the Drug Types were at admission:

- Click the link [Client Maintenance](#)
- On the [Browse Active Clients](#) page enter the [Client ID](#) number
- Click [Active Clients](#) and then the [Update Treatment Episode](#) appears
- Click the link for [Substance Usage at Admission](#).

There will also be a link for [Drug Types/Substance Abuse Usage of Admission](#) on the [Discharge](#) page and [Environment](#) page.

A screenshot of a web browser displaying the "Alcohol/Drug Management Information System Update Treatment Episode" form. The form is titled "Alcohol/Drug Management Information System Update Treatment Episode" and contains various input fields and dropdown menus. A red arrow points from the "Substance Use at Admission" link in the left sidebar to the "Substance Use at Admission" section of the form. The form includes fields for Client ID, Provider ID, Date of Birth, Client Name, Sex, Client Race, Client Ethnicity, Admit Date, Admission Type, Environment Admitted to, Modality Admitted to, Funding Source for Initial Environment, Specialized Womens Services, Pregnant, With Children, Medicaid, Days Awaited Treatment, CoDepend Status, Source of Referral, Occupation, Marital Status, Employment Status at Admit, Highest Grade Completed at Admit, Currently in Educational or Skill Development Program, Number Convictions 12 months prior to this admit, and Number Prior Admissions to Any Treatment Program.

1. Click [Substance Use at Admission](#)

## Section 1.05 Entering an Environment Change Report

An Environment Change Report (ECR) is to be completed on those active clients within a program who, during the course of treatment, move from one type of treatment environment to another. There are four (4) service environments defined by OADAP: Detoxification Unit, Residential Unit, Day Treatment Unit, and Outpatient Unit. **An ECR should always be used if the client has been entered as detoxification environment on the AR and is being transferred to residential environment or vice versa.**

An active client may need to be moved on more than one occasion in order to provide the most effective treatment. This is acceptable; however, an ECR must be completed for each change. This report is to be used for active clients only. The ECR is to be used to verify billing activities for the various active clients and to assess contracted capacity levels for each funded program.

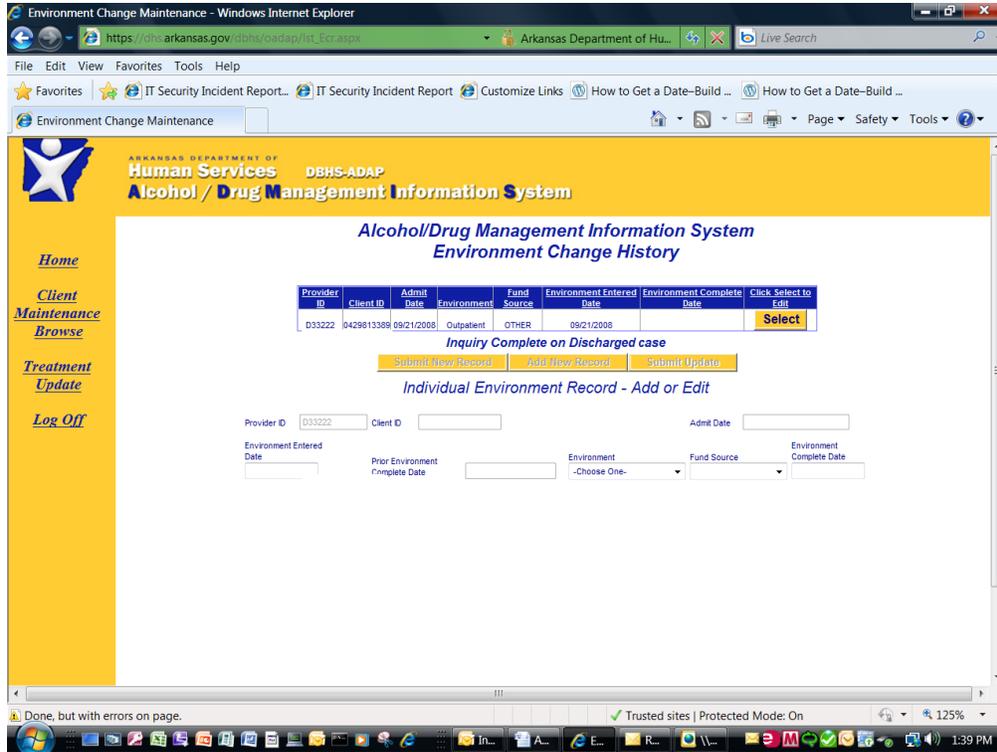
1. Suppose a client has finished one type of treatment and is entering another type of treatment this is where the Environment Change Report becomes handy.

- Click the link [Client Maintenance](#)
- On the [Browse Active Clients](#) page enter the [Client ID](#) number
- Click [Active Clients](#) and then the [Update Treatment Episode](#) appears
- Click [Active Clients](#) and the [Update Treatment Episode](#) appears
- Look to your left of the screen and click on the link [Environment](#)

The screenshot shows the 'Update Treatment Episode' form in the Alcohol/Drug Management Information System. The form is titled 'Alcohol/Drug Management Information System Update Treatment Episode'. It contains several sections of input fields and dropdown menus. A red arrow points from the 'Environment' link in the left sidebar to the 'Environment Admitted to' dropdown menu in the form. The form fields include: Client ID, Provider ID (D91), Date of Birth, Client First Name, Client Middle Name, Client Last Name, Sex (F), Client Race (White), Client Ethnicity (NotHispanic), Admit Date (1/12/2010), Admission Type (First Admission), Environment Admitted to (Outpatient), Modality Admitted to (Alcohol/Drug Treatment), Funding Source for Initial Environment (SELPAY), Specialized Womens Services (N), Pregnant (N), With Children (N), Medicaid (N), Days Awaited Treatment (0), CoDepend Status (Not Applicable), Source of Referral (Prison/Jail/Corrections/Criminal), Occupation (Student), Marital Status (Never Married), Employment Status at Admit (NotInLaborForce), Highest Grade Completed at Admit (Grade 12), Currently in Educational or Skill Development Program (N), Number Convictions 12 months prior to this admit (12), and Number Prior Admissions to Any Treatment Program (0).

1. Click Environment

2. After you have clicked the link [Environment](#), this page should be showing.



3. Click Add New Record.



4. After the Environment page is showing, the Provider ID should automatically appear in the Provider ID box. The Client ID automatically shows.



5. The Client's Admit Date automatically appears.



6. Click 

7. Enter the **Environment Entered Date** that the client has entered in this environment. The date should be in this format: (mm/dd/yyyy)

Environment Entered Date

- 8 The **Prior Environment Date** is automatic by the system.

Prior Environment Date

9. Choose the **Environment** that the client is entering for treatment.

Environment

10. Choose the **Fund Source** that was given by OADAP according to the grant a contract award.

Fund Source

11. Enter **Environment Complete Date** only if client has finished in the treatment in Detoxification Unit, Residential Unit, Day Treatment Unit, and Outpatient Unit. The date should be in this format: (mm/dd/yyyy)

Environment Complete Date

12. After completion of an Environmental Change, click **Submit New Record**.

**Submit New Record**

13. If the client is leaving one area of treatment to another area of treatment, click **Submit Update**. For example, the client was in Detoxification then the client was environmentally changed to residential, you would do an Environmental Change Report for the client.

**Submit Update**

**!** **Caution:** Please make sure everything is correct before clicking any of the buttons and please make sure that the counselor wants the client in that type of treatment. Once it is clicked or submitted **you will not be able to delete** the Environmental Change Report. However, you may change the Environment, Fund Source, and Environment Complete Date of this record or click any of the active buttons to perform another action. Be sure to click the '**Submit Updates**' button to save your changes.

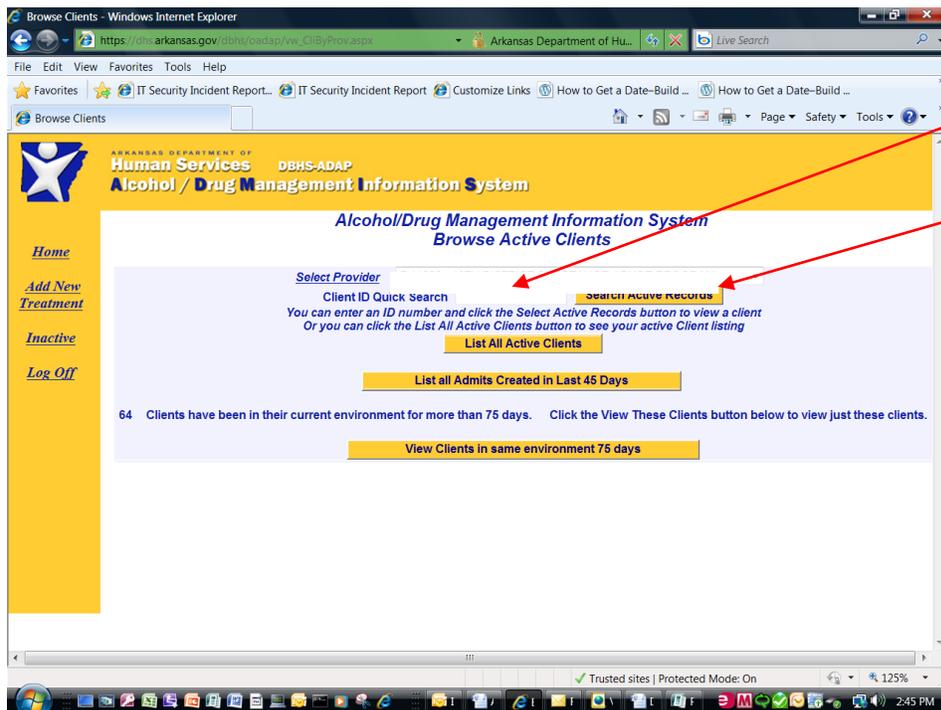
## Section 1.06 Entering A Discharge Report (DR)

The Discharge Report (DR) is to be completed for every client discharged from treatment at the facility, regardless of the reason. The Discharge Report provides data on discharge status, a client's characteristics, alcohol/drug use, and time in treatment. There upon, the program staff no longer has clinical or administrative responsibility for the client's alcohol/drug treatment.

The Discharge Report collects information on the client's socio-demographic characteristics, discharge status, alcohol/drug use at discharge, and time in treatment. For every client on whom an ADMIS Admission Report has been submitted, a Discharge Report must be completed.

If a client has not had a face-to-face contact for 90 days, the program should discharge the client from ADMIS. The discharge date would be 90 days after the last face-to-face contact.

**For Example:** A client has finished his residential treatment and he/she needs to be discharged. Go to the [Main System Menu](#) then click on the link [Client Maintenance](#) enter the [ClientID](#) and click "Search Active Records". Or you could click from the [New Treatment Episode](#) page (Admission Report), or from the [Environment](#) page.

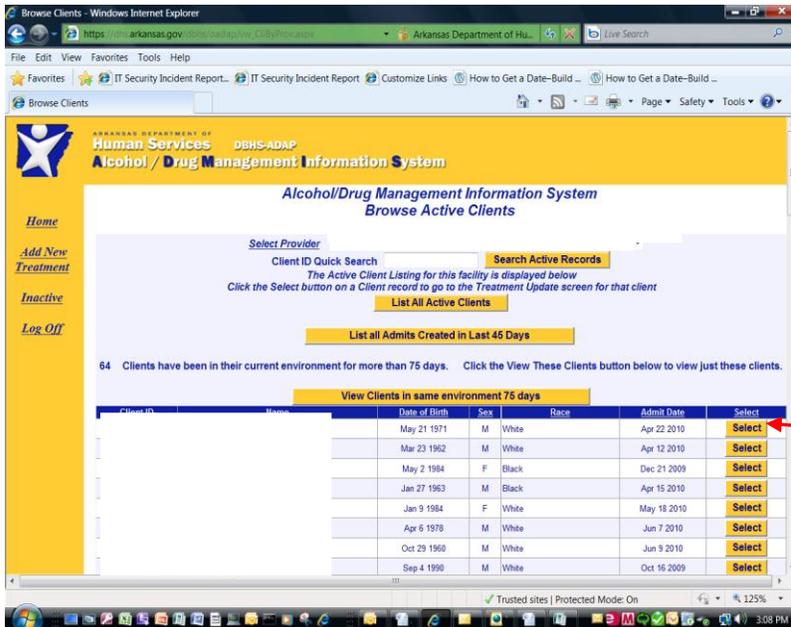


1. Enter ClientID

2. Click "Search Active Records"

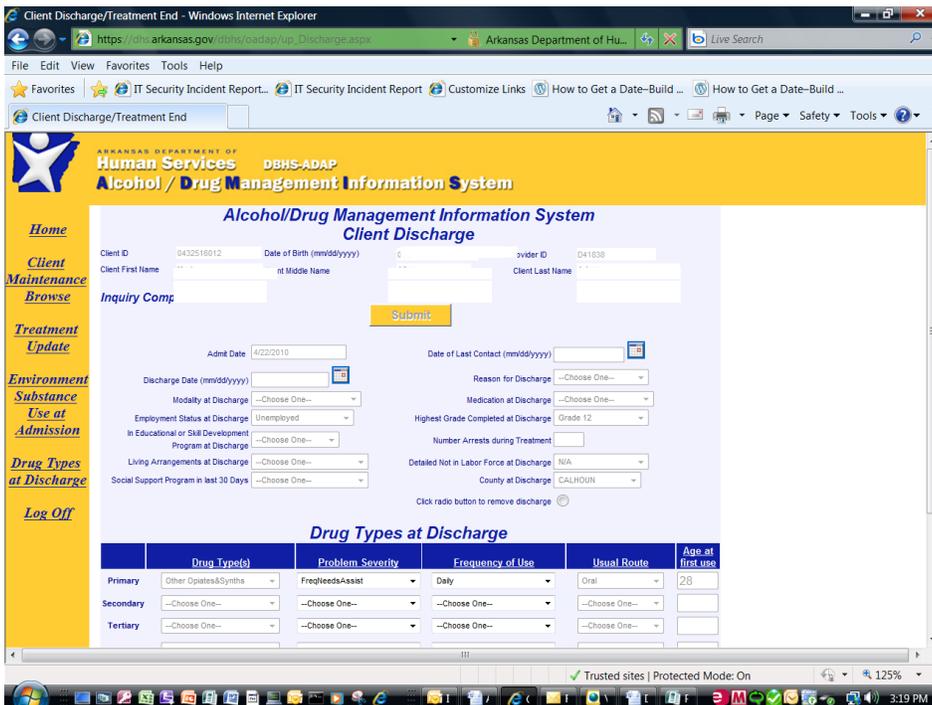
Or

Another option is to click “List of Active Clients”, click at the end of the client table, and click Select.



1. List of Active Client and click “Select” on the table for the client that you want to discharge.

2. After you click the link this will appear.



3. Choose the date by the calendar or enter the **Date Last of Contract** with the client. The date should be in this format: (mm/dd/yyyy).

**Date Last of Contract**  

4. Choose the date by the calendar or enter the **Discharge Date** that the client completed treatment. The date should be in this format: (mm/dd/yyyy).

**Discharge Date**  

5. Choose one of the **Reason for Discharge**. All data pertains to the client at the time of his/her last face-to-face treatment contact.

**Reason for Discharge**

6. Choose the modality code to indicate the geographic unit. *\*Please see Glossary for definition.*

**Modality at Discharge**

7. Choose what type of medication the client needed or choose that the client did not need **Medication at Discharge**.

**Medication at Discharge**

8. Choose the **Employment Status at Discharge**.

**Employment Status at Discharge**



The employment status definition indicates if the client is employed (includes self - employment) or unemployed at the time of discharge. (Definitions are consistent with those of the U.S Bureau of Labor Statistics.)

In order for a client to qualify as being employed the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client whose sole source of income is derived from these monies would not be considered employed. Income through illegal drug sales is not considered legal employment. If the client is not employed choose **Not In Labor Force**.

9. Choose the Highest Grade Completed at Discharge.

Highest Grade Completed at Discharge

10. Choose whether the client is in an In Educational or Skill Development Program at Discharge.

In Educational or Skill Development Program at Discharge

 This indicates the client is attending an educational or skill development program on a full or part-time basis at the time of discharge. Participation in an educational program is attendance at a school or college from which the client will receive a diploma or degree. High school equivalency programs are included. On the Job Training (OJT) is considered to be participation under this item as is enrollment as a client under Rehabilitation Services. Participation in a skill development program provides the client with vocational training (for example; clerk, barber, or mechanic).

11. Enter the number of times the client states he/she was arrested and booked during his/her current treatment episode. **This is a numerical (integer) not an alphabetic character.**

Number Arrests during Treatment

12. Choose Living Arrangements at Discharge.

Living Arrangements at Discharge: Homeless, DepLiving, IndepLiving, Unknown

Living Arrangements at Discharge

13. Choose Detailed Not in Labor Force at Discharge. *\*See Glossary for definitions*

Detailed Not in Labor Force at Discharge

 Only choose if the client is NILF on the Employment as Discharge.

14. Choose the Social Support Program in last 30 Days

Social Support Program in last 30 Days

 This is a frequency of attendance at self-help programs in the 30 days prior to discharge and the number of times a client has attended a self-help program in the 30 days preceding the date of admission to treatment services. This includes attendance at AA, NA, and other self-help/ mutual groups that focus on recovery from substance and dependence. This is only voluntary self-help substance abuse recovery support groups it cannot be involuntary.

15. Choose the County at Discharge.

County at Discharge

 This is the client's primary residency county code (if the client has a permanent residency). This can be different than it was on the Admission Report if the client has moved their place of residency. *County codes are provided in the Appendices.*

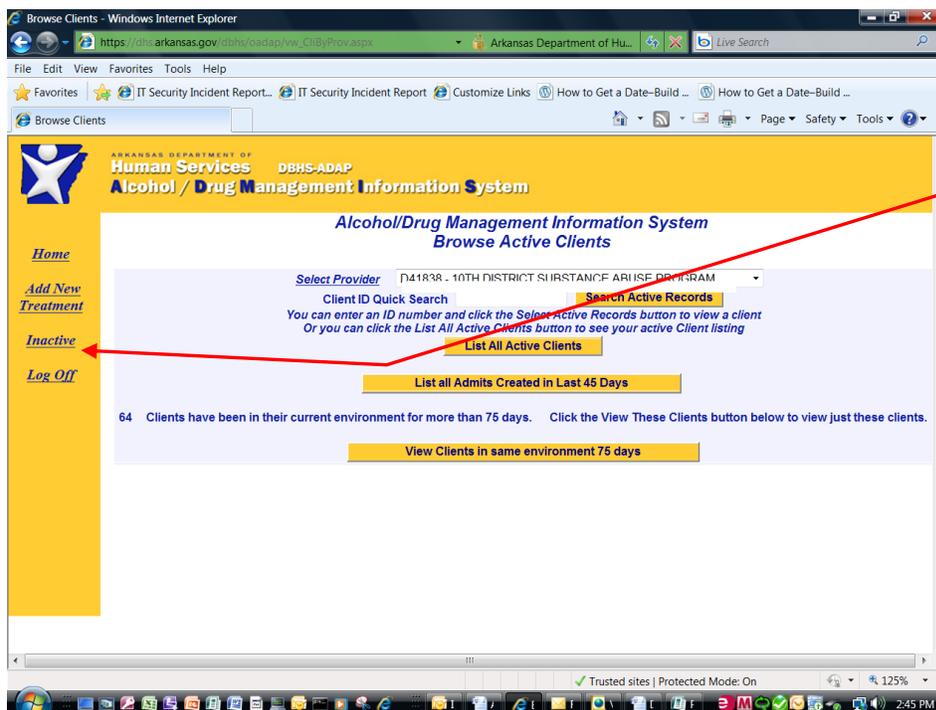
16. You have an option to remove the discharge just in case that the discharge is entered wrong or the client needed more treatment than anticipated. Remove discharge date. Click the radio button to remove the discharge after you have changed the discharge date.

Click radio button to remove discharge

 Click “Submit” submit when you’re finished after you entered the discharge date and selected the radio button to discharge.

**Submit**

Or if you would like to find a discharge client, click on the “Inactive” to search for the client as shown below.



1. Click Inactive

## Section 1.07 Entering Substance Usage at Discharge

Complete the alcohol/drug information. In order to complete the alcohol/drug information, it is important to know that ADMIS distinguishes between chemical substances that are problems and those that were merely used during the 30 days prior to discharge. Again, as with the Admission Report, proper coordination must take place between the clinical/counseling staff and the person(s) completing the report to insure the most appropriate data is reported.

1. After you complete the discharge report, at the bottom of the page **Drug Types of Discharge** must be completed. The same guidelines would be used as the **Substance Usage at Admission** (see **Substance Usage at Admission**) except for these following:

The screenshot shows the 'Client Discharge/Treatment End' form in the ADMIS system. The form is titled 'Alcohol/Drug Management Information System Client Discharge'. It contains several input fields and dropdown menus for recording discharge information. At the bottom, there is a table titled 'Drug Types at Discharge' with the following structure:

	Drug Type(s)	Problem Severity	Frequency of Use	Usual Route	Age at first use
Primary	Other Opiates/Synths	Frog/leeds/Assist	Daily	Oral	28
Secondary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	
Tertiary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	

2. **Drug Type (s)**

This column is faded but you can still see what the admission drug usage was at admission and it cannot be changed.

3. **Problem Severity**

Choose the severity for each drug type(s) identified in the Substance Information at the time of discharge. \*See Glossary for definition.

4. **Frequency of Use**

Choose the frequency of use if there has been any use, and if there have been uses of alcohol/drug, choose for each drug type during the 30 days prior to discharge.

5. **Usual Route**

This will be faded out but you can still see what the Usual Route was at Admission and it cannot be changed.

6. **Age at first use**

This will be faded out but you can still see what the Age of first use was at Admission and it cannot be changed.



Click "Submit" submit when you're finished entering the substances.

Submit



If you want to just see the Drug Types at discharge for an individual client:

- Click the Client Maintenance link on the Browse Active Clients page.
- Enter the Client ID number
- Click Search Active Records
- The Update Treatment Episode appears
- Click Discharge link

The Drug Types at Discharge will appear and will show the client's record of Drug Types at Admission or Drug Types at Discharge. As shown below:

**Alcohol/Drug Management Information System Client Discharge**

Client ID: 0432516012    Date of Birth (mm/dd/yyyy): 05/21/1971    Provider ID: D41838  
 Client First Name: Mark    Client Middle Name: Allen    Client Last Name: Adams

**Inquiry Completed**

Admit Date: 4/22/2010    Date of Last Contact (mm/dd/yyyy): [Calendar Icon]

Discharge Date (mm/dd/yyyy): [Calendar Icon]    Reason for Discharge: --Choose One--  
 Modality at Discharge: --Choose One--    Medication at Discharge: --Choose One--  
 Employment Status at Discharge: Unemployed    Highest Grade Completed at Discharge: Grade 12  
 In Educational or Skill Development Program at Discharge: --Choose One--    Number Arrests during Treatment: [Text Box]  
 Living Arrangements at Discharge: --Choose One--    Detailed Not in Labor Force at Discharge: N/A  
 Social Support Program in last 30 Days: --Choose One--    County at Discharge: CALHOUN

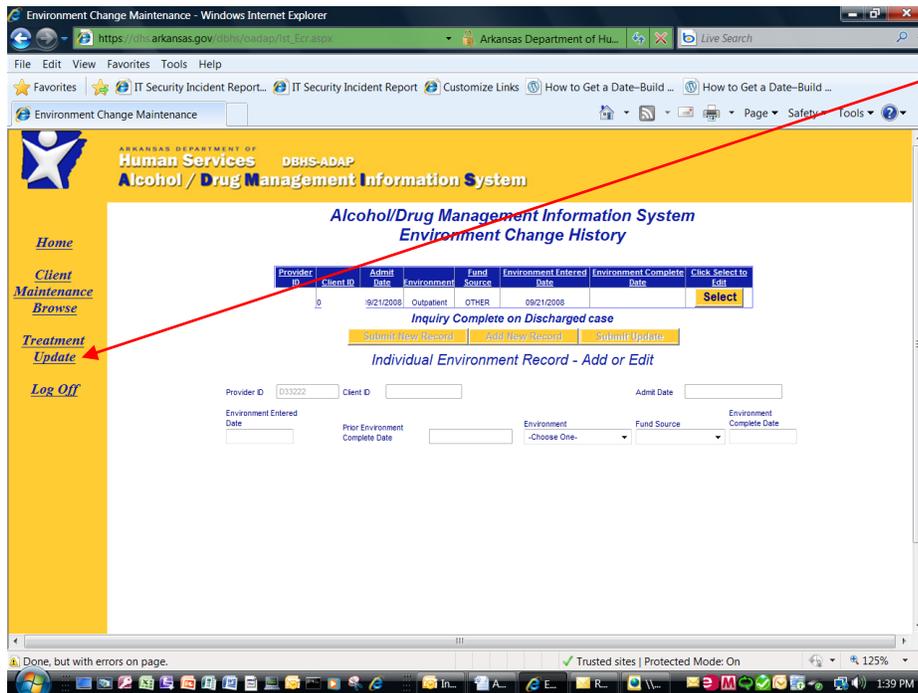
Click radio button to remove discharge:

**Drug Types at Discharge**

	Drug Type(s)	Problem Severity	Frequency of Use	Usual Route	Age at first use
Primary	Other Opiates&Synths	FreqNeedsAssist	Daily	Oral	28
Secondary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	
Tertiary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	

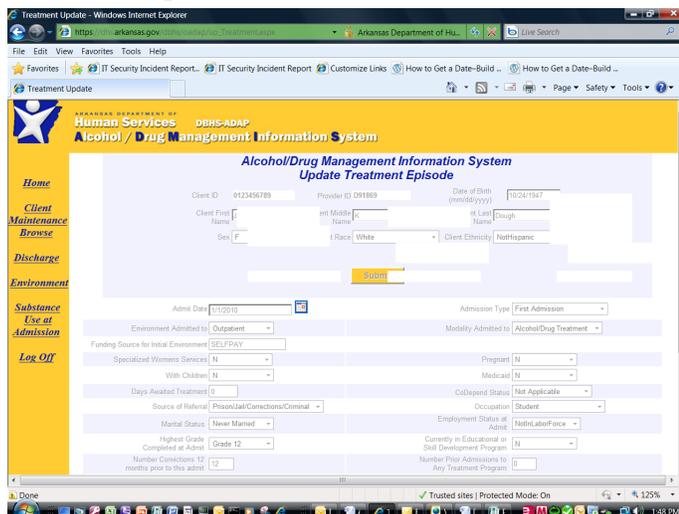
## Section 1.08 Entering an Admission Update

The Admission Report can be updated by clicking the [Environment Change](#) link then by clicking on the [Treatment Update](#) link or by entering the ClientID at the [Browse Active Clients](#) link. You would use this whenever you need to correct admissions data associated with the [Treatment Episode](#) before the billing downloads on the 8<sup>th</sup> of each month.



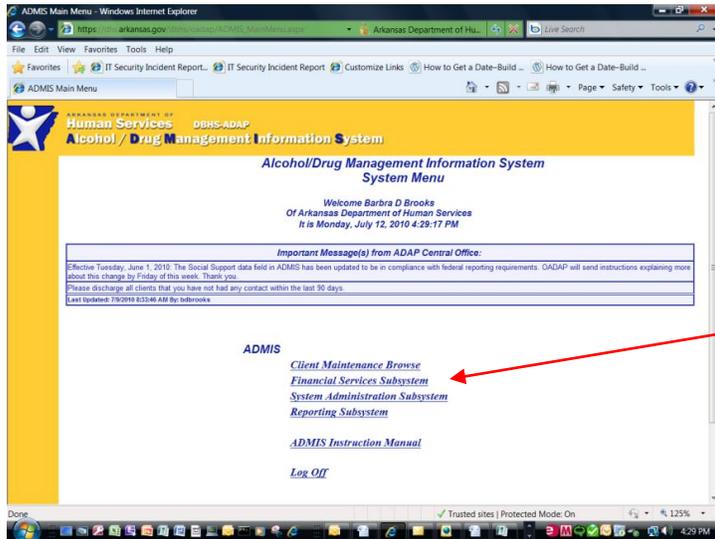
1. Click Treatment Update

1. After you click the [Treatment Update](#) link this is where you can update a treatment episode or Admission Report. The same guidelines would follow as entering an Admission Report.  
*\*See Admission Report*

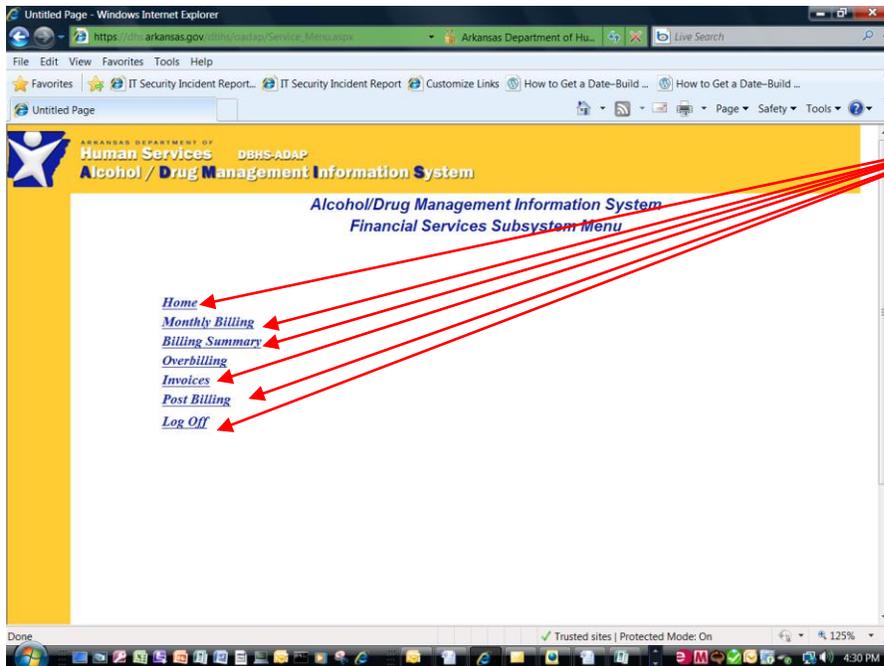


## Section 1.09 Financial Services Subsystem

The **Financial Services Subsystem** is located on the **Main System Menu**. It provides different areas that support the monthly billing processes for each month. After clicking on the link **Financial Services Subsystem** these different links can be viewed on the **Services Subsystem Menu**: **Monthly Billing**, **Billing Summary**, **Over Billing**, **Billing Adjustments**, **Invoices**, and **Post Billing** and are easily accessible by a click of a mouse.



1. Click Financial Services Subsystem



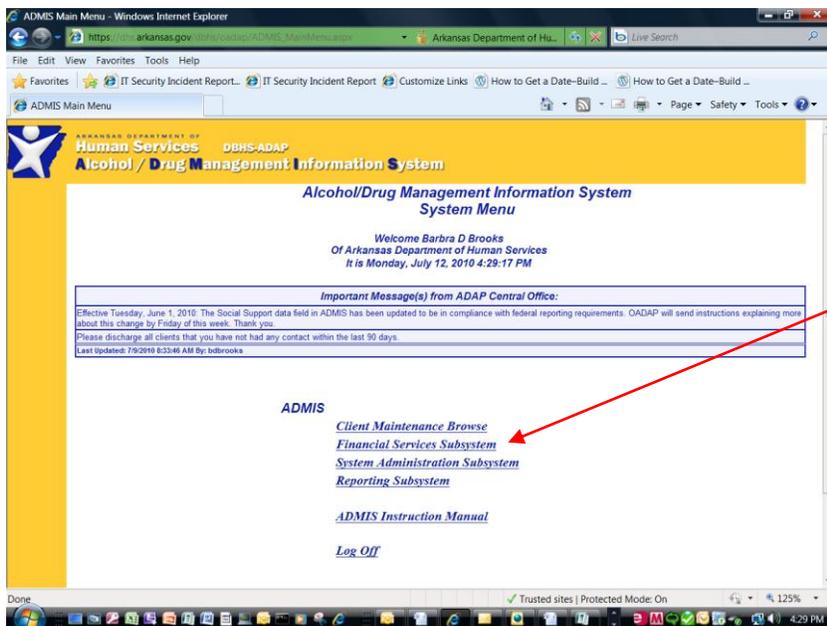
2. Click on any of these links on the Financial Services Subsystem Menu

## Section 1.10 Monthly Billing

The **Monthly Billing** is always created taking a month behind the normal month cycle of the year. All **Admission Reports**, **Environment Change Reports**, and **Discharge Reports** need to be entered before the Office of Systems and Technology will download the billing on the 8<sup>th</sup> of each month at 4:30 P.M. the facility/program has five (5) working days to calculate outpatient units, verify residential days, and approve the billing pages. The billing ends the 15<sup>th</sup> of each month unless it is a holiday or weekend if this occurs then it will be the next business day. After the facility/program has approved all billing pages, the provider notifies the ADMIS Administrator that the billing has been approved by telephone call or e-mail that the billing has been approved and it is ready for him/her to post.

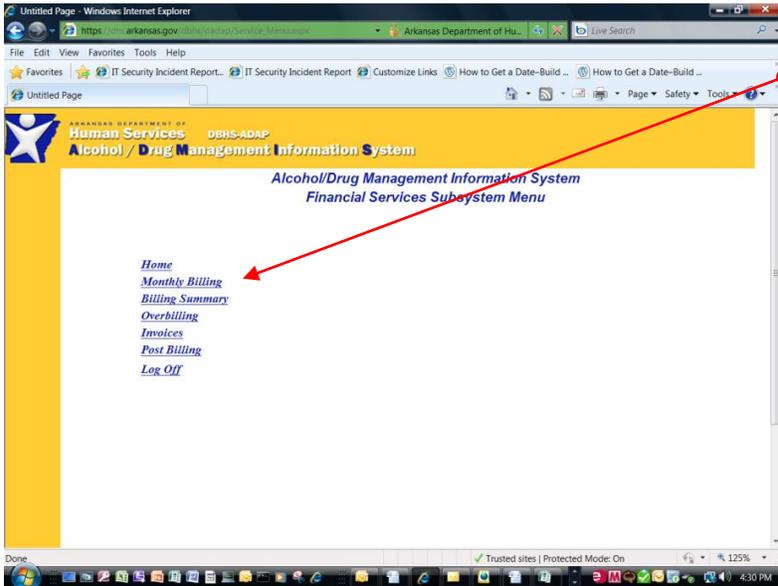
The OADAP ADMIS Administrator will post the ADAP billing and the provider by telephone or by E-mail that the billing has been posted. The provider will print out their invoices with the authorized and fax it to OADAP. The OADAP ADMIS Administrator will print the bill, and an authorized OADAP staff member for signature at the beginning of the year each provider must submit a statement to OADAP authorizing for OADAP to sign and process ADMIS generated billing. The signed original will be sent to the DHHS Finance for process of payment.

1. In order for you to get to the **Monthly Billing** page, click the **Financial Services Subsystem** link on the **Main System Menu**.



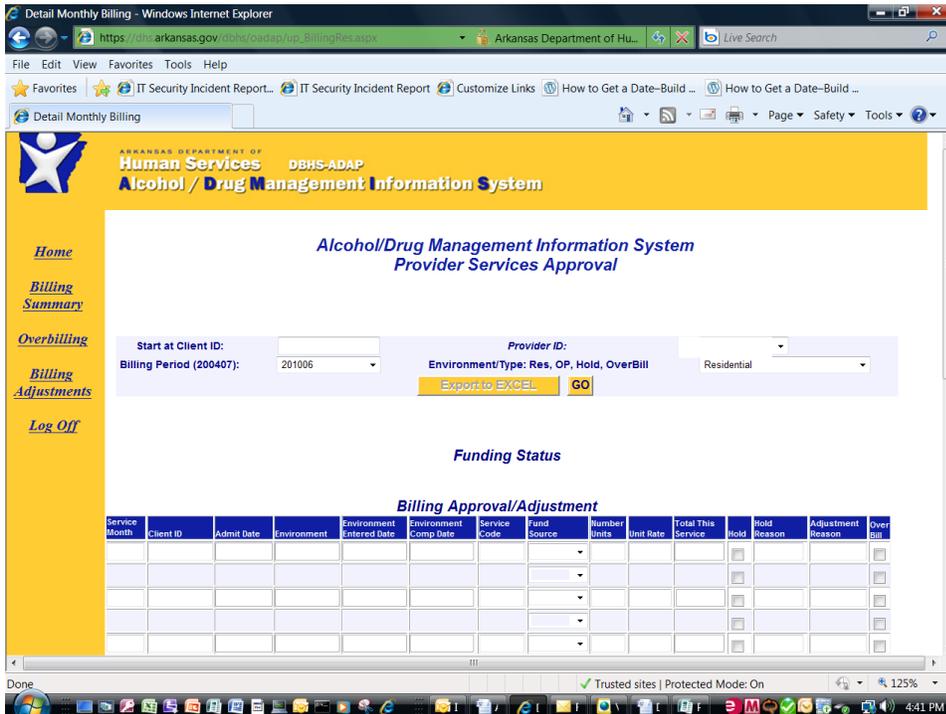
1. Click Financial Services Subsystem

2. Click the **Monthly Billing** link.



1. Click **Monthly Billing**

3. After you click the **Monthly Billing** link this page will appear.



4. You can either enter [Start at Client ID](#). On the other hand, if you do not want to enter the Client ID, you can choose your [Provider ID](#), although this usually appears on the system.

Provider ID

5. Choose the [Billing Period](#) that you want to approve or view. In this format: YYYYMM

Billing Period (201007):

6. Choose the [Environment/Type](#): Res, OP, Hold, Over Bill.

Environment/Type: Res, OP, Hold, Over Bill

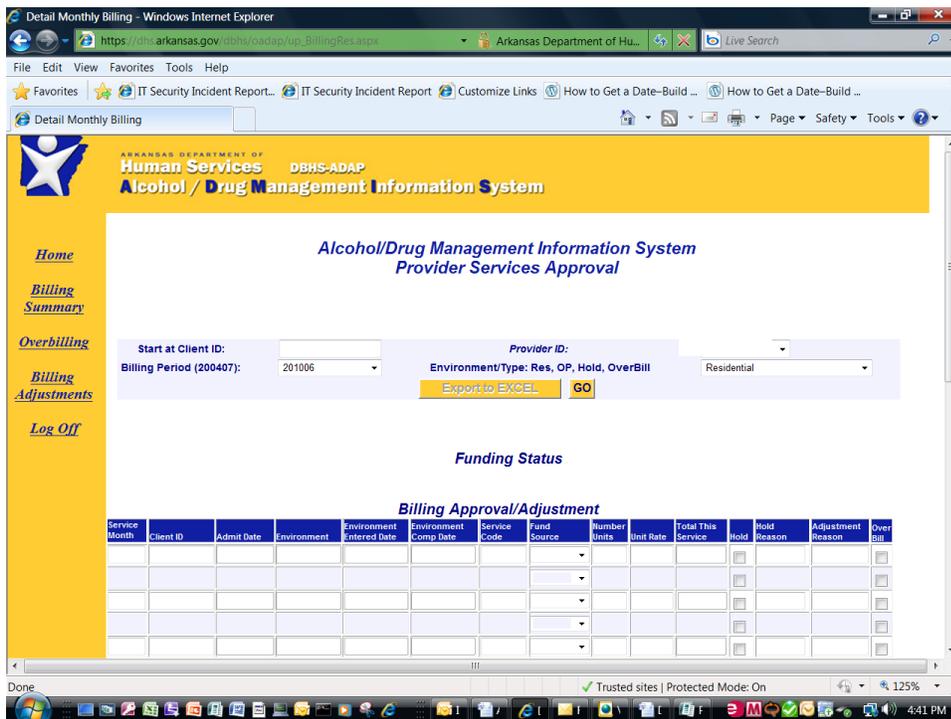
 The dropdown box has these items: Residential, Outpatient, Hold-Residential, Hold – Outpatient, Overbill – Residential, Overbill – Outpatient, Pending Residential, and Pending Outpatient. If you have pending, hold or overbill you can use the drop down box on the [Environment/Type: Res, OP, Hold, Over Bill](#) if you cannot find these on your billing.

7. Click [GO](#).

8. You do have an option to export the page with the information to Excel after you click [GO](#). Just click the button and it will [Export it to Excel](#).

## Section 1.11 Billing Approval/Adjustment

The Billing Approval function is where the Service Month, Client ID, Admit Date, Environment, the Environment Enter Date, Service Code (Residential, Outpatient, etc.), the Fund Source, the Number of Units, the Unit Rate, Total This Service, Hold, Hold Reason, Adjustment Reason, and Over bill are located. Also shows the Funding Status on the contracts/grants that you receive.



- In certain columns you cannot change anything to adjust your billing on this page. These are the Service Month, Client ID, Admit Date, Environment Entered Date, Environment Completion Date, and the Service Code.

The Environmental Change Report cannot be changed after it is submitted. **The only way that you will be able to change these items is before the billing downloads on the 8<sup>th</sup> on each month before 4:30 P.M.**

Service Month	Client ID	Admit Date	Environment	Environment Entered Date	Environment Comp Date	Service Code
---------------	-----------	------------	-------------	--------------------------	-----------------------	--------------

- The Fund Source, the Number of Units, and the Unit can be changed after the billing has run. The Fund Source shows the contracts/grants that are available for your facility, and can be adjusted by choosing the funding after the billing has downloaded.

The number of units is automatically calculated by the system, however, it can be adjusted for billing purposes, and it is calculated by what was entered by the dates in the [Admission Report](#) or [Environment Change Report](#), or [Discharge Report](#).

Fund Source	Number Units	Unit
-------------	--------------	------

- The [Unit Rate](#) is given by OADAP per group, outpatient, residential, and intake. For example, outpatient individual is \$14.30 per unit. It is figured in by quarters \* \$14.30 or every 15 minutes. This would be in the [Total This Service](#) column.

The billing for client's can be put on [Hold](#) if the billing is over billed or not enough funds for this service. Additionally, in the column enter the reason why it is put on hold in the [Hold Reason](#) column.

The [Adjustment](#) column and [Adjustment Reason](#) will automatically be added in this column for when a billing adjustment has been made. The [Over Bill](#) column can be checked if there are not enough funds.

For example, suppose that you do not have enough funding to pay for all clients seen for a particular month, you can click the box for [Over Bill](#). Along these lines, the [Hold](#) and [Over Bill](#) can be used later and used in your billing.

Unit Rate	Total This Service	Hold	Hold Reason	Adjustment Reason	Over Bill
-----------	--------------------	------	-------------	-------------------	-----------

- If you cannot see the entire client's billing for the billing month entered in one page, there is a [Next Page](#) button and [First Page](#) at the bottom of the page. It is easy to look at all the pages by clicking on the buttons that are provided.

[Next Page](#)

[First Page](#)

- At the bottom of the page is a [Submit Update](#) button that needs to be clicked after all adjustments have been made or the system will not recognize that adjustments have been made.

[Submit Update](#)

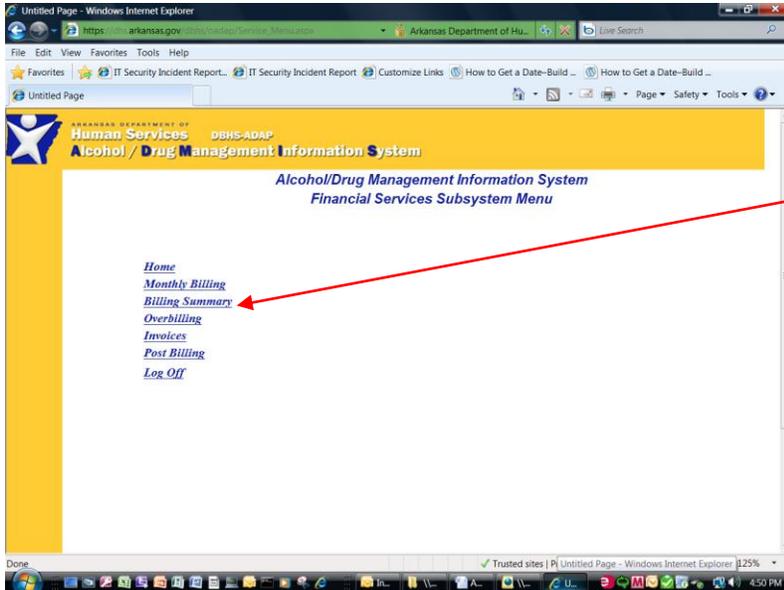
8. After you have made all your adjustments and clicked the [Submit Update Button](#), and are satisfied with the billing, it is time for approval of your billing. The [Approval All Pending](#) button is located on the first page on the bottom of the page.

**Approval All Pending**

-  After the billing is approved contact your ADMIS System Administrator by e-mail or by telephone to post your billing.

## Section 1.12 Billing Summary by Program and Service

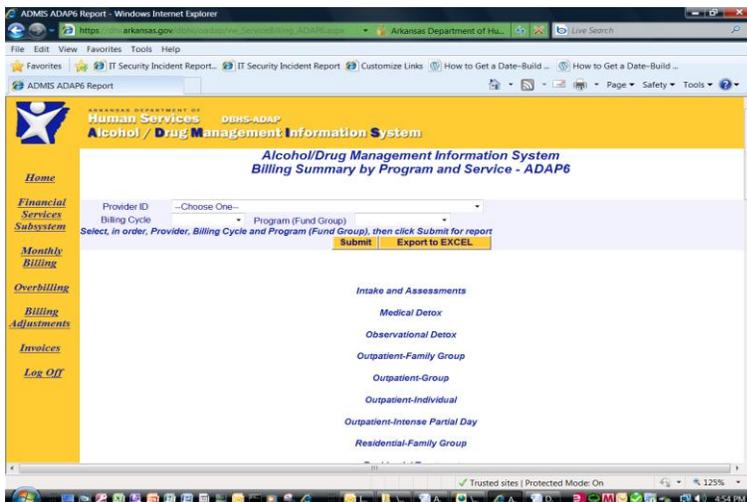
The **Billing Summary** page is a quick view of all the billing by the **Billing Cycle** and the **Program (Fund Group)** that has been entered for the billing month. This page also gives the total of all services that have been billed for the current billing month. It can be retrieved from the **Financial Services Subsystem Menu** by clicking on the link **Billing Summary** or by the **Monthly Billing**, **Billing Adjustments**, and **Invoices** pages and the options are visible on the left side of the page of all billing pages.



1. Click Billing Summary

1. The **Provider ID** will automatically be put on the screen.

Provider ID



2. The [Billing Cycle](#) that you would like to view can be seen by choosing the cycle.

[Billing Cycle](#)

3. Choose the [Program \(Fund Group\)](#). The [Program \(Fund Group\)](#) is the funds that OADAP has given to be utilized.

[Program \(Fund Group\)](#)

4. After you have chose what [Billing Cycle](#) and [Program \(Fund Group\)](#) click [Submit](#).

[Submit](#)

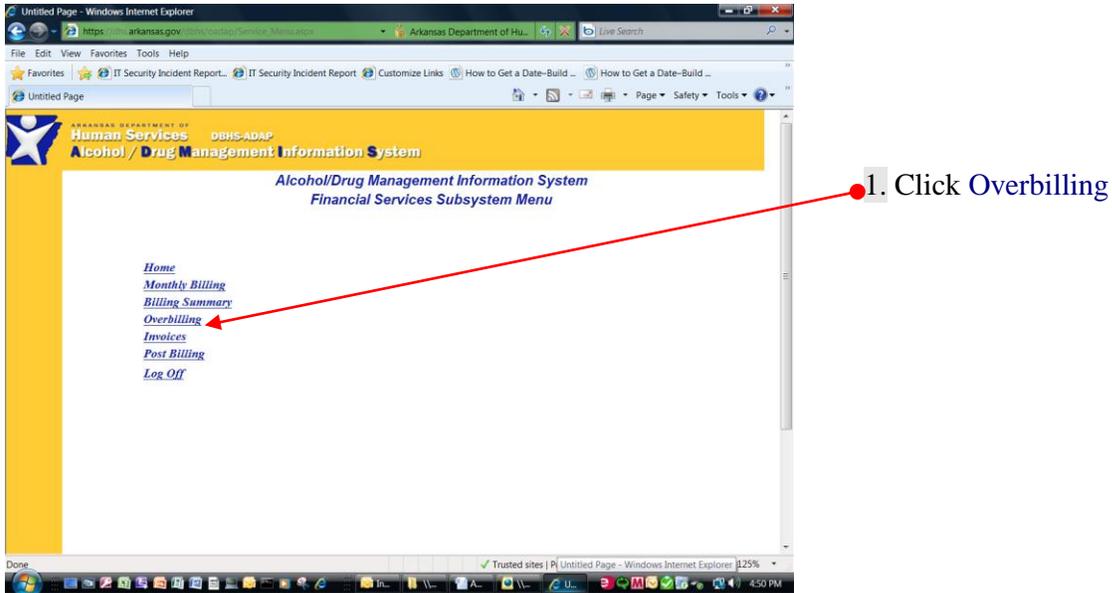
5. If you want to export the [Billing Summary](#) to Excel, you can click [Export to Excel](#) before clicking [Submit](#) or after clicking [Submit](#).

[Export to Excel](#)

## Section 1.13 Overbilling

The **Over Billing** screen is a complete report of the overall over billing for each funding source and each service code that are provided in the report. The report shows after choosing the **Program (Fund Group)** and clicking submit. The Client ID, Begin Date, End Date, Billing Cycle, the Service Description, Units, Rate, and the Amount are shown on the screen.

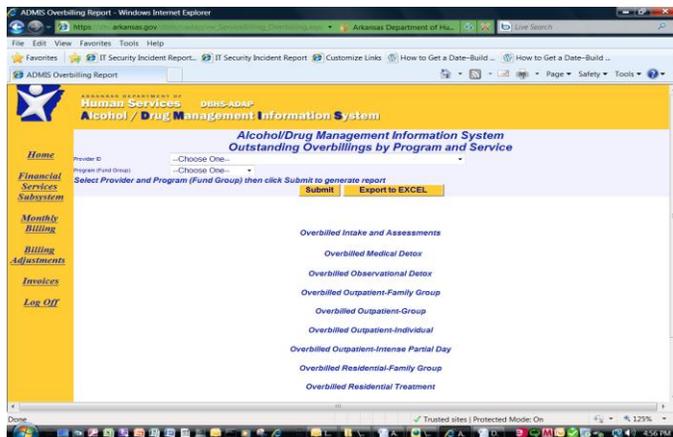
The **Over Billing** page is located on the **Financial Services Subsystem Menu** and located on the left of the screen on all the billing pages.



The picture below is the screen that will be revealed after clicking the link to **Over Billing**.

1. The **Provider ID** will automatically be put on the screen.

Provider ID



2. Choose the **Program (Fund Group)**. The **Program (Fund Group)** is the funds that OADAP has given to be utilized.

Program (Fund Group)

3. Click the **Submit** button.

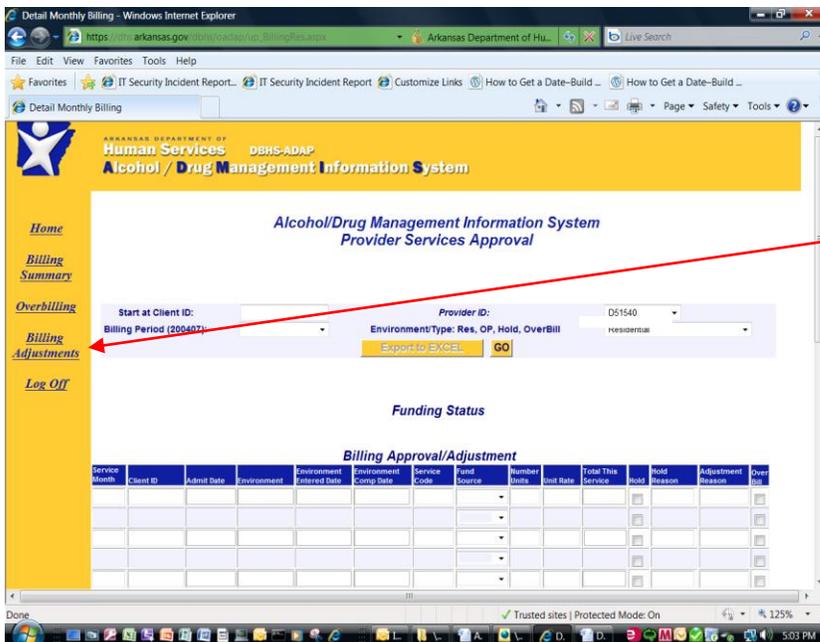
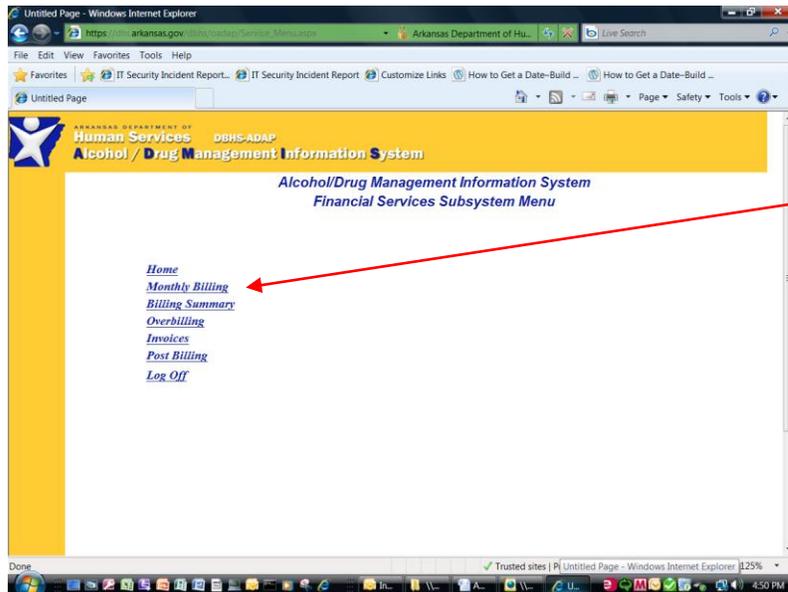
**Submit**

4. The Report can be exported to Excel after the **Submit** button is clicked or before the **Submit** button is clicked.

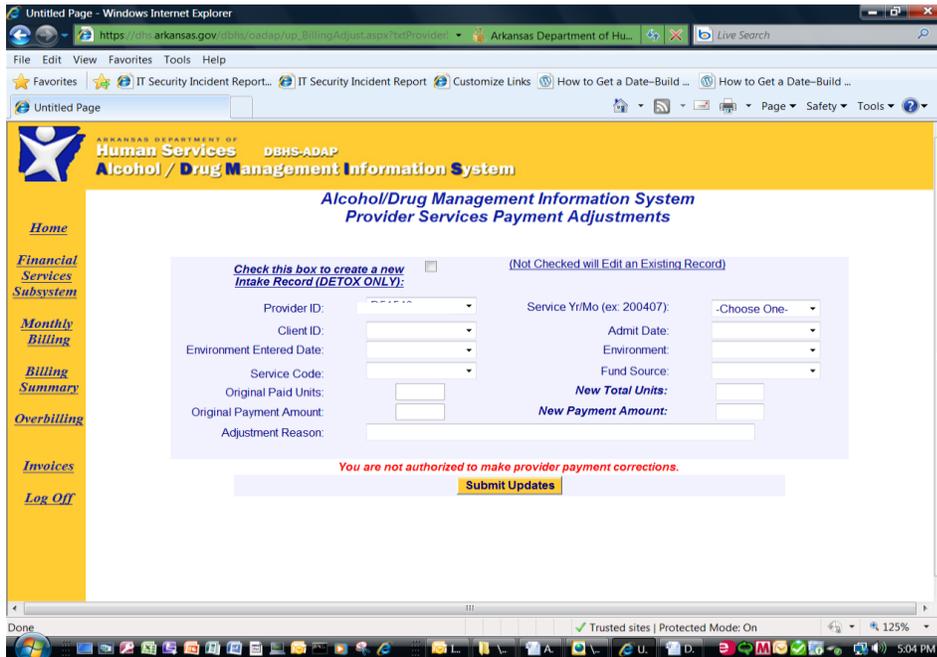
**Export to Excel**

## Section 1.14 Provider Services Payment Adjustment

The [Provider Services Payment Adjustments](#) page is where a provider can make adjustments with their billing. For example, OADAP overpaid a provider for a certain client by accident. A check was sent with more money than the provider should have gotten. The Provider can go to this page and adjust the amount to pay back a payment to OADAP. If you would like to see the list of clients that you have billed and cannot remember. Go to the Billing Summary page and select the funding and billing month that you would to make an adjustment this will give a list of clients that was billed.



After clicking on the link “Billing Adjustments” this will be revealed.



1. Check the box to create a new **Intake Record (DETOX ONLY)** otherwise the box should not be checked.

**Intake Record (DETOX ONLY)**

2. The **Provider ID** automatically appears.

**Provider ID**

3. Choose the **Service Yr/Mo** The year and month will appear on the drop down menu. The format: YYYYMM

**Service Yr/Mo**

4. Choose the **Client ID** that you would like to adjust. The clients those are currently active for the year and month will appear on the drop down menu.

**Client ID**

5. Choose the **Admit Date**. This will already have the client's **Admit Date** when you drop down the menu that you have chosen to adjust.

**Admit Date**

6. If the client has entered another **Environment** since the beginning of treatment choose, the **Environment Entered Date**. This will already have the client's **Environment Entered Date** when you drop down the menu.

**Environment Entered Date**

7. Choose the **Service Code**.

**Service Code**

8. Choose the **Fund Source**. When you click the drop down menu, the **Fund Source** will appear for what OADAP has given to your facility.

**Fund Source**

9. Enter the **Original Paid Units**.

**Original Paid Units**

10. Enter **New Total Units**.

**New Total Units**

11. Enter **Original Payment Amount**.

**Original Payment Amount**

12. Enter **New Payment Amount**.

**New Payment Amount**

13. Enter **Adjustment Reason**. This will be also be shown on the **Monthly Billing** page in the **Adjustment Reason** column.

**Adjustment Reason**

14. Click the **Submit Updates** button.

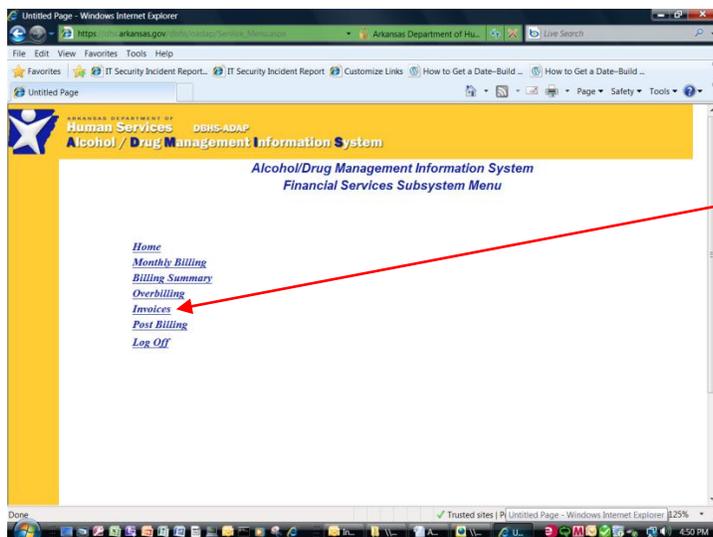
**Submit Updates**

## Section 1.15 Invoices

The **Invoices** are what you turn in to OADAP. After the facility/program has approved all billing pages, the provider notifies the OADAP ADMIS Administrator that the billing has been approved by telephone call or e-mail that the billing has been approved and it is ready for him/her to post. The OADAP ADMIS Administrator will check and for billing errors. If the billing is not posted before printing the **Invoices** out the amount can be wrong or have zero's for the amount on the page.

The ADMIS Administrator will post the billing and notify the provider by telephone or by e-mail that the billing has been posted. The provider will print out their **Invoices** with the authorized signature and fax it to OADAP. The OADAP ADMIS Administrator will print the bill, and an authorized OADAP staff member for signature at the beginning of the year each provider must submit a statement to OADAP authorizing for OADAP to sign and process ADMIS generated billing. The signed original will be sent to the DHHS Finance for process of payment.

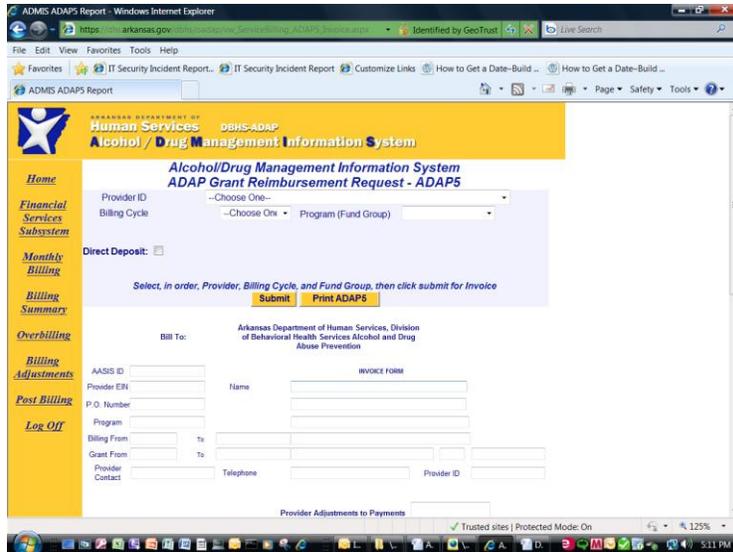
The **Invoices** links are located on the **Financial Services Subsystem Menu**.



1. Click Invoices

- ⚠ When the provider e-mails or telephones the ADMIS Administrator and there is not a response in one day to post the billing, call the main number 501-686-9866 explain your circumstances to the receptionist your facility's billing needs to be posted.

1. After clicking the **Invoices** link this will be shown.



2. Choose the **Provider ID**. The Provider ID and Provider name should automatically appear in the Provider ID box.

Provider ID

3. Choose the **Billing Cycle**. When you click the drop down menu, different **Billing Cycle** (s) will appear.

Billing Cycle

4. Choose **Program (Fund Group)**. When you click the drop down menu, different **Program (Fund Group)** (s) will appear. You will have to choose for each **Program (Fund Group)** that you want for your Invoices.

Program (Fund Group)

5. Check the **Direct Deposit** box if you would like to have **Direct Deposit**.

Direct Deposit

6. Click the **Submit** button. After you click the **Submit** button your Invoice Form will appear with your totals for the **Program (Fund Group)** totals.



7. Click **Print ADAP 5** button.

**Print ADAP 5**

8. After you click the **Print ADAP 5** button this screen appears.

The screenshot shows a web browser window titled "ADMIS ADAP5 Report - Windows Internet Explorer". The address bar shows the URL "https://arkansas.gov/oadap/w/ServiceBilling\_ADAP5\_Invoice...". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page content is an "INVOICE FORM" with the following sections:

- Bill To:** Arkansas Department of Human Services, Director of Alcohol and Drug Abuse Prevention
- INVOICE FORM**
- Fields:** AASIS ID, Provider EIN, P.O. Number, Program, Billing From, Grant From, Provider Contact, Telephone, Provider ID, Name, Billing To, Grant To, Internal Order, Amount.
- Provider Adjustments to Payments:** Net Provider Approved Billing, Adjustments (ADAP use only), ADJUSTED TOTAL.
- State:** Cost Center, Internal Order, Amount.
- Federal:** Cost Center, Internal Order, Amount.
- Signature of Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

9. The top area of the **Invoice Form** will have all these area(s) filled in automatically.

10. The bottom area of the form will have your billing amount and when you make the adjustments by the **Billing Adjustments** page it will appear in the **Provider Adjustments to Payments** box or the billing amount can be entered by the **Provider Adjustments to Payments** box. OADAP can make adjustments as well. The **ADJUSTED TOTAL** will appear if the provider has made on the **Billing Adjustments** page. If you checked the **Direct Deposit** box it will be revealed on the Invoice Form. The DBHS Finance will fill out the rest of the State and Federal areas. However, the **Signature of Provider**, **Date**, and **Title** needs to be filled out by the authorized person in your facility and faxed to OADAP. The Office of Alcohol and Drug Abuse Prevention fax number: 501-686-9396.

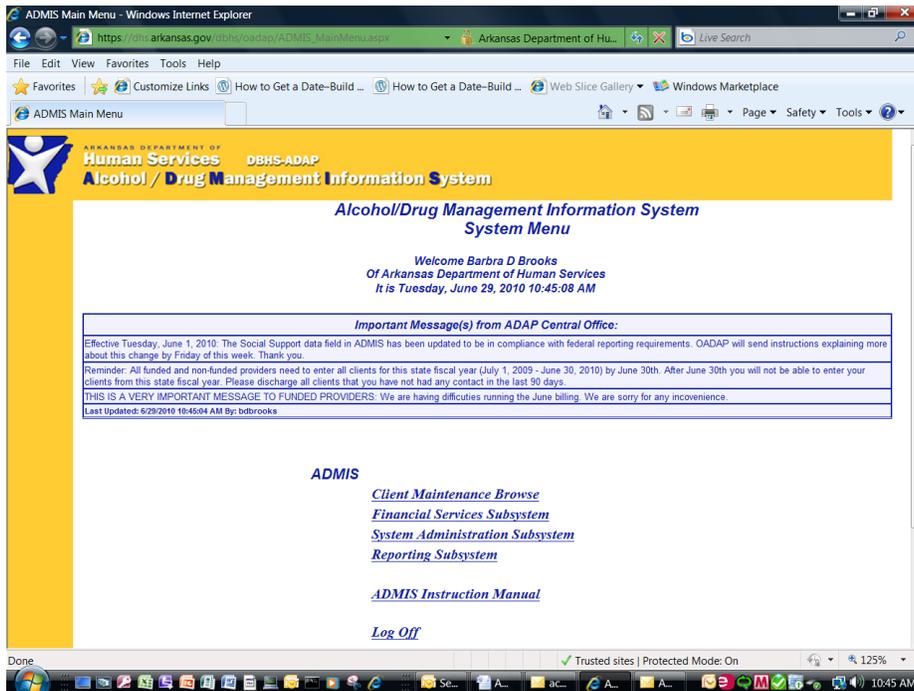
11. Click the print icon on your toolbar on your browser or click **File** and scroll down to **Print** and click **OK**.



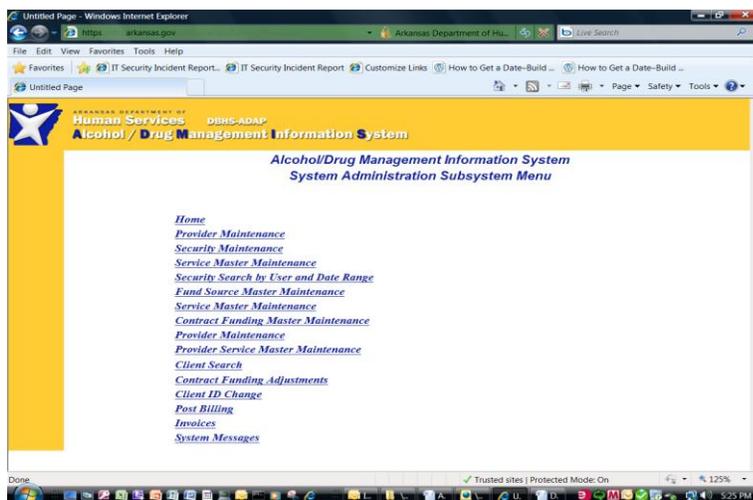
12. Presto! You're done and it is ready for you to fax in after the authorized signature is signed.

## Section 1.16 System Administration Subsystem

The System Administration Subsystem is for OADAP personnel and has certain functions that only the administrator can do. Other users can view this but they are not allowed to do anything except to print out invoices. The only way that the System Administration Subsystem is accessed is by the Main System Menu.



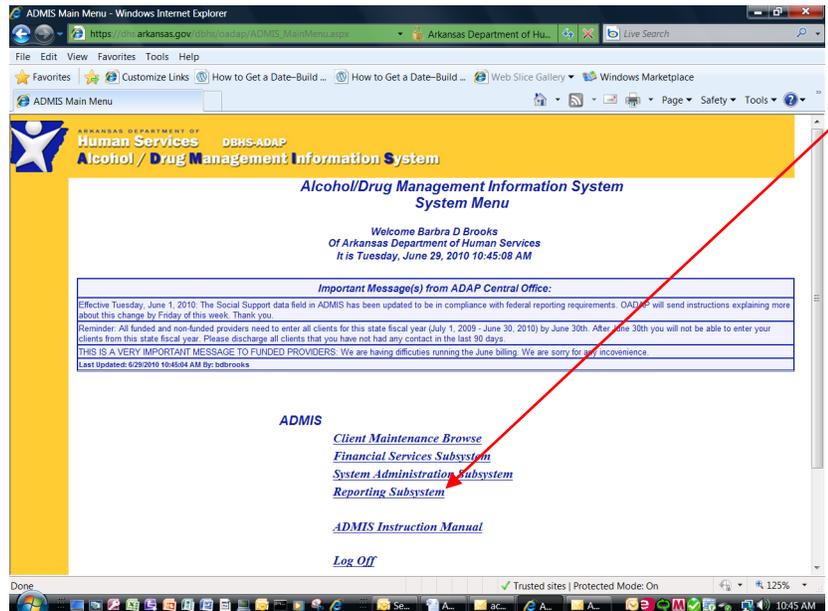
1. After you click on the System Administration Subsystem this is viewed. If you would like to see all of your contracts click on "Contact Funding Master Maintenance" and it is read only.



## Section 1.13 Reports

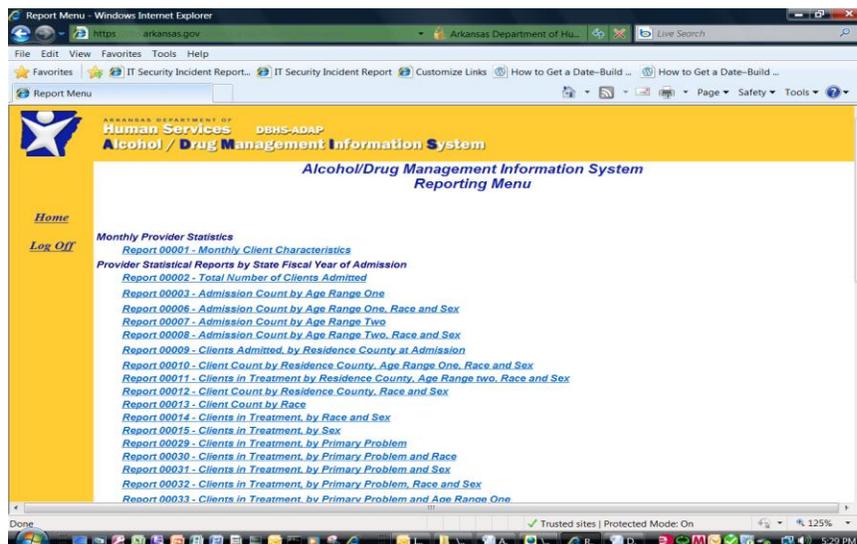
The ADMIS system has different statistical reports that can be printed out or shown. The Reports can be found on the [Main System Menu](#). All you have to do is find the report on the [Reporting Subsystem](#) that you need and click the link. OADAP welcomes any type of ADMIS report request that are needed by the Provider. If you would like a certain report call your ADMIS administrator.

1. After you click the reporting link, the reporting menu will be shown.



1. Click Reporting Subsystem

2. If you would like to view a report click on one of the report links:



2. Choose the **Provider ID** or it will automatically appear.

**Provider ID**

3. Enter the **Year/Month**. In this format: CCYYMM-201007  
(CC means century)

**Year/Month**

4. Click **Submit**.

**Submit**

5. After you click the **Submit** button your report is exposed.

# Appendices

# TREATMENT PROGRAM REQUIREMENTS

All alcohol/other drug abuse treatment and rehabilitation programs in Arkansas are required to report client related data in accordance with the requirements of the current ADMIS. For acute care, hospital based alcohol and drug abuse treatment Programs, failure to report may result in notification to the Arkansas Department of Health, Division of Health Facility Services, of failure to comply with requirements of Act 25 of 1991. Licensure awarded automatically pursuant to Act 173 of 1995 shall not be affected by failure to report. For all other treatment programs, failure to report may result in the suspension or termination of an ADAP treatment grant or contract and/or loss of ADAP required Licensure.

## ➤ **Programs not required reporting on ADMIS**

Federally funded central intake units that provide no treatment.

Programs administered by the Department of Defense or the Veterans Administration

## ➤ **Clients Reported Under ADMIS**

Treatment programs are required to report on the ADMIS and must report on all alcohol and/or other drug abuse clients in the facility.

An exception to this reporting requirement is:

Family members, community and youth groups, etc.; who receive prevention counseling, DWI education or other services not defined as treatment services.

## Sources of Information

Instructions for submission of completed reports, requests for training, questions concerning reporting procedures and policies, and requests for new facility identification numbers should be directed to OADAP Records Management Analyst II. Questions concerning OADAP funding or grant/contract specifications should be directed to OADAP Financial Management.

You are referred to the OADAP Rules of Practice and Procedure, the instructions noted in the Request for Proposal (RFP) package, your current grant, or contract, the OADAP Licensure Standards Manual for Alcohol and/or Other Drug Abuse/Addiction Treatment Programs. If you have any further questions concerning reporting procedures and policies, or if any exception to the reporting requirements is believed necessary, please write to:

Attn: ADMIS  
Arkansas Department of Human Services  
Division of Behavioral Health Services  
Office of Alcohol and Drug Abuse Prevention  
305 S. Palm Street  
Little Rock, AR 72205  
Web address: <http://www.arkansas.gov/dhs/dmhs/>

# ALCOHOL/DRUG MANAGEMENT INFORMATION SYSTEM (ADMIS)

## PROVIDER IDENTIFIERS

<b><u>PROVIDER IDENTIFIER</u></b>	<b><u>NAME OF PROGRAM</u></b>
D10013J	South AR Youth Services (SAYS)
D11115	Sobriety Living Center
D12031	Decision Point
D12054	NW AR Psychological Group
D12530	Youth Bridge, Inc.
D14714	Ozark Mountain Alcohol Residential Treatment, Inc. (OMART)
D2033	Health Resources of Arkansas Wilbur Mills Treatment Center – Area 3 and Area 7
D20332	Health Resources of Arkansas Wilbur Mills Treatment Center – Area 3
D203321	Health Resources of Arkansas Wilbur Mills Treatment Center – Area 7
D20360	Capstone Treatment Center
D22111	North Central Arkansas Development Council
D324312	CDRC – Northeast AR Regional Recovery Center
D33222	Myles Boys Recovery
D41522	Southeast Arkansas Behavioral Health Care Services
D41838	New Beginnings – CASA (SEARK)-10 <sup>th</sup> District
D41839	Second Change Recovery
<b>ARKANSAS DEPARTMENT OF CORRECTIONS</b>	
D44335	<b>ARKANSAS DEPARTMENT OF CORRECTIONS</b>
D443351	Cummins Unit
D443352	Tucker Unit
D443353	Women's Unit
D443354	Wrightsville Unit
D443355	Benton Work Release/Pre-release
D443356	Luxora Facility (Mississippi County)
D443357	Texarkana Facility
D443358	Varner
D443359	Tucker Max
D44335A	Diagnostic Unit
D44335B	North Central Unit
D44335B	North Central Unit
D44335C	Delta Regional Unit
D44335D	East AR Regional Unit
D44335E	Jefferson County Unit
D44335F	Northwest AR Work Release
D44335G	Boot Camp Program
D44335H	Pine Bluff Unit
D44335I	Tucker's Men
D44335J	McPherson Unit
D44335K	Grimes Unit
D44335L	Tucker SATP
D44335M	Benton TPV
D44335N	McPherson TC

D44335O	Wrightsville TC
D44335P	Tucker TC
D44530	<b><u>DEPARTMENT OF COMMUNITY CORRECTIONS</u></b>
D445303	Central Arkansas (Little Rock)
D445304	Texarkana Unit
D445306	DCC-Northeast Arkansas (Osceola)
D513401	DCC – 9 <sup>th</sup> Division Drug Court
D448311	Human Development & Research Services
D45200	United Family Services, Inc.
D51000	BCD - Hoover Center
D51023	Family Services Agency
D52545	Step-Up Support Center
D53000	United Methodist Children's Home
D54520	Family Counseling & Recovery Centers
D546311	Counseling Clinic
D546312	Serenity House
D546313	Recovery Centers of Arkansas
D546317	GYST House
D55000	Little Rock Community Mental Health Center – Mid-Ark Substance Abuse Center
D55300	CATAR Clinic
D56000	UAMS - SATC (Methadone Clinic)
D57500	Community Services, Inc
D60634	Counseling Associates
D63813	Arkansas River Valley Area Council
D64431	Quapaw House
D644312	Quapaw House-Dunston
D74000	Southwest Arkansas Counseling and Mental Health Center – River Ridge Treatment Center
D80533	Western Arkansas Counseling and Guidance Center - Horizon
D83231	Harbor House, Inc
D84112	Gateway House
D85313	Serenity Counseling Advocates
D90005	Mid-South Health Systems (NE AR Community Mental Health)
D90010	Alternative Opportunities, Inc.
D90012	Springdale Treatment Clinic- Methadone
D90014	Unique Counseling Clinic
D90015	Washington/Madison County Drug Court Treatment Center
D90018	Quality Living Center
D90020	Union County Drug Court/South AR Substance
D90030	Ozark Guidance Center
D90099	Sharon Nelson Counseling

## ARKANSAS COUNTIES CODES

<u>NUMBER</u>	<u>COUNTY</u>	<u>NUMBER</u>	<u>COUNTY</u>
011	ARKANSAS	411	LITTLE RIVER
021	ASHLEY	421	LOGAN
031	BAXTER	431	LONOKE
041	BENTON	441	MADISON
051	BOONE	451	MARION
061	BRADLEY	461	MILLER
071	CALHOUN	471	MISSISSIPPI
081	CARROLL	481	MONROE
091	CHICOT	491	MONTGOMERY
101	CLARK	501	NEVADA
111	CLAY	511	NEWTON
121	CLEBURNE	521	OUACHITA
131	CLEVELAND	531	PERRY
141	COLUMBIA	541	PHILLIPS
151	CONWAY	551	PIKE
161	CRAIGHEAD	561	POINSETT
171	CRAWFORD	571	POLK
181	CRITTENDEN	581	POPE
191	CROSS	591	PRAIRIE
201	DALLAS	601	PULASKI
211	DESHA	611	RANDOLPH
221	DREW	621	SALINE
231	FAULKNER	631	SCOTT
241	FRANKLIN	641	SEARCY
251	FULTON	651	SEBASTIAN
271	GRANT	661	SEVIER
291	HEMPSTEAD	671	SHARP
311	HOWARD	681	ST. FRANCIS
341	JACKSON	701	UNION
361	JOHNSON	691	STONE
381	LAWRENCE	711	VAN BUREN
401	LINCOLN	721	WASHINGTON
261	GARLAND	731	WHITE
281	GREENE	741	WOODRUFF
301	HOT SPRING	751	YELL
321	INDEPENDENCE	991	OUT OF STATE
351	JEFFERSON		
371	LAFAYETTE		
391	LEE		

## Quick Reference Drug Types

Alcohol

Amphetamines

Barbiturates

Benzodiazepine

Cocaine (excluding crack cocaine)

Crack Cocaine

Hallucinogens

Heroin

Inhalants

Marijuana/Hashish

Methamphetamines

None

Non-Rx Methadone

Other

Other Opiates and Synthetics

Other Sedatives or Hypnotics

Other Stimulates

Over-the-Counter

PCP

Tranquilizers

Unknown



## SUPPORTIVE SERVICES

ADMIS System Administrator 501-686-9870 or E-mail [barbra.brooks@arkansas.gov](mailto:barbra.brooks@arkansas.gov)

OR

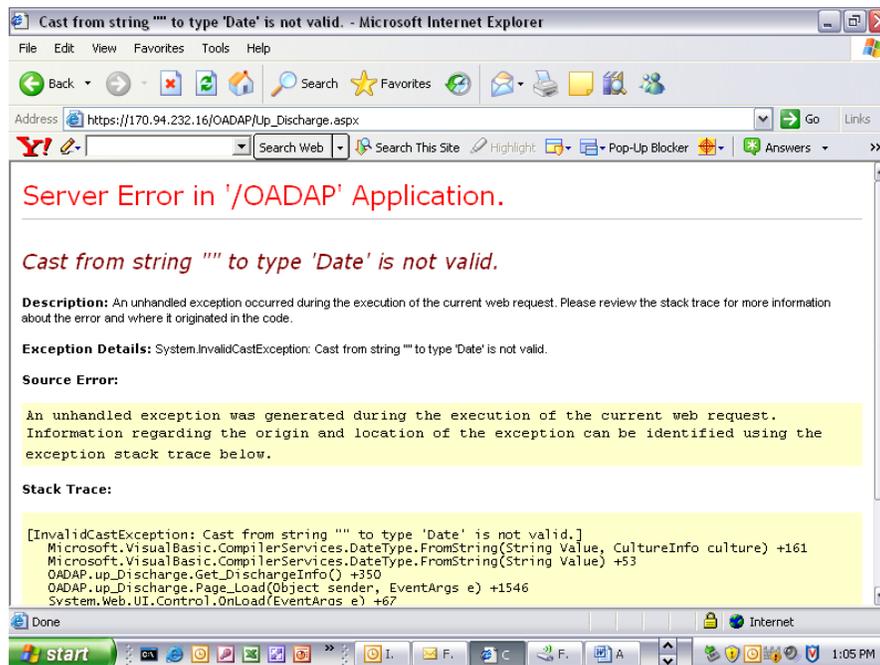
OADAP Main Telephone 501-686-9866

To use the calendar icon to choose a date:

1. Click the calendar icon . The calendar window opens.
2. Click **◀** or **▶** to choose the appropriate year.
3. Click **◀** or **▶** to choose the appropriate month.
4. On the calendar, click the date you want to choose. The calendar window closes. The field that corresponds with the calendar icon is populated with the date you choose.

### SYSTEM ERRORS

Please check the errors on your screen. The errors usually tell you what to do. However, if this type of error is on your computer screen, please contact your ADMIS Administrator.

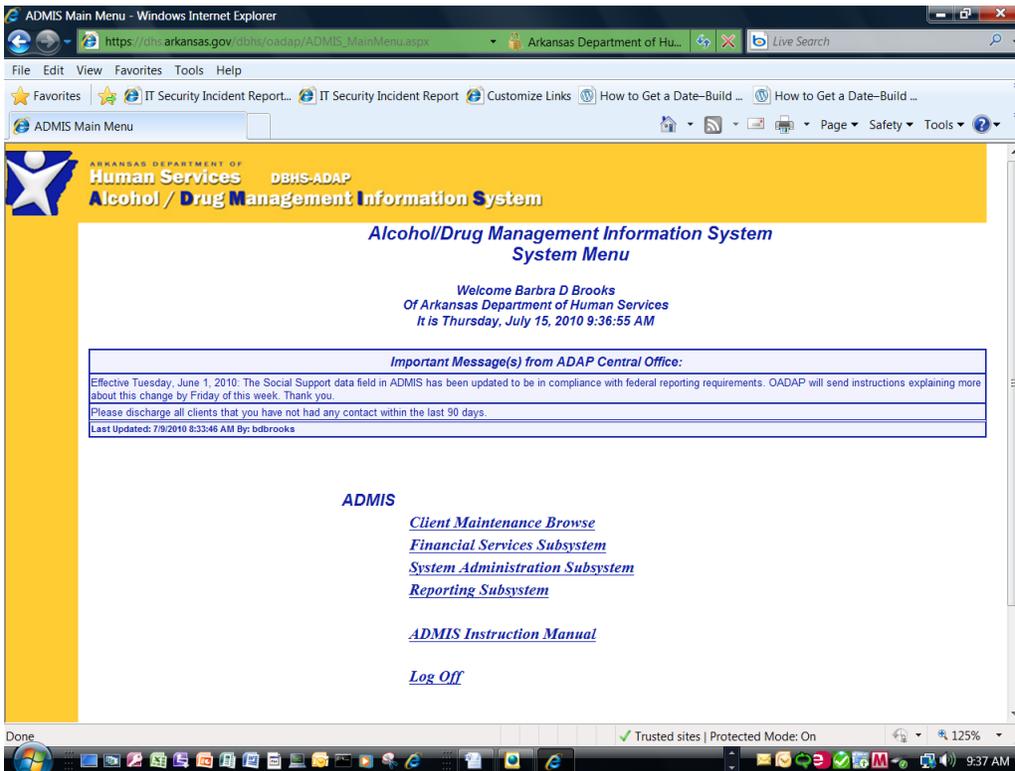


## HOW TO PRINT A SCREEN SHOT. IT IS GREAT FOR SENDING MESSAGE ERRORS.

1. Push print screen on your keyboard.
2. Go to your word processing program.
3. Click your paste icon.
4. It should appear and you can send it by e-mail.

## SYSTEM MESSAGES

After you log on to the ADMIS system and are on the Main System Menu a system message may appear. This is to inform you that the system may be going down a period of time or something else that you need to know.



## Occupation

### ***01 PROFESSIONAL, TECHNICAL, AND KINDERED WORKERS***

#### **Accountants**

#### **Architects**

#### **Computer Specialists**

Computer Programmers

Computer Systems Analysts

#### **Engineers**

Aeronautical and astronautically engineers

Chemical engineers

Civil engineers

Electrical and electronic engineers

Industrial engineers

Metallurgical and materials engineers

Mining engineers

Petroleum engineers

Sales engineers

#### **Farm management advisors**

#### **Foresters and conservationists**

#### **Home management advisors**

#### **Judges**

#### **Lawyers**

#### **Librarians, archivists, and curators**

Librarians

Archivists and curators

#### **Mathematical specialists**

Actuaries

Mathematicians

Statisticians

#### **Life and physical scientists**

Agricultural scientists

Atmospheric and space scientists

Biological scientists

Chemists

Geologists

Marine scientists

Physicists and astronomers

#### **Operations and system researchers and analysts**

#### **Personnel and labor relations workers**

#### **Physicians, dentists, and related practitioners**

Chiropractors

Dentists

Optometrists

Pharmacists

Physicians, medical and osteopathic

Podiatrists

#### **Health technologists and technicians**

Clinical laboratory technologists and technicians

Dental hygienists  
Health record technologists and technicians  
Radiological technologists and technicians  
**Therapy assistants**  
**Veterinarians**  
**Religious workers**  
Clergymen or clergywoman  
**Social Scientists**  
Economists  
Political scientists  
Sociologist  
Urban and regional planners  
**Social recreation workers**  
Social workers  
Recreation workers  
**Teachers, college, and university**  
Adult education teachers  
Elementary school teachers  
Pre kindergarten and kindergarten teachers  
Secondary school teachers  
Teachers, except college and university, n.e.c.  
**Engineering and science technicians**  
Agriculture and biological technicians, except health  
Chemical technicians  
Drafters  
Electrical and electronic engineering technicians  
Industrial engineering technicians  
Mechanical engineering technicians  
Mathematical technicians  
Surveyors  
**Technicians, except health, engineering, and science**  
Airplane pilots  
Air traffic controllers  
Embalmers  
Fight engineers  
Radio operators  
Tool programmers, numerical control  
**Vocational and educational counselor**  
**Writers, artists, and entertainers**  
Actors  
Athletes and kindred workers  
Authors  
Dancers  
Designers  
Editors and reporters  
Musicians and composers  
Painters and sculptors  
**Nurses, dietitians, and therapists**  
Dietitians  
Registered Nurse

Therapists

***02 MANAGERS AND ADMINISTRATORS, EXCEPT FARM***

Assessors, controllers, and treasurers; local public administration  
Bank Officers and financial managers  
Buyers and shippers, farm products  
Buyers, wholesale and retail trade  
Loan Officers  
Funeral directors  
Health administrators  
Construction inspectors, public administration  
Inspectors, except construction, public administration  
Managers and superintendents, building  
Office managers, n.e.c.  
Officers, pilots and pursers; ship  
Officials and administrators; public administration, n.e.c.  
Officials of lodges, societies, and unions  
Postmasters and mail superintendents  
Purchasing agents and buyers, n.e.c.  
Railroad conductors  
Restaurant, cafeteria, and bar managers  
Sales managers, except retail trade  
School administrators, college  
School administrators, elementary and secondary

***03 SALES WORKERS***

Advertising agents and salespersons  
Auctioneers  
Demonstrators  
Hucksters and peddlers  
Insurance agents, brokers, and underwriters  
Newspaper carriers  
Real estate agents and brokers  
Stock and bond salespersons  
Sales representatives, manufacturing industries  
Sales representatives, wholesale trade  
Sales clerks, retail trade  
Salesperson, retail trade  
Salesperson of services and construction  
Photographers  
Public relations men and publicity writers  
Radio and television announcers

**Research workers, not specified**

***04 CLERICAL AND KINDRED WORKERS***

Bank tellers  
Billing Clerks  
Bookkeepers  
Cashiers  
Clerical assistants, social welfare  
Clerical supervisors, n.e.c.  
Collectors bill and account

Counter clerks, except food  
Dispatchers and starters, vehicle  
Enumerators and interviewers, n.e.c.  
Expeditors and production controllers  
File clerks  
Insurance adjusters, examiners, and investigators  
Library attendants and assistants  
Mail carriers, post office  
Messengers and office boys  
Meter readers, utilities  
Office machine operators  
Bookkeeping and billing machine operators  
Calculating machine operators  
Duplicating machine operators  
Computer and peripheral equipment operators  
Key punch operators  
Tabulating machine operators  
Payroll and timekeeping clerks  
Postal clerks  
Proofreaders  
Real estate appraisers  
Receptionists  
Secretaries  
Secretaries, legal  
Secretaries, medical  
Secretaries, n.e.c.  
Shipping and receiving clerks  
Statistical clerks  
Stenographer  
Stock, clerks, and storekeepers  
Teacher aides, exc. school monitors  
Telegraph messengers  
Telegraph operators  
Telephone operators  
Ticket, station, and express agents  
Typists  
Weighers

#### *CRAFTSMAN AND KINDRED WORKERS*

Automobile accessories installers  
Bankers  
Blacksmiths  
Boilermakers  
Bookbinders  
Brick masons and stone masons  
Brick masons and stonemasons, apprentices  
Bulldozer operators  
Cabinetmakers  
Carpenters  
Carpenter apprentices

Carpet installers  
Cement and concrete finishers  
Carpet installers  
Compositors and typesetters  
Printing trades apprentices, exe. pressmen  
Crane men, derrick men, and hoist men  
Decorators and window dressers  
Dental laboratory technicians  
Electricians  
Electrician apprentices  
Electric power linemen and cable men  
Electrotypers and stereotypes  
Engravers, exe. photogravures  
Excavating, grading, and road machine operators,  
exe. bulldozer  
Floor layers, exe. Tile setters  
Supervisor, n.e.c.  
Supervisor and hammer men  
Furniture and wood finishers  
Furriers  
Glaziers  
Heat treaters, appealers, and temperers  
Inspectors, scalars, and graders; log and lumber  
Inspectors, n.e.c  
Jewelers and watchmakers  
Job and die setters, metal  
Locomotive firefighter  
Locomotive engineers  
Machinists  
Machinist apprentices  
Mechanics and technicians  
Air conditioning, heating, and refrigeration  
Aircraft  
Automobile body technicians  
Auto mechanics  
Auto mechanics apprentices  
Data processing machine technicians  
Farm implement  
Heavy equipment mechanics, incl. diesel  
Household appliance and accessory installers and  
Mechanics  
Loom fixers  
Office machine  
Radio and television  
Railroad and car shop  
Mechanic, exe. auto apprentices  
Miscellaneous mechanics and technicians  
**Not specified mechanics and repairmen**  
Millers; grain, flour, and feed  
Millwrights

Molders, metal  
Molder apprentices  
Motion picture projectionist  
Opticians, and lens grinders and polishers  
Painters, construction, and maintenance  
Painter apprentices  
Paperhangers  
Pattern and model makers, exe. paper  
Photoengravers and lithographers  
Piano and organ tuners and technicians  
Plasterers  
Plasterer apprentices  
Plumbers and pipe fitters  
Power station operators  
Press operator and plate printers, printing  
Pressmen and palter printers, printing  
Press operators apprentices  
Rollers and finishers, metal  
Roofers and slathers  
Sheet metal workers and tinsmiths  
Sheet metal apprentices  
Ship fitters  
Shoe technicians  
Sign painters and letters  
Stationary engineers  
Stone cutters and stone carvers  
Structural metal artisans  
Tailors  
Telephone installers and technicians  
Telephone linemen and splicer  
Tile setters  
Tool and die makers  
Tool and die maker apprentices  
Upholsterers  
Former members of the Armed Forces

## ***11 SERVICE WORKERS, EXE. PRIVATE HOUSEHOLD***

### **Cleaning service workers**

Hotel cleaners and house cleaners, except private household  
Cleaners and office cleaners  
Janitors and sextons

### **Food Service Workers**

Bartenders  
Kitchen helpers  
Cooks, except private household  
Dishwashers  
Food counters and fountain workers  
Waiters

### **Health Service workers assistants**

Health aides, exe, Dental assistants

Health Trainees

Lay midwives

Nursing aides, orderlies, and attendants

Practical nurses

**Personal service workers**

Airline flight attendants

Attendants, recreation, and amusement

Attendants, personal service, n.e.c.

Baggage porters and bellhops

Barbers

Boarding and lodging house keepers

Bootblacks

Child care workers, exc. private household

Elevator operators

Hairdressers, exe. private household

School monitors

Ushers, recreation, amusement

Welfare service aides

**Protective service workers**

Crossing guards and bridge tenders

Firefighters, fire protection

Guards and security guards

Marshalls and constables

Police men and detectives

Sheriffs and bailiffs

***12 PRIVATE HOUSEHOLD WORKERS***

Child care workers, private households

Cooks, private household

Housekeepers, private household

Laundresses, private household

House cleaners and servants, private household

***13 STUDENT***

***14 HOMEMAKER***

***15 DISABLED/RETIRED***

***16 NONE***

**Arkansas Department of Human Services  
Division of Behavioral Health Services  
Office of Alcohol and Drug Abuse Prevention**

**Admission Report (AR)**

Client ID

Date of Birth (mm/dd/yyyy)

Client First Name

Client Middle Name

Client Last Name

**Client Sex Check One**

Male  Female  Unknown

**Client Race Check One**

- Alaskan Native
- America Indian
- Black
- White
- Asian
- Hispanic Cuban
- Hispanic Mexican
- Hispanic Puerto Rican
- Other Hispanic
- Nat Hawaiian/PI

**Client Ethnicity Check One**

- Puerto Rican
- Mexican
- Cuban
- Other Spec Hisp
- Non-Spec Hisp
- Not Hispanic
- Unknown

---

Admit Date (mm/dd/yyyy)

**Admission Type Check One**

- First Admission
- Readmission
- Xfer from ADMIS Pgm
- Xfer from Non-ADMIS Pgm

**Environment Admitted to Check One**

- Detoxification
- Residential
- Day Treatment
- Prison
- Outpatient

**Modality Admitted to Check One**

- Alcohol/Drug Treatment
- Detoxification
- Maintenance
- Other

1 of 5 (AR)

**Funding Source for Initial Environment? Check One**

- SAPT                       Tobacco       COURTCOST
- SWS                          DPFUNDS     SSBG
- RADDSSGR                 DASEP         DPRADD
- RADD COURT               SGR             SWSPARENT
- MEDSSGR                  Self Pay       Other

**Specialized Womens Services Check One**

- Yes     No         Unknown

**With Children Check One**

- Yes     No         Unknown

**Days Awaited Treatment**

**Source of Referral Check One**

- Family/Friends                       Sevier Barriers
- Individual -Self Referral             Prison/Jail/  
Corrections/Criminal
- Other Community Referral
- Alcohol/Drug Abuse Provider
- Detoxification
- CMHC
- Hospital
- Other Health Care Provider
- School
- Employer
- DHS/DCFS
- DHS/DYS

2 of 5 (AR)

**Pregnant Check One**

- Yes                       No                       Unknown

**Medicaid Check One**

- Yes                       No                       Unknown

**Co Depend Status Check One**

- Due to rltnship w/SubstAbuser
- Admitted for svc in trt pgm
- Has Rec Within AnothClnt
- Not Applicable

**Occupation Check One**

- Professional, technical                       Managers and  
Administrators
- Sales Workers                                       Student
- Craftsmen     Homemaker
- Private HH wrkr                                       None
- Disabled / Retired
- Clerical
- Oper, except transport
- Transport equip oper
- Laborers, except farm
- Farmers / farm managers
- Farm labor/farm foreman
- Svc wkr except priv HH

**Marital Status Check One**

- Never Married
- Married
- Separated
- Divorced
- Widowed
- Unknown

**Highest Grade Completed at Admit Check One**

- Grade 00
- Grade 01
- Grade 02
- Grade 03
- Grade 04
- Grade 06
- Grade 07
- Grade 08
- Grade 09
- Grade 10
- Grade 11
- Grade 12
- Grade 13
- Grade 14
- Grade 15
- Grade 16
- Grade 17
- Grade 18
- Grade 19
- Grade 20
- Grade 21
- Grade 22
- Grade 23
- Grade 24
- Grade 25
- Unknown

**Number Convictions 12 months prior to this admit**

**Number Arrests in last 30 Days**

**Months Since Last Discharge**

**Dually Diagnosed Check One**

- Yes
- No
- Unknown

**Employment Status at Admit Check One**

- Full Time
- Part Time
- Unemployed
- Not In Labor Force

**Currently in Educational or Skill Development Program Check One**

- Yes
- No
- Unknown

**Number Prior Admissions to Any Treatment Program**

**County Code at Admit Enter County**

**Health Insurance Type Check One**

- Other Priv Ins
- Blue Cross / Shield
- Medicare
- HMO
- Champus
- Medicaid
- Dep Client
- Other Pub Fnds
- SSI or SSDI
- No Insurance
- Unknown

**Receives SSI/SSIDI Check One**

- Yes  No  Unknown

**Opoid Treatment Check One**

- Yes  No  Unknown

**Client Living Arrangements Check One**

- Homeless  Dep Living  Indep Living

**Client Income Source Check One**

- Wages/Salary  Other  
 Public/Assist  None  
 Rtmnt/Pension  Unknown  
 Disability

**Detail NILF Code Check One**

- Homemaker  Inmate  
 Student  Other  
 Retired  N/A  
 Disabled

**US Citizen Check One**

- Yes  No  Unknown

**Receives TANF/TEA/Welfare to Work Check One**

- Yes  No  Unknown

**DSM Code**

**Client Veteran Status Check One**

- Yes  No  Unknown

**Expected Payment Source Check One**

- Self – Pay  Other Health Insurance  
 Blue Cross / Shield  No Charge  
 Medicare  Other  
 Other Gov Payments  Unknown  
 Worker Comp

**Detail Criminal Referral Code Check One**

- Act 10  Garrett’s Law  
 D/A Safety Ed  Juvenile Court  
 Department of Correction  Local Jail  
 Dept. of Community  Municipal Court Correction  
 Drug Court  State Court  
 Municipal Probation  State Parole  
 Federal Court  State Probation  
 Federal Parole  N/A  
 Federal Probation

**Social Support Program in last 30 days Check One**

- No Attendance in Past Month  
 4-7 Times in Past Month  
 1-3 Times in Past Month

- 8-15 Times in Past Month
- 16-30 Times in Past Month
- Some Attendance in Past Month Frequency
- Unknown

<b><u>Substance Use at Admission</u></b>					
<b>Add Substance Abuse</b>					
	<b><u>Drug Type(s)</u></b>	<b><u>Problem Severity</u></b>	<b><u>Frequency of Use</u></b>	<b><u>Usual Route</u></b>	<b><u>Age of First Use</u></b>
<b>Primary</b>					
<b>Secondary</b>					
<b>Tertiary</b>					
<b>IV / IM</b>					
<b><u>Drug Types</u></b>		<b><u>Problem Severity</u></b>	<b><u>Frequency of Use</u></b>	<b><u>Usual Route</u></b>	<b><u>Age of First Use</u></b>
<b>1. None</b>	<b>11. Amphetamine</b>	<b>1. Can Function Independently</b>	<b>1. No Use In Last Month</b>	<b>1. Oral</b>	
<b>2. Alcohol</b>	<b>12. Other Stimulants</b>	<b>2. Occasion Needs Assistance</b>	<b>2. &lt; Once a Week</b>	<b>2. Smoking</b>	
<b>3. Cocaine (excel Crack)</b>	<b>13. Benzodiazepine</b>	<b>3. Freq Needs Assistance</b>	<b>3. Once a Week</b>	<b>3. Inhalation</b>	
<b>4. Crack Cocaine</b>	<b>14. Tranquilizers</b>	<b>4. Cannot Function</b>	<b>4. Several Times a Week</b>	<b>4. Intramuscular</b>	
<b>5. Marijuana/Hashish</b>	<b>15. Barbiturates</b>		<b>5. Daily</b>	<b>5. Intravenous</b>	
<b>6. Heroin</b>	<b>16. Other Seds/Hypnotics</b>			<b>6. Other</b>	
<b>7. Non-RX Methadone</b>	<b>17. Inhalants</b>				
<b>8. Other Opiates &amp; Synths</b>	<b>18. Over the Counter</b>				
<b>9. PCP</b>	<b>19. Other</b>				
<b>10 Hallucinogens</b>	<b>20. Unknown</b>				
<b>11. Methamphetamine</b>					

Arkansas Department of Human Services  
Division of Behavioral Health Services  
Office of Alcohol and Drug Abuse Prevention

Discharge Report (DR)

Client ID  Date of Birth (mm/dd/yyyy)  Provider ID

Client First Name  Client Middle Name  Client Last Name

Admit Date  Date of Last Contact (mm/dd/yyyy)

Discharge Date (mm/dd/yyyy)

**Reason for Discharge Check One**

- |  |   |
|--|---|
| <input type="checkbox"/> Treat Complete          | <input type="checkbox"/> Incarcerated             |
| <input type="checkbox"/> Treat Complete Some Use | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Clnt Left Trt           | <input type="checkbox"/> Disch For Non Compliance |
| <input type="checkbox"/> Xfer To ADMIS Pgm       | <input type="checkbox"/> Refer Outside Pgm        |
| <input type="checkbox"/> Xfe To Non ADMIS Pgm    | <input type="checkbox"/> Unknown                  |

**Modality at Discharge Check One**

- Alcohol/Drug Treatment
- Detoxification
- Maintenance
- Other

**Medication at Discharge Check One**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Naloxone         |
| <input type="checkbox"/> Cyclazocine | <input type="checkbox"/> Naltrexone       |
| <input type="checkbox"/> Disuifram   | <input type="checkbox"/> Other Antagonist |
| <input type="checkbox"/> LAAM        | <input type="checkbox"/> Propoxyphene N   |
| <input type="checkbox"/> Methadone   | <input type="checkbox"/> Other            |

**Employment Status at Discharge Check One**

- Full Time
- Part Time
- Unemployed
- Not In Labor Force

**Highest Grade Completed at Discharge Check One**

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Grade 00 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Grade 19 |
| <input type="checkbox"/> Grade 01 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 20 |
| <input type="checkbox"/> Grade 02 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Grade 21 |
| <input type="checkbox"/> Grade 03 | <input type="checkbox"/> Grade 13 | <input type="checkbox"/> Grade 22 |

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Grade 04 | <input type="checkbox"/> Grade 14 | <input type="checkbox"/> Grade 23 |
| <input type="checkbox"/> Grade 06 | <input type="checkbox"/> Grade 15 | <input type="checkbox"/> Grade 24 |
| <input type="checkbox"/> Grade 07 | <input type="checkbox"/> Grade 16 | <input type="checkbox"/> Grade 25 |
| <input type="checkbox"/> Grade 08 | <input type="checkbox"/> Grade 17 | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Grade 09 | <input type="checkbox"/> Grade 18 |                                   |

**In Educational or Skill Development Program at Discharge Check One**

**Number Arrests during Treatment**

- Yes     No     Unknown

**Living Arrangements at Discharge Check One**

**Detailed Not in Labor Force at Discharge Check One**

- Homeless     Dep Living     Indep Living

- Homemaker     Inmate  
 Student     Other  
 Retired     N/A  
 Disabled

**Social Support Program in last 30 days Check One**

**County at Discharge Add County**

- No Attendance in Past Month  
 1-3 Times in Past Month  
 4-7 Times in Past Month  
 8-15 Times in Past Month  
 16-30 Times in Past Month  
 Some Attendance in Past Month, Frequency  
 Unknown

<b>Drug Types at Discharge</b>					
<b>Add Problem Severity and Frequency of Use</b>					
	<u>Drug Type(s)</u>	<u>Problem Severity</u>	<u>Frequency of Use</u>	<u>Usual Route</u>	<u>Age of first use</u>
	<b>Primary</b>				
	<b>Secondary</b>				
	<b>Tertiary</b>				
	<b>IV / IM</b>				
	<u>Drug Types</u>	<u>Problem Severity</u>	<u>Frequency of Use</u>	<u>Usual Route</u>	<u>Age of first use</u>
		<b>1. Can Function Independently</b>	<b>1. No Use In Last Month</b>		
		<b>2. Occasion Needs Assistance</b>	<b>2. &lt; Once a Week</b>		
		<b>3. Freq Needs Assistance</b>	<b>3. Once A Week</b>		
		<b>4. Cannot Function</b>	<b>4. Several Times A Week</b>		
			<b>5. Daily</b>		

Arkansas Department of Human Services  
Division of Behavioral Health Services  
Office of Alcohol and Drug Abuse Prevention

Environment Change Report (ECR)

Individual Environment Record – Add

---

Provider ID  Client ID  Admit Date

Environment Entered Date  Prior Environment Complete Date

Environment Check One Fund Source Check One Environment Complete Date

- |   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> SAPT      | <input type="checkbox"/> Tobacco   |
| <input type="checkbox"/> Residential    | <input type="checkbox"/> COURTCOST | <input type="checkbox"/> DPFUNDS   |
| <input type="checkbox"/> Day Treatment  | <input type="checkbox"/> SSBG      | <input type="checkbox"/> SWS       |
| <input type="checkbox"/> Prison         | <input type="checkbox"/> RADDSGR   | <input type="checkbox"/> DASEP     |
| <input type="checkbox"/> Outpatient     | <input type="checkbox"/> DPRADD    | <input type="checkbox"/> RADDCOURT |
|   | <input type="checkbox"/> SGR       | <input type="checkbox"/> MEDSGR    |
|   | <input type="checkbox"/> SWSPARENT | <input type="checkbox"/> Self Pay  |
|   | <input type="checkbox"/> Other     |                                    |

⇒ The ProviderID, Admit Date and Prior Environment Complete Date are automated in the system. This does not have to be added.

CLIENT ID: \_\_\_\_\_

DATE: \_\_\_\_\_

### Mental Health Screening Form III (Modified)

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?  
YES NO
2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?  
YES NO
3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?  
YES NO
4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?  
YES NO
5. In the past year have you heard voices no one else could hear or seen objects or things which others could not see?  
YES NO
6. In the past year have you been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?  
In the past year have you attempted to kill yourself?  
YES NO YES NO
7. In the past year have you had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?  
YES NO
8. In the past year have you experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? YES NO
9. In the past year have you given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?  
YES NO
10. In the past year have you felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?  
YES NO
11. In the past year have you experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?  
YES NO
12. In the past year have you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate or binge eating, taking enemas, or forcing yourself to throw up?  
YES NO
13. In the past year have you had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?  
YES NO
14. In the past year have you had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?  
YES NO
15. In the past year have you had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate?  
YES NO
16. In the past year have you lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?  
YES NO
17. In the past year have you been told by teachers, guidance counselors, or others that you have a special learning problem?  
YES NO
18. Are you currently receiving treatment for a mental health problem?  
YES NO

**SCORE:** \_\_\_\_\_ **Positive for need for Assessment**      \_\_\_\_\_ **Negative for need for Assessment**

**Mental Health Screening Form, III, Modified**  
**For use by Publicly Funded Arkansas Behavioral Health Programs**  
**Administration & Use Guidelines**

<b>Who uses this:</b>	Substance Abuse Treatment Programs
<b>When to administer:</b>	Admission into a substance abuse treatment program
<b>How to administer:</b>	Give directly to clients to complete, providing you believe they have reading skills. If reading skills are questionable, accommodate accordingly.
<b>How to score:</b>	Indicate “positive” if the respondent circled “yes” to <b>any</b> of the questions 1 through 13. Indicate “negative” if the respondent circled “no” to <b>all</b> of the questions 1 through 13.
<b>What to do:</b>	Respondents scoring “positive” and not currently in treatment for a mental illness (see question 16) should be assessed for the presence of a mental illness.

**Clinical information that might be of interest:**

The first four questions on the MHSF-III are not unique to any particular diagnosis. However, questions 5-17 reflect symptoms associated with the following diagnoses/diagnostic categories:

- Q1 – Schizophrenia
- Q2 – Depressive Disorders
- Q3 – Post-Traumatic Stress Disorder
- Q4 – Phobias
- Q5 – Intermittent Explosive Disorder
- Q6- Delusional Disorder
- Q7 – Sexual and Gender Identity Disorder
- Q8 – Eating Disorders (Anorexia, Bulimia)
- Q9 – Manic Episode
- Q10 – Panic Disorder
- Q11 – Obsessive Compulsive Disorder
- Q12 – Pathological Gambling
- Q13 – Learning Disorder and Mental Retardation

# Glossary

# A

**Admission** – as the formal acceptance of a client into substance abuse treatment. An admission has occurred and only if the client begins treatment. Events such as initial screening, referral and wait-listing are considered in place before the admission to treatment.

**Admission Report (AR)** - The Admission Report provides data on admission status, client characteristics, alcohol/drug problems, and prior treatment. It is to be completed each time a client enters treatment at a facility, regardless of the type of admission.

**Admission Type – First Admission** - To Any Program - This is the first time the client has received alcohol/drug abuse treatment at any program. The data pertains to the client at the time of first admission, All items must be completed, **Re-admission** - To Any Treatment Service Within This Program - The client has been discharged from any service within this program and is now being readmitted to the same program or any other service within that program. The client is reassigned his/her original client number. The data pertains to the client at the time of readmission for this current treatment episode, **Transfer Admission** - From another ADMIS Reporting Program. The client has transferred from one ADMIS reporting program to another ADMIS reporting program. **From A Non-ADMIS Reporting program.** The client has transferred from a non-ADMIS reporting program to an ADMIS reporting program.

**Alcohol** - In everyday talk, alcohol usually refers to ethanol as, for example, in wine, beer, and liquor. It can cause changes in behavior and be addictive.

**Alcohol/Drug Treatment** - The modality does not include any chemical agent or medication as the primary part of the alcohol/drug program.

**Alaskan Native** (Aleut, Eskimo Indian) - A person having origins in any of the original people of North America

**American Indian** -A person having origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

**Amphetamines** - This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

**Asian** - A person having origins in any of the original people of the Far East, Indian Subcontinent, or Southeast Asia.

# B

**Barbiturates** - This includes Phenobarbital, Seconal, Nembutal, etc.

**Benzodiazepine** - Includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, and Triazolam, clonazepam and Halazepam and other unspecified Benzodiazepines.

**Black** (Not of Hispanic Origin) -A person having origins in any of the people of Sub-Saharan Africa (includes Haiti).

# C

**Client** -For the purpose of this policy, client is a person who has completed the intake and screening process, and has been formally admitted to the facility within the standards set by the OADAP and the treatment program.

**Client income source** - Indicates the client's primary source of financial support. For children under 18, this field indicates the parents' source of income/support.

**Client receives SSI/SSDI** - If a client receives Supplemental Social Security Income or Social Security Disability Income.

**Client receives TANF/TEA/Welfare To Work** - If a client receives Temporary Assistance to Needy Families, Temporary Employment Assistance or Welfare to Work.

**Client Veteran status** - Specifies whether the client is a veteran of any of the uniformed services (Air Force, Army, Coast and Geodetic Survey, Coast Guard, Marines, Navy, Public Health Service Commissioned Corps, etc).

**Cocaine (excluding crack cocaine)** - a crystalline tropane alkaloid that is obtained from the leaves of the coca plant. It is a stimulant of the central nervous system and an appetite suppressant, creating what has been described as a euphoric sense of happiness and increased energy.

**Co-Dependent/Collateral** – Specifies whether the admission record is for a substance abuse treatment client, or a person being treated for his/her co-dependency or collateral relationship with a substance abuser. OADAP will only pay for a client that is being treated for his/her co-dependency on substance.

**Crack Cocaine** -This includes Sodium processed cocaine, usually administered via smoking.

# D

**Date of Admission** – The date when the client receives his or her first direct treatment or recovery service.

**Day Treatment** - shall be a minimum of four (4) hours per day for five (5) days per week. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. In addition to the minimum services, partial day treatment may include drug testing, medical care other than detoxification and other appropriate services. A unit of service is a day.

**Days awaited treatment** - Indicate the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from the client failure to comply with administrative procedures or to meet other obligations.

**Dependent Client** - The client does not have private or public health insurance.

**Detailed criminal referral** - Provides more specific information about those clients referred by the criminal justice system.

**Detail NILF - Detail Not In Labor Force** - provides more specific information about those clients who are not in the labor force. Persons who are neither employed nor unemployed are not in the labor force. This category includes retired persons, students, those taking care of children or other family members, and others who are neither working nor seeking work.

**Detoxification** - The modality that is the period of planned withdrawal from alcohol/drug dependence supported by use of a prescribed medication. The process of physically eliminating drugs and/or alcohol from the system of a substance-dependent individual. A hospital or residential detoxification setting where the client resides and is being treated primarily for alcohol/drug abuse problems. The client may, in addition, be receiving services for medical and/or psychiatric/psychological problems.

**Disabled/Retired** - This includes clients who are retired and adjudged unemployable (receiving 100% disability benefits from the Social Security Administration). By U.S. Bureau of Labor Statistics definitions, individuals within this code are not considered a part of the labor force.

**Discharges** – The treatment ends with the client being “discharged”, which is defined as the termination of services. A treatment episode should be assumed to have ended if the clients has not been “seen” in 3 days in the case of inpatient and 30 days in the case if outpatient treatment.

**Discharge Report (DR)** - is to be completed for every client discharged from treatment at the facility, regardless of the reason. The report provides data on discharge status, client characteristics, alcohol/drug use, and time in treatment.

**Divorced** - dissolution of marriage is the ending of a marriage before the death of either spouse, which can be contrasted with an annulment, which is a declaration that a marriage is void.

**Dually Diagnosed** - is a client diagnosed with a substance abuse and a mental illness, as defined in the DSM-IV. This should only be a "Yes" if there is such a diagnosis made and documented for the record by a Mental Health Professional. A person in a related profession (licensed in the State of Arkansas and practicing within the bounds permitted by their licensing authority) with at least a Master's degree. **This includes the following professionals:** Psychiatrist (licensed in the State of Arkansas and having completed an accepted residency in psychiatry), Psychologist (licensed in the State of Arkansas), Psychological Examiner (licensed in the State of Arkansas), Master of Social Work (licensed in the State of Arkansas), Licensed Professional Counselor (licensed in the State of Arkansas), Registered Nurse with 1 year supervised experience in a mental health setting (licensed in the State of Arkansas), Physician (licensed in the State of Arkansas).

## E

**Education Participation** - Participation in an educational program such as attending a school or college to receive a diploma or degree; a high school equivalency program; on the job training or rehabilitation services (training in a Rehab program).

**Employment Status** - 1) persons who worked at any time during the reference week; (2) persons who did not work during the reference week but who had jobs or businesses from which they were temporarily absent (excluding layoff); (3) persons on layoff; and (4) persons who did not work during the reference week, but who were looking for work during the last four weeks and were available for work during the reference week.

**Environment** - Environment indicates the primary treatment approach or regimen.

**Environment Change Report (ECR)** - is used to report changes in a client's treatment environment.

**Ethnicity** - Identifies the client's specific Hispanic origin, if applicable. Puerto Rican, Mexican, Cuban, Other Specific Hispanic, Non-Specific Hispanic.

**Expected payment source** - Indicate how the client is planning to pay for this treatment episode.

## F

**Frequency of use** - No Use In last month , Less Than Once Per Week, Once Per Week , Several Times Per Week , Daily, Frequency Unknown.

**Funding source of initial environment** - Indicate the funding source for the initial environment as determined by the services provided and the available grant and contract.

**Full-time** - (35 Or More Hours a Week) this includes clients with part-time jobs that total 35 hours a week or more and clients with concurrent fulltime and part-time positions. Clients on strike with past working hours totaled 35 or more hours a week are also included.

# H

**Hallucinogens** - This includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc. (PCP is not included in this code.)

**Health insurance status** - No Insurance , Blue Cross/Blue Shield, Other Private Insurance, Medicaid/Care (Client receives both Medicaid and Medicare) , Champus (Civilian Health and Medical Program of The Uniformed Services), Other Public Funds For Health Care (This includes SSBG (Title XX)), SSI or SSDI (Social Security Income or Social Security Disability Income), Medicare, Medicaid, HMO

**Heroin** or **diacetylmorphine** (INN) is a semi-synthetic. opioid. It is the 3, 6-diacetyl derivative of morphine (hence *diacetylmorphine*) and is synthesized from it by acetylation. The white crystalline form is commonly the hydrochloride salt, diacetylmorphine hydrochloride.

**Hispanic-Mexican** -A person of Mexican origin, regardless of race.

**Hispanic-Puerto Rican** -A person of Puerto Rican origin, regardless of race.

**Hispanic-Cuban** -A person of Cuban origin, regardless of race.

# I

**Inhalants** - This includes ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner, etc.

**IV/IM problem or use** - Drug usage where the route of administration is by injection into the muscle, vein or by subcutaneous or "skin popping" at any time during the client's drug taking history.

# L

**Living Arrangements** – Homeless – Clients with no fixed address; includes shelters.

Dependent Living – Clients are living a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care.

Independent Living – Clients living alone or with others without supervision. Includes adult children (18 and over) living with parents.

# M

**Marital status** - A person's marital status describes their relationship with a significant other.

**Married** - This includes the client who is legally married and the client who considers himself/herself married.

**Marijuana/Hashish** - This includes THC and any other cannabis sativa preparations.

**Medication at discharge** –

- **None**
- **Methadone**
- **LAAM (l-alpha acetylmethadol)**
- **Propoxyphene-N**
- Trade Name: **Darvon-N**,
- **Naloxone**--Antagonist prescribed as the Primary medication,
- **Cyclazocine** -Antagonist prescribed as the Primary medication,
- **Disulfiram** - Trade Name: Antabuse-Prescribed as the primary medication during alcohol abuse treatment,
- **Other Antagonist**-For example: Nalorphine, Levallorphan, Naltrexone, Antagonist prescribed as the Primary medication,
- **Other** -A medication not listed above that is prescribed as a Primary part of the client's treatment regimen.

**Methamphetamines** - (or methyl amphetamine or desoxyephedrine) is a synthetic stimulant drug used for both medicinal and recreational purposes (the latter use is illegal in most countries). Like most stimulants, methamphetamine can cause a strong feeling of euphoria, thus creating the potential for addiction.

**Modality** - Modality is the geographic unit in which treatment takes place.

**Modality at admission** – a) Maintenance -The modality assigned during which Disulfiram is prescribed to achieve stabilization b) Other - The modality assigned

**Modality at time of discharge** – **Detoxification (with or without counseling)** Observation and Medical Detoxification, **Maintenance** -The modality assigned during which Disulfiram is prescribed to achieve stabilization, **Alcohol/Drug Treatment**, The modality does not include any chemical agent or medication as the primary part of the alcohol/drug program, such as, Residential and Partial Day, and Outpatient, **Other**, The modality assigned other than those specified above.

# N

**Native Hawaiian or Other Pacific Islander** - A person of origins in any of the original peoples of Hawaii, Guam, Samoa, or other pacific islands.

**Never Married** - This includes the client whose marriage has been annulled.

**Non-Rx Methadone** - Methadone obtained and used without a legal prescription.

**Not in Work Force** - Client is not seeking employment in the past 30 days or a student.

# O

**Opioid treatment** - Specifies whether methadone, LAAM, bupreorphine, or other opioid replacement therapy is part of the client's treatment plan.

**Other** - This includes any other drug not falling into one of the specified categories.

**Other Hispanic** - A person of other Hispanic origin

**Other Opiates and Synthetics** -This includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.

**Other Sedatives or Hypnotics** - This includes methaqualone, chloral hydrate, Placidyl, Doriden, etc.

**Other Stimulates** - Includes all other stimulants

**Outpatient** - The client resides outside the program. The client participates in an alcohol/drug abuse treatment program, with or without medication. The client attends the program according to a predetermined schedule for services that includes counseling and supportive services.

**Over-the-Counter** - This includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication

# P

**Part-time** -(Less Than 35 Hours a Week) this includes clients on strike with past working hours totaled less than 35 hours a week.

**PCP** (Phencylidine) - is a dissociative drug formerly used as an anesthetic agent, exhibiting hallucinogenic and neurotoxic effects.

**Prison** - The client is incarcerated in a Federal, State, or other prison or jail and participates in a treatment program within the correctional institution. The program's funded environment may not be prison, but program staff in a prison environment is providing regularly scheduled treatment services. If the client is leaving the prison on a regular basis to receive alcohol/drug abuse treatment services from a program outside the prison, enter the environment as either day treatment or outpatient.

**Program** - A program provides alcohol/drug abuse treatment services directly to clients. A single program may provide more than one modality and environment.

## R

**Race** - distinguishes one population of humans (or non-humans) from another.

### **Reason for Discharge –**

- **Completed treatment; no alcohol/drug use**-The client has no alcohol/drug problems and has not used alcohol/drugs during the 30 days prior to discharge
- **Completed treatment; some alcohol/drug use**-The client has no alcohol/drug problem but has used a drug(s) during the 30 days prior to discharge
- **Transfer to an ADMIS reporting program**-The client is discharged from the program and is transferred for continued treatment to another ADMIS reporting facility, Treatment has not been completed
- **Transfer to a non-ADMISS reporting facility, Referred outside this facility, Non-Compliance Program Rules**-The client is discharged for violation of program rules. (For example, for continued alcohol/drug involvement, etc.) Treatment has not been completed
- **Client left before completing treatment** The client is discharged because of his/her decision to leave the program before completion of treatment or his/her refusal to continue a further phase of treatment. Treatment has not been completed
- **Incarcerated**-The client is discharged because of incarceration. Treatment has not been completed
- **Death**

**Residential** - An alcohol/drug abuse treatment unit where the client resides other than a prison or hospital. Alcohol/drug treatment therapeutic communities are included. When alcohol/drug treatment services are provided to a client who resides in a nonalcoholic/drug related residential setting, enter the environment as either partial day treatment or outpatient.

**Route of admission - Route Unknown, Oral** -Ingested by mouth, **Inhalation, Smoking**-Absorbed through the lungs and respiratory system by mouth, **Intramuscular**- Administered by injection into the muscles, **Intravenous**-Administered by injection into the veins, **Other, Not Applicable**

# S

**Separated** - This includes the married client not living with spouse by choice, whether or not a court has entered a decree of legal separation.

**Severity of Problems** - Client can function independently without any assistance, Client occasionally needs assistance to function within the community, Frequently needs assistance to function, Cannot function in community at this time; needs institutionalization, includes residential programs, halfway houses, etc.

**Sex** –Male, Female, Unknown

## **Source of referral -**

- **Self Referral, Hospital** - This includes a medical or psychiatric hospital, or affiliated programs
- **Community Mental Health Center, Community Services Agencies/Individuals**- This includes a Federal, State, or local agency that provides aid in the areas of poverty relief, unemployment, or social welfare; another alcohol/drug program; and a private physician, psychiatrist, or other mental health professional. Referrals from the Veteran's Administration, if the program does not use V.A. funds, are included under this code
- **Family/Friends, Employer**- This includes a supervisor or an employee counselor or the employees EAP (Employee Assistance Program)
- **School** - This includes a school principal, counselor, teacher, dean or advisor
- **Other Voluntary**-This includes a public defender, defense attorney, and any other voluntary referral sources not listed
- **Treatment mandated** by any component of the Criminal Justice System is not included
- **Treatment Alternatives to Street Crimes (TASC); Probation**- The client has not served a term in a correctional institution for this offense. This includes referrals from a judge, prosecutor, probation officer or other personnel affiliated with the Federal, State, Municipal, and/or county/court judicial system. This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. The client need not be officially designated as “on probation.”
- **Parole**- The client has served a term in a correctional institution. This includes a warden, superintendent, parole officer or other personnel affiliated with the Federal, State, and/or county jail or prison system, this also includes clients on pre-parole, pre-release, work, and/or home furlough. The client need not be officially designated as “on parole.”
- **Other Non-Voluntary**- Usually a commitment under Act 10 of 1989 or similar civil commitment.

**Specialized Women Services/omen Services (SWS)** - Yes or No if client has custody of children or is pregnant (SWS), Yes or No with children, Yes or No Pregnant, Yes or No Receives Medicaid  
Only mark “Yes” if there is SWS funding.

**Social Support Program in last 30 days** - This is a frequency of attendance at self-help programs in the 30 days prior to admission and discharge. It is the number of times a client has attended a self-help program in the 30 days preceding the date of admission to treatment services. This includes attendance at AA, NA, and other self-help/ mutual groups that focus on recovery from substance and dependence. This is only voluntary self-help substance abuse recovery support groups it cannot be involuntary.

**Substance Abuse Assessment and Intake** - A one-time charge per client per admission. Admission is defined as at least a unit of residential service, a unit of day treatment, or four units (1 hour) of outpatient counseling in addition to the day the client was assessed. The client cannot be admitted and discharged on the same day. Assessment for Substance Abuse must include the administration of an interview to provide information on the client, the client's alcohol/drug taking history, employment history, family background, and prior treatment. The administration of the Addiction Severity Index (ASI) must be included. Other items, which may be included; are physical exam, drug testing, and other screening or assessment tools for substance abuse and mental health.

**Source of Income** – The client's principal source of financial support. For children under 18, this implies the parent's primary source of income/support.

## T

**Tranquilizers** - This includes Librium, Valium, Miltown, etc.

## U

**Unemployed** - Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Actively looking for work may consist of any of the following activities:

Contacting:

- An employer directly or having a job interview
- A public or private employment agency
- Friends or relatives
- A school or university employment center
- Sending out resumes or filling out applications
- Placing or answering advertisements

- Checking union or professional registers
- Some other means of active job search

# W

**Widowed** - is a woman whose husband has died. A man whose wife has died is a widower.

**White** (Not of Hispanic Origin) - A Caucasian person having origins in any of the people of Europe (includes Portugal, North Africa, or the Middle East).