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INTRODUCTION

The Alcohol/Drug Management Information System (ADMIS) is a data collection system developed and operated by the Arkansas Department of Human Services, Division of Aging, Adult and Behavioral Health Services 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 Division of Aging, Adult and Division of Behavioral Health Services, funded or non-funded programs.

The Division of Aging, Adult and Behavioral Health Services 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 Division of Aging, Adult and Behavioral Health Services 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 October 2017.
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 501-686-9953 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) 686-9164 to get assistance.

1) Logging In

To login to ADMIS:
2. On the log in page, enter your User ID and Password.
3. Check the box to agree to the privacy policy and terms and conditions
4. On the Login Button, click your mouse or push enter on your keyboard.
5. If you do not like the password given by the Administrator it can be changed. In order to do so, log in and click on change password then enter your current password. Then enter in your new password, then confirm new password then click on change password.

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, then lower case letters, and one number at the end. If your password expires, you will have to call the Administrator to get a new password.

After you login, there will be a pop up box “No Activity” that will show the clients that have been in the system for over 90 days. If the client is not receiving any type of service or there has not been any contact in 90 days the client needs to be discharged. Click “Cancel or “OK”.
If you click “OK” this will take you to the over 90 day’s screen where you can select the client and discharge the client.

**Alcohol/Drug Management Information System**

*Active clients in current environment for more than 90 Days*

<table>
<thead>
<tr>
<th>Client ID</th>
<th>SSN</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Admit Date</th>
<th>Current Program</th>
<th>Program Entered Date</th>
<th>Days in Program</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>430224568</td>
<td>Baby Huey</td>
<td>Mar 3 1975</td>
<td>Jul 29 2013</td>
<td>Outpatient</td>
<td>Aug 12 2013</td>
<td>1507</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>430224569</td>
<td>Roger Rabbit</td>
<td>Sep 9 1984</td>
<td>May 8 2015</td>
<td>Outpatient</td>
<td>May 8 2015</td>
<td>873</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>430224571</td>
<td>Mickey Mouse</td>
<td>Jun 1 1982</td>
<td>Oct 1 2015</td>
<td>Outpatient</td>
<td>Oct 1 2015</td>
<td>727</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>430224573</td>
<td>Daffy Duck</td>
<td>Dec 28 1990</td>
<td>Dec 3 2015</td>
<td>Outpatient</td>
<td>Dec 3 2015</td>
<td>664</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>430224574</td>
<td>Tasman Devil</td>
<td>May 29 1969</td>
<td>Dec 29 2015</td>
<td>Outpatient</td>
<td>Dec 29 2015</td>
<td>638</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>430224575</td>
<td>Bart Simpson</td>
<td>Oct 28 1971</td>
<td>Dec 14 2015</td>
<td>Outpatient</td>
<td>Jan 1 2016</td>
<td>635</td>
<td></td>
</tr>
</tbody>
</table>

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 Change Password and Reporting Subsystem. Let’s look at some of these functions.
SECTION 1.03 CLIENT MAINTENANCE BROWSE

The client maintenance browse is where you can search for active clients, list all active clients, view any client that has been created in the “Last 45 days”, and view all active clients that have been in the same program for 90 days or more. Additionally, this is where you can add your active clients, discharge your client, and change the client program. It also contains “Add New Treatment”, “Inactive” and a “Log Off” and “Home” option on the left side of the page.

(a) Search Active Clients

1. Your Provider ID and Provider Name will automatically appear. If you have multiple locations, then use the drop-down box to select the Provider ID of where the client is receiving services.

2. Click **Client ID Quick Search** add client ID. The Client ID is an automated number given by the system. You can also search for a client by the SSN.

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.

1. Provider ID and Name
2. Click Search Active Records by ID
3. Click Search Active Records by SSN
4. Click List All Active Clients
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 AR provides data on admission status, client characteristics, and alcohol/drug problems. The AR also collects information on the client’s socio-demographic characteristics, treatment history, treatment plan components, and alcohol/drug history. It is very important to not miss any questions on the AR.

- A client cannot be at two facilities at the same time except for a methadone and a drug court client. If you get a message that this client is somewhere else. Call the ADMIS Liaison (Administrator) to get the client discharged before you can enter the client.

### Admission Report (AR)

1. Sally needs to enter treatment. Click Client Maintenance Browse on the Main Menu page.
2. If you have multiple locations, in the drop-down box “SELECT PROVIDER” and choose the Provider ID of where the client is receiving services on the drop down.

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

4. After you click Add New Treatment, you will get this page to enter the Admission Report.
5. On the New Treatment Episode homepage, Enter Client ID number or First Name, Last Name, DOB and SSN to do a search to see if the client is in another facility then click with your mouse Client Search ID or Client Search or you can use CTRL S on your keyboard. The Client ID is an automated number given by the system.

Enter Client ID

All Clients’ SSN needs to be checked by looking at the client’s 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 Client ID because of the HIPPA and Federal Confidentiality Laws. However, you can write that it is an active episode. If you do not have a client SSN contact the ADMIS Administrator to get a pseudo number.

Enter the Client’s First Name.

Client First Name

Enter the Client’s Middle Name.

Client Middle Name

Enter the Client’s Last Name.

Client Last Name

Enter the Date of Birth of client. This must be in the format of mm/dd/yyyy.

Date of Birth (mm/dd/yyyy)

Enter the Client SSN.

Client SSN

6. After the Client Search has been done it may show this on the screen:
7. This optional screen will allow you to link multiple client IDs that belong to the same client. The purpose of this screen is to aid DAABHS in a client ID data clean-up process. Please checkmark the boxes next to any client IDs that you believe are the same client. You will not be permanently altering any data by linking client IDs.

8. If this is not the correct client click “Add New Client”.

9. Choose the Client’s Sex-Male, Female, or Unknown.

   **Client Sex**

   ![Choose One]

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

10. 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**

   ![Choose One]

   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*

11. Choose Client’s Ethnicity if the client is Hispanic. Choose from 5 Hispanic Categories 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**

   ![Choose One]

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

12. “Funded Treatment” box. If you are not funded do not check the box. If your agency is a funded provider or a subcontractor for a funded provider and the treatment is to be funded by DAABHS, check the box.
17

Funded Treatment? □

If you click in the funded box, another box will appear. The boxes “Begin Date” is for a client at the beginning had another source of paying but the funding is not paying for the client anymore. You need to enter the date that the funding (state funds) started. If the client has some other type of funding before the treatment episode ended you will need to enter the (state funds) “End Date”.

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

**Modality Admitted To**

15. Choose the Program that the client was admitted. This indicates the treatment program that the client was assigned by the program staff.

**Program Admitted to**

16. 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

17. When you choose SWS, it will ask how many children the client has.

How many children?  

⚠️ Only answer “Yes” if your facility has SWS funding and if it is a SWS funded client. If the client were a male then the answer would be “No”.

18. Once you put how many children they have you will have to answer questions regarding the children. You will answer the questions for each child.

How many children? 2

Child # 1
Age:  
Special Needs:  
Placement:  

Child # 2
Age:  
Special Needs:  
Placement:  

Placement Categories on Drop Down:
- In Treatment w/Client
- DCFS
- Family of client
- Other

* See Glossary for Special Need definition

19. 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.

20. 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.

21. 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.

22. 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.

23. Choose the **Detail Criminal Referral Code** that applies to the client at admission.

Detail Criminal Referral Code

24. 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.**
25. Choose whether the client is receiving Medication-Assisted Treatment for Opioids. Yes or No.

Medication-Assisted Treatment for Opioids

26. Choose whether the client is Pregnant. Yes or No

Pregnant

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

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

US Citizen

28. Choose Martial Status at admission.

Marital Status

29. 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.

30. Choose if the client is Co-dependent that the client is in at admission. Yes or No

Co-dependent

If Co-dependent is answered “Yes”. Then the Co-dependent Status will be grayed out and if it is “No” then you will need to choose the Co-dependent Status.
31. Choose what type of Co-dependent Status that the client is in at admission. If the client is being admitted for his/her own treatment services and is truly not a co-dependent, then choose 5. Not applicable.

Co-dependent Status  

In the Co-Dependent Status ask the client these 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 is applicable?

32. Choose client’s Highest Grade Completed.

Highest Grade Completed  

If a client has completed their GED then it would be considered 12\textsuperscript{th} grade completion no matter what age group that they are at the time of admission.

33. 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

34. 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 skilled development program provides the client with
vocational training (for example; clerk, barber, or mechanic).

35. 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

When answering the question at “Employment Status at Admit” field is “unemployment”
this will be grayed out.

36. 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. The social support cannot be counted if they are already in residential
treatment or detoxification getting social support since this is only for prior to admission.

37. 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.

38. Enter Number Arrests in last 30 Days.

Number Arrests in last 30 Days

39. 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.

40. 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.

41. Choose the Client Living Arrangements.

Client Living Arrangements

If a client is was in detoxification, residential or in a chem free housing at admission the answer would be DepLiving. (Dependent Living)

42. Choose if the client is Co-occurring Mental Health Disorder. Yes or No.

Co-occurring Mental Health Disorder

Co-occurring Mental Health Disorder 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
43. 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](image)

.dep 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,)

44. 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](image)

.dep 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.

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

![Medicaid](image)

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

![Receives SSI/SSIDI](image)

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

![Receives TANF/TEA/Welfare to Work](image)

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

![Expected Payment Source](image)
SECTION 1.05 ENTERING SUBSTANCE USE AT ADMISSION

On the Admission Report, the Substance use 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 Use at Admission” must be entered.

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.*
When you select other opiates and synthetics, Heroin or Non-RX Methadone a question will pop up asking if naloxone has been administered recently. See below as an example.

The other opiates and synthetics category includes the following drugs:

- Opioid pain relievers (e.g. oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)
- Fentanyl and fentanyl analogs
- Opium
- RX Methadone
- Oxymorphone
- Tramadol
- Morphine
- Buprenorphine
- Codeine

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

3. In 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:
<table>
<thead>
<tr>
<th>DRUG TYPE</th>
<th>PROBLEM SEVERITY</th>
<th>FREQUENCY OF USE</th>
<th>USUAL ROUTE</th>
<th>AGE OF FIRST USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Amphetamine</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
</tr>
<tr>
<td>Secondary</td>
<td>Marijuana</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Alcohol</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
</tr>
<tr>
<td>IV/IM</td>
<td>Heroin</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
<td>-Choose One-</td>
</tr>
</tbody>
</table>

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.**

7. **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.

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

**On June 30th of each year will be the last day that you can enter a client for the State Fiscal Year, and if you miss this deadline then you will to have enter the admission date as July 1. On July 1 each year will be a new State Fiscal Year.**

**Click “Submit” submit when you’re finished entering the substances and have verified all information on the Admission Report is accurate.**
After you have submitted the treatment, you can still see what the drug types were at admission by following these steps:

- 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 Program page.
A Program Change Maintenance (PCM) is to be completed on those active clients within a program who, during the course of treatment, move from one type of program to another. **A PCM should always be used if the client has been entered as detoxification program on the AR and is being transferred to residential environment or vice versa at the same location.**

---

You can only use the PCM if it is at the same location but if the client is being transferred to another location, the PCM cannot be used. Please see Section 1.09 if the client is going to another location with the same provider.

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, a PCM must be completed for each change if it is with the same location the client is receiving services.** This report is to be used for active clients only. The PCM 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 Program Change Maintenance becomes handy.

- Click the link **Client Maintenance Browse**
- On the **Browse Active Clients** page enter the Client ID number
- This will take you to the **Update Treatment Episode** page
- Look to your left of the screen and click on the link **Program**
2. After you have clicked the link Program, this page should be showing.

3. Enter the **Prior Program Complete Date** that the client has entered in this program. The date should be in this format: (mm/dd/yyyy)

   Prior Program Complete Date

4. Enter the **Program Entered Date**

   Program Entered Date

5. Choose the **Program** that the client is entering for treatment.

   Program

6. Enter **Program Complete Date** only if client has finished the program. The date should be in this format: (mm/dd/yyyy)

   Program Complete Date

7. After completion of a Program Change, click **Add New Record**.

   Add New Record

8. If you make a mistake you can select edit and change the program.
SECTION 1.07 ENTERING A DISCHARGE REPORT

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

The DR 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 AR has been submitted, a DR 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 Client ID and click “Search Active Records”. Or you could click from the New Treatment Episode page (Admission Report)

1. Enter Client ID
2. Click “Search Active Records”
Another option is to click “List of Active Clients” and click Select on the appropriate client.

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

2. Click on Discharge link on the left side of the page which will bring you to the screen below.
3. Choose the date by the calendar or enter the Date Last of Contact with the client. The date should be in this format: (mm/dd/yyyy).

   Date Last of Contract

   -Choose One-

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

   -Choose One-

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

   Reason for Discharge

   Choose One

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

   Modality at Discharge

   Choose One

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

   Medication at Discharge

   Choose One

8. Choose the Employment Status at Discharge.

   Employment Status at Discharge

   Choose One

   ▼ 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 or while a client is residential treatment.

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. Counties are provided in the Appendices.

16. If the client was admitted into the SWS program with children (meaning the children entered into treatment with the client), then you will be asked whether they have successfully completed treatment with children.

17. After you complete the DR, at the bottom of the page Drug Types of Discharge must be completed. It will be populated with the information gathered at admission and only the Problem Severity and Frequency of Use can be changed.

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

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.

If no changes are to be made, then you can leave data as is.

Click “Submit” submit when you’re finished after you entered the discharge date and selected the radio button to discharge. (radio button)
If you would like to find a discharged client, click on “Inactive” to search for the client as shown below.

1. Click Inactive
SECTION 1.08 REMOVING A DISCHARGE REPORT

If you make a mistake and entered a DR, you can remove the discharge for the client to continue with his/her treatment. The discharge can be removed anytime even after the billing has run.

1. Remove discharge date.
2. Click radio button to remove discharge.
3. Click Submit button.
When transferring a client to another location, you cannot use the Program Change Maintenance (PCM). The client will have to be discharged from the current Provider ID and admitted into the new Provider ID.

When entering a discharge for a client that is going to be transferred to another location that is within the same provider network, the “Reason for Discharge” on the drop down should be “XfeTOADMISPgm” (Transfer to ADMIS Program).

Another AR will have to be entered in the system as a transfer. On the “Admission Type” drop down, use the “XferFromADMISProgram” as the admission type. Since the intake and assessment have already been done for the first admission, a new assessment and intake will not be paid. This is to track a client at the right location that he/she is receiving services.
The “Source of Referral” would be “Alcohol/Drug Abuse Provider” and the “Number of Prior Admission to Any Program” would be a zero. For example, you went one doctor at one location, and went to another location that is affiliated with the other doctor; the file would be at the new doctor at the other location.
The treatment episode can be updated by clicking the **Client Maintenance Browse** link from the main menu and select the client needing updates. You would use this whenever you need to correct admissions data associated with the **Treatment Episode** before the billing downloads on the 1st of each month.

Make any necessary changes and click Submit Updates when complete.
SECTION 1.11 ENTERING SERVICES FOR A TREATMENT EPISODE

Services can be entered on treatments that are in an Outpatient Program. These are entered per client and will automatically be pulled over to your monthly billing.

To get to this page, see the following steps:

- Click the link Client Maintenance Browse
- On the Browse Active Clients page, select the client you need to update
- This will take you to the Update Treatment Episode page
- Look to your left of the screen and click on the link Services

You should now see the following screen:

Simply select the Service, the number of Units, and the Date of Service, and click Add New Record.
The Financial Services Subsystem is located on the Main System Menu. It provides different areas that support the monthly billing process for each month. After clicking on the link Financial Services Subsystem, these different links can be viewed: Monthly Billing, Billing Summary, Over Billing, Invoices, Post Billing, and Contract Funding Master Maintenance.
The Monthly Billing is always created taking the month prior to the normal month cycle of the year. All Admission Reports, Program Change Maintenance Report, and Discharge Reports need to be entered before the Office of Systems and Technology will download the billing on the 1st of each month at 4:30 P.M. The facility/program has five (5) business days to calculate outpatient units, verify residential days, and approve the billing pages. On the second day of the month, you can start working on your billing.

The billing ends the 15th 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, and it is ready for him/her to post.

The DAABHS ADMIS Administrator will post the DAABHS billing, and notify the provider by telephone or by E-mail that the billing has been posted. DAABHS cannot accept faxes or copies of the ADMIS invoice. The billing summary needs be printed out and mailed in with the original invoice. The signed original will be sent to the DAABHS Finance for process of payment, and then sent to DHS Finance department. It usually takes 7 business days for an invoice to be paid when it reaches the DHS Finance department. Paper invoices are only allowed if it has been approved by DAABHS staff. The paper invoices will need to match what is on the system and will be checked.

The invoices and is not mailed to an individual. The front desk at the state office gives them to the person who is working on the invoices.

Mailing Address for sending in invoices:
DHS/Division of Aging, Adult and Behavioral Health Services
4800 W. 7th Street
Little Rock, AR 72205

For the providers who have multiple locations and subcontractors, all the clients that are within those provider ID’s will be grouped into one main contractor Provider ID that ends with -1 or -01. When a client is transferred to another location the Single State Authority (SSA) will only pay for the first assessment and first intake.
1. In order for you to get to the Monthly Billing page, click the Financial Services Subsystem link on the Main System Menu.

2. Click Financial Services Subsystem

3. After you click the Monthly Billing link this page will appear.
4. Select your Provider ID if it isn’t already filled in for you.

[Choose One]

5. Choose the Billing Period that you want to approve or view.
   In this format: YYYYMM

[Billing Period (201207):]

6. Choose the Program.

[Choose One]

7. Choose the Funding Status. This option will allow you to filter your results based on the funding status of each record. The options are Pending, Approved, Held, Overbilled, and Posted. A funding status of Pending will include all records that have a Total amount but are not yet approved.

[Funding Status]

8. Click GO.

[GO]

9. 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.

[Export to Excel]
10. You should now see the following screen. It will show the State Fiscal Year Billing Information and the Current Monthly Billing Information on the contracts/grants that you receive. You will see either one or two contracts listed. The General contract will include funding for all programs except for SWS. If your facility offers SWS services, then you will have a separate contract for that funding and it will also be shown here.

11. Once here, you will be able to edit the Number of Units, put a record on hold, or mark a record as overbilled.

12. The number of units will be automatically calculated by the system; however, it can be adjusted for billing purposes. Units are calculated based on the program entered date and program completed date for each client. Units for Outpatient services will also be shown here if the client’s services have been entered through the Services screen in the Update Treatment Episode page. Enter/Update the number of units for each client in the monthly billing for each service that was provided.

The Unit Rate is given by DAABHS and cannot be edited.

13. Records can be put on Hold if the billing is over billed or there are not enough funds for this service. The hold box would be checked and a hold reason would need to be added in the Hold Reason column. This will exclude this record from this month’s invoice. The hold can be undone at a later time and paid on a future invoice if needed.

14. The Adjustment column and Adjustment Reason will automatically be added in this column for when a billing adjustment has been made through the Billing Adjustments page.

15. 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. Over Bill can be undone at a later time and paid on a future invoice if needed. It is a way to show that the service was rendered but no payment was made. If there was funding then this is how much that would have been paid.

16. If you cannot see the entire client’s billing for the billing month entered in one page, there is a Next and Last Link at the bottom of the page. It is easy to look at all the pages by clicking on the links that are provided.

17. At the bottom of the page, there 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. You can make changes as many times as needed and submit updates until you are ready to approve your billing for the month.

18. 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 Approve All Pending button is located at the bottom of the page.

ようになりました If a client was entered before the current billing cycle and it was previous months. You will need to go to the previous billing cycle of the month that the client was admitted into treatment.

.facebook.com For example: A client went to treatment on 07/01 2017 but it did not get entered into the system until 09/01/2017. You will need to go to the July billing cycle to add the units.

Approve All Pending

After the billing is approved contact your ADMIS System Administrator by e-mail or by telephone to post your billing.
SECTION 1.14 BILLING SUMMARY

The Billing Summary page is a view of all the billing that is to be paid in the month selected. This includes all current month billing and any adjustments or corrections from past months. The totals on this report should match up to your invoice for the selected 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, as the options are visible on the left side of the page on all billing pages.

1. The Provider ID may be filled in by the system.

   Provider ID [Choose One]

2. The Billing Cycle that you would like to view can be seen by choosing the cycle.

   Billing Cycle [Choose One]

3. Choose the Program

   Program [Choose One]
4. After you have chosen what Billing Cycle and Program click 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.

The Billing Summary needs to be printed and attached to each invoice submitted to DAABHS.
SECTION 1.15 OVERBILLING

The **Overbilling** screen is a complete report of the overbilling for each program. The report shows after choosing the **Program** 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 **Overbilling** page is located on the **Financial Services Subsystem Menu** and located on the left of the screen on all the billing pages.

1. Click **Overbilling**

1. Choose **Provider ID** and the **Program (Fund Group)**, select **SFY** and hit Submit.

2. The Report can be exported to Excel after the Submit button is clicked or before the Submit button is clicked.
The Billing Adjustments page is where a provider can make adjustments to their billing. For example, a second intake was paid on a client and needs to be removed and refunded to DAABHS. The Provider can go to this page and adjust the units. 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 program and billing month to see a list of clients.

1. Click Monthly Billing

2. Click Billing Adjustments
This is the screen that you will see after clicking “Billing Adjustments”.

The first tab is the Adjustment page.

1. The Provider ID automatically appears.

   Provider ID: Choose One

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

   Service Yr/Mo: Choose One

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: -Choose One-

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: Choose One
6. There may be multiple dates in this dropdown if the client has entered another program since the beginning of treatment.

Program Entered Date  
Choose One

7. Choose the Service Code.

Service Code  
Choose One

8. The Original Paid Units and Original Payment amount will be shown.

9. Enter New Total Units. The New Payment amount will be calculated for you.

New Total Units

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

Adjustment Reason

13. Click the Submit Updates button.

The second tab is the New Records page.
1. Click the New Records tab.

2. Choose the Provider ID that you want to add a client.

3. Choose the Service Yr/Mo (ex: 200407): then add a client that entered for the services.

4. Scroll down to the bottom of page and select the client that you want to add services.

5. After you click “Select” this screen will show.
6. Enter the amount of Units then click “Submit Updates”.

7. This should be in your billing for this month.

   All your Admissions, Program changes and Discharges should be in the system on the 1st each month by 5:00. Once all the billing has been adjustment and it has been posted. The billing cannot be rerun again. This is a done deal after it is posted once. Make sure everything is correct before asking to post the billing. All billing needs to be done by the 15th of each month by 4:30. If the 15th falls on a weekend or holiday then there will be an extended time frame until the next business day.
The **Invoices** are what you turn in to DAABHS. After the facility/program has approved all billing pages, the provider notifies the DAABHS ADMIS Administrator that the billing has been approved by telephone call or e-mail that it is ready for him/her to post. The DAABHS ADMIS Administrator will check for billing errors. The ADMIS Administrator will post the billing and notify the provider by telephone or by e-mail that the billing has been posted. **DAABHS cannot accept faxed or copy invoices.** The invoice date and the signature date must match on the original invoice. The signed original will be sent to the DHHS Finance for process of payment.

If the billing is not posted the **Invoices** amount will be blank on the page.

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 501-686-9164 and explain your circumstances to the receptionist that 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 [Choose One]

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

   Billing Cycle [Choose One]

4. Choose Contract. When you click the dropdown menu, you will have two options. General or SWS. General includes all programs except for SWS.

   Contract [Choose One]
5. Click the **Submit** button. After you click the **Submit** button your Invoice Form will appear with your totals for the **Contract** selected.

6. Your invoice totals should always match your Billing Summary.

7. Click the **Print DAABHS5** button and the following screen appears.

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

9. The bottom area of the form will have your billing amount and when you make the adjustments on the **Billing Adjustments** page, it will appear in the **Provider Adjustments to Payments** box. The **ADJUSTED TOTAL** will be filled if any adjustments are present on the invoice. If you checked the **Direct Deposit** box, it will be displayed on the Invoice Form. The DAABHS Finance will fill out the rest of the State and Federal areas.

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

SECTION 1.18 CONTRACT FUNDING MASTER MAINTENANCE

Under the Financial Services Subsystem Menu, there is a link called Contract Funding Master Maintenance. This link will show how much your facility will be getting on the contracts to bill. It is a good idea to check to make sure it is correct at the beginning of the state fiscal year.

To view the contract click the link Contract Funding Master Maintenance and this page will show up.

1. Choose on the drop down which fiscal year that you want to view.
2. Once the fiscal year is chosen it will show at the bottom of the page.
The ADMIS system has different statistical reports that can be printed out or shown. The Reports can be found on the Main System Menu. DAABHS welcomes any type of ADMIS report requests that are needed by the provider. If you would like a certain report, please call your ADMIS administrator.

1. After you click the reporting link, the reporting menu will be shown.
2. If you would like to view a report click on one of the report links:

3. Most Reports will be in the format for you to simply select the Provider and State Fiscal Year and Click Submit.

4. The Treatment Information Report, however, is more of an interactive report. You can select one or multiple Provider ID’s if you have multiple locations and/or subcontractors. You can also run it by one or many Programs.

There are two different dates that you can filter by. If the Treatment Admit Date is selected, then you will only get results based on the initial program that the client was entered in. If the Program Enter Date is selected, then you could potentially have more than 1 result for that client if they moved from program to program within the time frame.
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.
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 DAABHS System Administrator. Questions concerning DAABHS funding or grant/contract specifications should be directed to DAABHS Financial Management.

You are referred to the DAABHS Rules of Practice and Procedure, the instructions noted in the Request for Proposal (RFP) package, your current grant, or contract, the DAABHS 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 Adult, Aging and Behavioral Health Services
305 S. Palm Street
Little Rock, AR 72205
Web address: http://humanservices.arkansas.gov/dbhs/Pages/default.aspx
### ARKANSAS COUNTIES

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<td>Van Buren</td>
</tr>
<tr>
<td>Drew</td>
<td>Mississippi</td>
<td>Washington</td>
</tr>
<tr>
<td>Faulkner</td>
<td>Monroe</td>
<td>White</td>
</tr>
<tr>
<td>Franklin</td>
<td>Montgomery</td>
<td>Woodruff</td>
</tr>
<tr>
<td>Fulton</td>
<td>Nevada</td>
<td>Yell</td>
</tr>
<tr>
<td>Newton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Opiates and Synthetics
Other Sedatives or Hypnotics
Other Stimulates
Over-the-Counter
PCP
Tranquilizers
Other
Unknown
OCCUPATION

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
OCCUPATION, CONT.

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, i.e.
Engineering and science technicians
Agriculture and biological technicians, except health
Chemical technicians
Drafters

OCCUPATION, CONT.

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

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

MANAGERS AND ADMINISTRATORS, EXCEPT FARM, CONT.

Inspectors, except construction, public administration
Managers and superintendents, building
Office managers, i.e.
Officers, pilots and purser, ship
Officials and administrators, public administration, i.e. Officials of lodges, societies, and unions
Postmasters and mail superintendents
Purchasing agents and buyers, i.e. Railroad conductors
Restaurant, cafeteria, and bar managers
Sales managers, except retail trade
School administrators, college
School administrators, elementary and secondary

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
CLERICAL AND KINDRED WORKERS

Bank tellers
Billing Clerks
Bookkeepers
Cashiers
Clerical assistants, social welfare
Clerical supervisors, i.e.
Collector’s bill and account
Counter clerks, except food
Dispatchers and starters, vehicle Enumerators and interviewers, i.e.
Expediters 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, legal Secretaries, medical Secretaries, i.e.
Shipping and receiving clerks
Statistical clerks
Stenographer
Stock, clerks, and storekeepers

**CLERICAL AND KINDRED WORKERS, CONT.**

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
Cabinetmakers Carpenters
Carpenter apprentices
Bulldozer operators
Carpet installers
Cement and concrete finishers
Carpet installers
Compositors and typesetters
Printing trades apprentices, exc. pressmen
Crane men, derrick men, and hoist men
Decorators and window dressers
Dental laboratory technicians
Electricians
Electrician apprentices

**CRAFTSMAN AND KINDRED WORKERS, CONT.**

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, i.e.
Supervisor and hammer men Furniture and wood finishers Furriers
Glaziers
Heat treaters, appealers, and temperers Inspectors, scalars, and graders; log and lumber Inspectors, i.e.
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
CRAFTSMAN AND KINDRED WORKERS, CONT.

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

CRAFTSMAN AND KINDRED WORKERS, CONT.

Telephone linemen and splicer
Tile setters
Tool and die makers
Tool and die maker apprentices
Upholsterers
Former members of the Armed Forces

SERVICE WORKERS, EXE. PRIVATE HOUSEHOLD

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, i.e.
SERVICE WORKERS, EXE. PRIVATE HOUSEHOLD, CONT

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

PRIVATE HOUSEHOLD WORKERS

Child care workers, private households
Cooks, private household
Housekeepers, private household
Laundresses, private household
House cleaners and servants, private household
STUDENT
HOMEMAKER
DISABLED/RETIRED
NONE
SUPPORTIVE SERVICES

If you have any questions or have any problems please contact your System Administrator. The main telephone number for DAABHS is 501-686-9164

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 System 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.
Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services

Admission Report (AR)

First Name
Last Name
Date Of Birth (mm/dd/yyyy)
Client ID
(Client ID Given by ADM) Is
Client SSN

Client Sex Check One
Male
Female
Unknown

Client Race Check One
Alaskan Native
American Indian
Asian
Black
Hispanic Cuban

Client Ethnicity Check One
Hispanic Mexican
Hispanic Puerto Rican
Other Hispanic
Nat Hawaiian/PI
White

Check if Funded by DAABHS
Funded
Begin Date
End Date

Admit Date (mm/dd/yyyy)

Modality Admitted to Check One
Detoxification
Maintenance
Alcohol/Drug Treatment
Other

Program Check One
Adolescent Residential
Incarceration
JDC Outpatient
Residential

Admission Type Check One
First Admission
Readmission
XferFromNonADMIS Pgm
XferFromNonADMIS Pgm
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If SWS Program was chosen) How many children? _____

Child 1: Age: _____ Special Needs Y/N _____ Placement □ In treatment with client □ DCFS □ Family of client □ Other

Child 2: Age: _____ Special Needs Y/N _____ Placement □ In treatment with client □ DCFS □ Family of client □ Other

Child 3: Age: _____ Special Needs Y/N _____ Placement □ In treatment with client □ DCFS □ Family of client □ Other

Child 4: Age: _____ Special Needs Y/N _____ Placement □ In treatment with client □ DCFS □ Family of client □ Other

Child 5: Age: _____ Special Needs Y/N _____ Placement □ In treatment with client □ DCFS □ Family of client □ Other

Attach additional child information if needed

<table>
<thead>
<tr>
<th>Days Awaited Treatment</th>
<th>Number Prior Admissions to Any Treatment Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source of Referral Check One

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

Detailed Criminal Referral Code Check One

- Act 10
- Garrett’s Law
- DA Safety Ed
- Juvenile Drug Court
- Dept. of Correction
- Local Jail

County Code (county of residence) at Admit Check One

<table>
<thead>
<tr>
<th>county of residence</th>
<th>Arkansas</th>
<th>Madison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley</td>
<td></td>
<td>Marion</td>
</tr>
<tr>
<td>Baxter</td>
<td></td>
<td>Miller</td>
</tr>
<tr>
<td>Dept. of Com Correction</td>
<td>Municipal Court</td>
<td>Benton</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Drug Court</td>
<td>Municipal Probation</td>
<td>Boone</td>
</tr>
<tr>
<td>Federal Court</td>
<td>State Court</td>
<td>Bradley</td>
</tr>
<tr>
<td>Federal Parole</td>
<td>State Probation</td>
<td>Calhoun</td>
</tr>
<tr>
<td>Federal Probation</td>
<td>NA</td>
<td>Carroll</td>
</tr>
<tr>
<td>State Parole</td>
<td></td>
<td>Chicot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clay</td>
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<tr>
<td></td>
<td></td>
<td>Cleburne</td>
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<tr>
<td></td>
<td></td>
<td>Cleveland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Columbia</td>
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<tr>
<td></td>
<td></td>
<td>Conway</td>
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<tr>
<td></td>
<td></td>
<td>Craighead</td>
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<tr>
<td></td>
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<td>Crawford</td>
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<td></td>
<td></td>
<td>Crittenden</td>
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<tr>
<td></td>
<td></td>
<td>Cross</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dallas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Desha</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drew</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faulkner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Franklin</td>
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<tr>
<td></td>
<td></td>
<td>Fulton</td>
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<tr>
<td></td>
<td></td>
<td>Garland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Greene</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hempstead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hot Spring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Howard</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Independence  Woodruff
Izard  Yell
Jackson
Jefferson
Johnson
Lafayette
Lawrence
Lee
Lincoln
Little River
Logan
Lonoke

Medication Assisted Treatment for Opioids Check One
☐ Yes
☐ No
☐ Unknown

Pregnant Check One
☐ Yes
☐ No
☐ Unknown

Marital Status Check One
☐ Never Married
☐ Married
☐ Separated
☐ Divorced
☐ Widow
☐ Unknown

US Citizen Check One
☐ Yes
☐ No
☐ Unknown

Client Veteran Status Check One
☐ Yes
☐ No
☐ Unknown

Codependent Check One
☐ Yes
☐ No
☐ Unknown

Codependent Status Check One
☐ Due to rltship w/SubstAbuser
☐ Admitted for svc in trt pgm
☐ HasRecWithinAnothClin
### Highest Grade Completed at Admit

<table>
<thead>
<tr>
<th>Grade 00</th>
<th>Grade 11</th>
<th>Grade 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 01</td>
<td>Grade 12</td>
<td>Grade 23</td>
</tr>
<tr>
<td>Grade 02</td>
<td>Grade 13</td>
<td>Grade 24</td>
</tr>
<tr>
<td>Grade 03</td>
<td>Grade 14</td>
<td>Grade 25</td>
</tr>
<tr>
<td>Grade 04</td>
<td>Grade 15</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Employment Status at Admit

<table>
<thead>
<tr>
<th>Not In Labor Force</th>
<th>Unemployed</th>
<th>Part Time</th>
<th>Full Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Currently in Educational or Skill Development Program

<table>
<thead>
<tr>
<th>Yes</th>
<th>Homemaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Student</td>
</tr>
<tr>
<td>Unknown</td>
<td>Retired</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td>Inmate</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Social Support Program in Last 30 days

<table>
<thead>
<tr>
<th>No Attendance in Past Month</th>
<th>16-30 Times in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-7 Times in Past Month</td>
<td>Some Attendance In Past Month But Unknown</td>
</tr>
<tr>
<td>1-3 Times in Past Month</td>
<td></td>
</tr>
<tr>
<td>8-15 Times in Past Month</td>
<td></td>
</tr>
</tbody>
</table>

### Detail NILF Code

<table>
<thead>
<tr>
<th>Yes</th>
<th>Homemaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Student</td>
</tr>
<tr>
<td>Unknown</td>
<td>Retired</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td>Inmate</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Occupation

<table>
<thead>
<tr>
<th>Professional</th>
<th>Farmers, farm managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>Svc wkr except private household</td>
</tr>
<tr>
<td>Sales Worker</td>
<td>Managers and Administrator</td>
</tr>
<tr>
<td>Craftsmen</td>
<td>Private HH worker</td>
</tr>
<tr>
<td>Clerical</td>
<td>Student</td>
</tr>
<tr>
<td>Other except transport</td>
<td></td>
</tr>
</tbody>
</table>
Number Arrests in Last 30 Days

Number Convictions 12 Months prior to Admit

Co-occurring Mental Health Disorder Check One
Yes
No
Unknown

Health Insurance Type Check One
No Insurance
Dep Client
HMC
Blue Cross/Shield
Other Priv Ins
Champus

Medicaid Check One
Yes
No
Unknown

Receives SSI/SSDI Check One
Yes
No
Unknown

Expected Pay Source Check One
Self-Pay
Other Gov Payments
No Charge

Client Income Source Check One
Wages/Salary
Public/Assistance
Rtmt/Pension
Disability

Client Living Arrangements Check One
Homeless
Dep Living
Independent Living

DSM Code (###.##)
## Substance Abuse at Admission

**Add Substance Abuse**

<table>
<thead>
<tr>
<th>Drug Type(s)</th>
<th>Problem Severity</th>
<th>Frequency of Use</th>
<th>Usual Route</th>
<th>Age of First Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV/IM</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Drug Types

<table>
<thead>
<tr>
<th>Drug Types</th>
<th>Problem Severity</th>
<th>Frequency of Use</th>
<th>Usual Route</th>
<th>Age of First Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cocaine (Except Crack)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Crack Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Marijuana/ Hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Heroin*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Non-RX Methadone*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other Opiates &amp; Synthetics*</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9. PCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Methamphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Amphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other Stimulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Benzodiazepine</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15. Tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Barbiturates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Other Seds /Hypnotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Over the Counter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Unknown</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Naloxone

*If Drug types of Heroin, Non-RX Methadone, or Other Opiates & Synths are selected for any problem level please complete:

Naloxone administered prior to current admissions? Y/N_______

Revised 10/04/2017
### Discharge Report (DR)

**Arkansas Department of Human Services**
**Division of Aging Adult and Behavioral Health Services**

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

- **Client First Name**: 
- **Client Middle Name**: 
- **Client Last Name**: 

- **Admit Date (mm/dd/yyyy)**: 
- **Date of Last Contact (mm/dd/yyyy)**: 

- **Discharge Date (mm/dd/yyyy)**: 
- **Reason for Discharge Check One**:
  - [ ] Treat Complete
  - [ ] Incarcerated
  - [ ] Death
  - [ ] Clnt Left Trt
  - [ ] Disch For Non Compliance
  - [ ] Refer Outside Pgm
  - [ ] Xfe To Non ADMIS Pgm
  - [ ] Unknown

- **Modality at Discharge Check One**:
  - [ ] Detoxification
  - [ ] Alcohol/Drug Treatment
  - [ ] Maintenance
  - [ ] Other

- **Medication at Discharge Check One**:
  - [ ] None
  - [ ] Methadone
  - [ ] Other Antagonist
  - [ ] Cyclazocine
  - [ ] Naloxone
  - [ ] Other
  - [ ] Disuifram
  - [ ] Naltrexone
  - [ ] Other
  - [ ] LAAM

- **Employment Status at Discharge Check One**:
  - [ ] Not In Labor Force
  - [ ] Part Time
  - [ ] Unemployed
  - [ ] Full Time

- **Highest Grade Completed at Discharge Check One**:
  - [ ] Grade 00
  - [ ] Grade 01
  - [ ] Grade 02
  - [ ] Grade 03
  - [ ] Grade 04
  - [ ] Grade 05
  - [ ] 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

- **In Educational or Skill Development Program at Discharge Check One**:
  - [ ] Yes
  - [ ] No
  - [ ] Unknown

- **Number Arrests during Treatment**: 

---

*Note: The above form is a template for a discharge report.*
**Living Arrangements at Discharge**  
Check One

- □ Homeless
- □ Dep Living
- □ Indep Living

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

- □ Homemaker
- □ Inmate
- □ Student
- □ Retired
- □ Disabled
- □ Other
- □ N/A

**County at Discharge**

- □

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

- □ No Attendance in Past Month
- □ 1-3 Times in Past Month
- □ 16-30 Times in Past Month

**Drug Types at Discharge**  
Add Problem Severity and Frequency of Use

<table>
<thead>
<tr>
<th>Drug Type(s)</th>
<th>Problem Severity</th>
<th>Frequency of Use</th>
<th>Usual Route</th>
<th>Age of First Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Secondary</td>
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</tr>
<tr>
<td>Tertiary</td>
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<td></td>
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<tr>
<td>IV / IM</td>
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</tr>
</tbody>
</table>

**Drug Types**

1. Can Function Independently
2. Occasion Needs Assistance
3. Freq Needs Assistance
4. Cannot Function

**Problem Severity**

- □ 1. No Use In Last Month
- □ 2. < Once a Week
- □ 3. Once A Week
- □ 4. Several Times A Week
- □ 5. Daily

**Revised 10/04/2017**
Arkansas Department of Human Services  
Division of Aging Adult and Behavioral Health Services

Program Change Maintenance (PCM)

<table>
<thead>
<tr>
<th>Prior Program Complete date</th>
<th>Entered Date</th>
<th>Program</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Adolescent Residential</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ Observational Detox</td>
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<td></td>
<td>□ JDC Outpatient</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ JDC Residential</td>
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<td></td>
<td></td>
<td>□ Medical Detox</td>
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<td></td>
<td>□ Observational Detox</td>
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<td></td>
<td></td>
<td>□ Outpatient</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ Partial Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Residential</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SWS 2017</td>
<td></td>
</tr>
</tbody>
</table>

Revised 10/04/2017
MENTAL HEALTH SCREENING FORM (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? □ YES □ NO

   In the past year have you attempted to kill yourself? □ 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, and 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

Who uses this: Substance Abuse Treatment Programs

When to administer: Admission into a substance abuse treatment program

How to administer: Give directly to clients to complete, providing you believe they have reading skills. If reading skills are questionable, accommodate accordingly.

How to score: Indicate “positive” if the respondent circled “yes” to any of the questions 1 through 13. Indicate “negative” if the respondent circled “no” to all of the questions 1 through 13.

What to do: 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
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.

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).

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 DAABHS 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. DAABHS will only pay for a client that is being treated for his/her dependency on substance.

Co-occurring Mental Health Disorder- 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).

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

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 Program 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.

**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.
**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.

**Funded** - Any treatment episode that will be paid for by DAABHS.

**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.)

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

**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 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.

**Naloxone** - A medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.

**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.
Opioid treatment - Specifies whether methadone, LAAM, buprenorphine, 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 (Phencyclidine) - is a dissociate 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.

**Program Change Maintenance (PCM)** - Used to report changes from one program to another within the treatment episode.

**Provider Network** – A Provider Network consists of a provider with multiple locations and/or subcontractors. For example, provider D1234 has 4 locations (D1234-1, D1234-2, D1234-3, and D1234-4) and also sub contracts out to 3 other providers (D1111, D2222, D3333). All of the provider ID’s listed above are part of the provider network for D1234.

**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-ADMIS 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 program 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

**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
- 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.

**Special Needs Children**- A term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities that may be medical, mental, or psychological.

**Specialized Women Services (SWS)** - A women who has custody of her children or is pregnant or children that the state that has custody of the children.

**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 nor can the client be in residential to count as social support in last 30 days.

**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.

**Substance Abuse Assessment and Intake** - A one-time charge per client per admission within a six months period. 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.

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

**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 deceased. A man whose wife has deceased 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).

X

**Xfer To ADMIS Pgm** – On the admission report and the discharge report this transferring to another ADMIS funded program that uses the SSA (ADMIS) system.

**Xfer To Non ADMIS Pgm** – On the admission report and the discharge report this is transferring to another non-funded program that uses the SSA (ADMIS) system.