

King County Behavioral Health Organization Summary of Attributes

| ASAM Placement (170.01) | | | | Required |
|---------------------------------------|--|-----------------|----|-----------------|
| SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Level | Text | 6 | Y |
| | OST Indicator | Number | 1 | Y |
| | Dimension 1 Risk Rating | Text | 2 | Y |
| | Dimension 2 Risk Rating | Text | 2 | Y |
| | Dimension 3 Risk Rating | Text | 2 | Y |
| | Dimension 4 Risk Rating | Text | 2 | Y |
| | Dimension 5 Risk Rating | Text | 2 | Y |
| | Dimension 6 Risk Rating | Text | 2 | Y |
| King County ID | Number | 10 | Y | |
| Authorization Request (670.02) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Date of Assessment | Date (YYYYMMDD) | 8 | Y |
| | Benefit/Program Requested | Text | 3 | Y |
| | Benefit Change Code | Text | 2 | Y |
| | Request Date | Date (YYYYMMDD) | 8 | Y |
| | Authorization Number | Number | | Y |
| | Adult or Child Benefit | Text | 1 | Y |
| | King County ID | Number | | Y |
| Batch Footer (999.01) | | | | Required |
| MH SUD | Batch ID | Number | 5 | Y |
| | Date of Submittal | Date (YYYYMMDD) | 8 | Y |
| | Source Organization ID | Text | 3 | Y |
| | Record Count | Number | 5 | Y |
| Batch Header (000.03) | | | | Required |
| MH SUD | Batch ID | Number | 5 | Y |
| | Date of Submittal | Date (YYYYMMDD) | 8 | Y |
| | Source Organization ID | Text | 3 | Y |
| CALOCUS (190.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Dimension I Score | Number | 1 | Y |
| | Dimension II Score | Number | 1 | Y |
| | Dimension III Score | Number | 1 | Y |
| | Dimension IV A Score | Number | 1 | Y |
| | Dimension IV B Score | Number | 1 | Y |
| | Dimension V Score | Number | 1 | Y |
| | Dimension VI Child Sub-Scale Score | Number | 1 | Y |
| | Dimension VI Caretaker Sub-Scale Score | Number | 1 | Y |
| | Composite Score | Number | 2 | Y |
| | Level of Care Requested | Number | 1 | Y |
| | King County ID | Number | 10 | Y |

Y: Required, N: Not Required, C: Conditionally Required, SUD: Required for SUD Clients, MH: Required for MH Clients

| Case Manager Contact Information (100.03) | | | | Required |
|--|--------------------------------|-----------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case Manager ID | Text | 10 | Y |
| | Primary Case Manager Phone | Text | 10 | Y |
| | Primary Case Manager Comment | Text | 50 | Y |
| | Secondary Case Manager Phone | Text | 10 | Y |
| | Secondary Case Manager Comment | Text | 50 | Y |
| Case Manager Link (011.02) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Case Manager Type | Text | 1 | Y |
| | Case Manager ID | Text | 10 | Y |
| | Case Manager Reporting Unit ID | Text | 3 | Y |
| CFARS (650.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Depression | Number | 1 | Y |
| | Anxiety | Number | 1 | Y |
| | Hyperactivity | Number | 1 | Y |
| | Thought Process | Number | 1 | Y |
| | Cognitive Performance | Number | 1 | Y |
| | Medical/Physical | Number | 1 | Y |
| | Traumatic Stress | Number | 1 | Y |
| | Substance Use | Number | 1 | Y |
| | Interpersonal Relationships | Number | 1 | Y |
| | Behavior in "Home" Setting | Number | 1 | Y |
| | ADL Functioning | Number | 1 | Y |
| | Socio-Legal | Number | 1 | Y |
| | Work or School | Number | 1 | Y |
| | Danger to Self | Number | 1 | Y |
| | Danger to Others | Number | 1 | Y |
| | Security Management Needs | Number | 1 | Y |
| | Authorization Number | Number | | Y |
| King County ID | Number | | Y | |

| Client Demographics (020.07) | | | | Required |
|--|------------------------|-----------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Surname | Text | 30 | Y |
| | Alternate Surname | Text | 30 | N |
| | First Name | Text | 30 | Y |
| | Middle Name | Text | 30 | N |
| | Suffix | Text | 30 | N |
| | Gender | Number | 1 | Y |
| | Date of Birth | Date (YYYYMMDD) | 8 | Y |
| | Ethnicity | Text | 45 | Y |
| | Hispanic Origin | Text | 3 | Y |
| | Interpreter Required | Number | 1 | Y |
| | Language Code | Text | 2 | Y |
| | Sexual Orientation | Number | 1 | Y |
| | Military Status | Text | 2 | Y |
| | Family Military Status | Text | 2 | Y |
| | Social Security Number | Text | 9 | Y |
| | Marital Status | Number | 2 | Y |
| King County ID | Number | | C | |
| Conditions at Assessment (617.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Client ID | Text | 10 | Y |
| | Assessment Date | Date (YYYYMMDD) | 8 | Y |
| | Condition Code | Text | 3 | Y |
| | King County ID | Number | | Y |
| COD Assessment (791.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Quadrant | Text | 1 | Y |
| | Authorization Number | Number | | Y |
| | King County ID | Number | | Y |
| COD Screening (790.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event date | Date (YYYYMMDD) | 8 | Y |
| | IDS Score | Text | 1 | Y |
| | EDS Score | Text | 1 | Y |
| | SDS Score | Text | 1 | Y |
| | Authorization Number | Number | | Y |
| | King County ID | Number | | Y |

| CPT Service Detail (HIPAA 837P) | | | | Required |
|---|------------------------------|-----------------------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Service Transaction ID | Text | 15 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | CPT Code | Text | 5 | Y |
| | Service Modifier | Text | 8 | Y |
| | Minutes of Service | Number | 4 | Y |
| | Service Location | Text | 2 | Y |
| | EPSDT Indicator | Text | 1 | Y |
| | Staff Person Provider ID | Text | 3 | Y |
| | Staff Person King County ID | Text | 10 | Y |
| | Authorization Number | Number | | Y |
| | King County ID | Number | | Y |
| | Address Line 1 | Text | 55 | Y |
| | Address Line 2 | Text | 55 | Y |
| | City | Text | 30 | Y |
| | State | Text | 2 | Y |
| | Zip | Text | 15 | Y |
| | Claim ID | Text | 38 | Y |
| | Primary Service ID | Text | 15 | N |
| EBP Code | Text | 23 | N | |
| Crisis Diversion Services (860.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Authorization Number | Number | | Y |
| | Diversion Type | Text | 1 | Y |
| | Primary Presenting Condition | Text | 2 | Y |
| | Arrival Date Time | Date/Time (YYYYMMDDHHMM) | 12 | Y |
| | Exit Date Time | Date/Time (YYYYMMDDHHMM) | 12 | Y |
| | Service Level | Text | 3 | Y |
| | King County ID | Number | | Y |
| Diagnosis ICD-10-CM (870.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Diagnosis Code | Text | 8 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Primary Focus Indicator | Text | 2 | Y |
| | Authorization Number | Number | | Y |
| | King County ID | Number | | Y |
| Disability (050.03) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Impairment Kind | Text | 10 | Y |
| | Substance Abuse | Text | 1 | Y |
| | King County ID | Number | | Y |

Y: Required, N: Not Required, C: Conditionally Required, SUD: Required for SUD Clients, MH: Required for MH Clients

| Dynamic Client Data (180.01) | | | | Required |
|--|--|-----------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Employment Status | Text | 2 | Y |
| | Education Status | Text | 2 | Y |
| | Grade Level | Text | 2 | Y |
| | Pregnant | Number | 1 | Y |
| | Birthdate of Youngest Child | Date (YYYYMMDD) | 8 | Y |
| | Smoking Status | Number | 1 | Y |
| | Self Help Count | Text | 2 | SUD |
| | Used Needle Recently | Number | 1 | SUD |
| | Needle Use | Number | 1 | SUD |
| | SUD_ROI_Granted | Number | 1 | SUD |
| King County ID | Number | 10 | Y | |
| GAF/CGAS (770.05) *formerly Diagnosis | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Diagnosis Code | Text | 5 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Diagnosis Axis | Text | 1 | Y |
| | Axis Subtype | Text | 2 | Y |
| | Authorization Number | Number | | Y |
| | King County ID | Number | | Y |
| Income Category (060.04) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Annual Income | Number | 6 | Y |
| | Family Size | Number | 2 | Y |
| | King County ID | Number | | Y |
| Key Dates (200.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Authorization Number | Number | 8 | Y |
| | Request for Services Date | Date (YYYYMMDD) | 8 | Y |
| | First Intake Appointment Offered Date | Date (YYYYMMDD) | 8 | C |
| | First Routine Appointment Offered Date | Date (YYYYMMDD) | 8 | C |
| | King County ID | Number | 10 | Y |

| LOCUS (160.01) | | | | Required |
|---|--------------------------------|-----------------------------|----|-----------------|
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Dimension I Score | Number | 1 | Y |
| | Dimension II Score | Number | 1 | Y |
| | Dimension III Score | Number | 1 | Y |
| | Dimension IV A Score | Number | 1 | Y |
| | Dimension IV B Score | Number | 1 | Y |
| | Dimension V Score | Number | 1 | Y |
| | Dimension VI Score | Number | 1 | Y |
| | Composite Score | Number | 2 | Y |
| | Level of Care Requested | Number | 1 | Y |
| King County ID | Number | 10 | Y | |
| Medicaid Coverage (140.07) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | CSO Identifier | Text | 2 | Y |
| | Medicare Indicator | Text | 1 | Y |
| | Private Pay Indicator | Text | 1 | Y |
| | Third Party Coverage Indicator | Text | 1 | Y |
| | ProviderOne ID | Text | 11 | Y |
| | King County ID | Number | 10 | Y |
| MHRM Summary (840.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | MHRM Total | Number | 3 | Y |
| | MHRM Missing | Number | 2 | Y |
| | King County ID | Number | | Y |
| Mobile Crisis Team Intervention (850.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Authorization Number | Number | | Y |
| | Diversion Type | Text | 1 | Y |
| | Primary Presenting Condition | Text | 2 | Y |
| | Episode Start Date/Time | Date/Time (YYYYMMDDHHMM) | 12 | Y |
| | Episode End Date/Time | Date/Time (YYYYMMDDHHMM) | 12 | Y |
| | Homeless Indicator | Text | 1 | Y |
| | Zip Code | Number | 5 | Y |
| | King County ID | Number | | Y |

| Notice of Exit (613.01) | | | | Required |
|--|-------------------------------------|-----------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Authorization Number | Number | | Y |
| | Exit Code | Text | 2 | Y |
| | Reason for Termination/Cancellation | Text | 2 | Y |
| | King County ID | Number | | Y |
| Problem Severity Summary (640.03) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Dangerous Behavior | Number | 1 | Y |
| | Socio-legal | Number | 1 | Y |
| | Negative Social Behavior | Number | 1 | Y |
| | Self-care | Number | 1 | Y |
| | Community Living | Number | 1 | Y |
| | Social Withdrawal | Number | 1 | Y |
| | Response to Stress | Number | 1 | Y |
| | Sustained Attention | Number | 1 | Y |
| | Physical | Number | 1 | Y |
| | Health Status | Number | 1 | Y |
| | Depressive Symptoms | Number | 1 | Y |
| | Anxiety Symptoms | Number | 1 | Y |
| | Psychotic Symptoms | Number | 1 | Y |
| | Dissociative Symptoms | Number | 1 | Y |
| Cognitive | Number | 1 | Y | |
| Authorization Number | Number | | Y | |
| King County ID | Number | | Y | |
| PSS-I Symptoms (830.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Problem List Total | Number | 2 | Y |
| | Problem List Missing | Number | 2 | Y |
| | Interference List Total | Number | 1 | Y |
| | Interference List Missing | Number | 1 | Y |
| | King County ID | Number | | Y |

| PSS-I Trauma History (820.01) | | | | Required |
|--------------------------------------|---------------------------------------|-----------------|-----|-----------------|
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Accident Fire Explosion (01) | Number | 1 | Y |
| | Natural Disaster (02) | Number | 1 | Y |
| | Assault by Known Person (03) | Number | 1 | Y |
| | Assault by Unknown Person (04) | Number | 1 | Y |
| | Sexual Assault by Known Person (05) | Number | 1 | Y |
| | Sexual Assault by Unknown Person (06) | Number | 1 | Y |
| | Combat War Zone (07) | Number | 1 | Y |
| | Early Sexual Contact (08) | Number | 1 | Y |
| | Imprisonment (09) | Number | 1 | Y |
| | Torture (10) | Number | 1 | Y |
| | Life-threatening Illness (11) | Number | 1 | Y |
| | Other Trauma (12) | Number | 1 | Y |
| | Other Trauma Description | Text | 100 | C |
| | Worst Trauma | Number | 2 | Y |
| | Treatment Reason | Number | 2 | Y |
| | Physical Injury to Self | Number | 1 | Y |
| | Physical Injury to Other | Number | 1 | Y |
| Own Life in Danger | Number | 1 | Y | |
| Other's Life in Danger | Number | 1 | Y | |
| Felt Helpless | Number | 1 | Y | |
| Felt Terrified | Number | 1 | Y | |
| King County ID | Number | | Y | |
| Program Referral (616.02) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Authorization Number | Number | | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Referral Type | Text | 2 | Y |
| | Program Type | Text | 4 | Y |
| | Agency / System | Text | 4 | Y |
| | Linkage Indicator | Text | 2 | Y |
| | King County ID | Number | | Y |
| Residential Absence (115.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Absence Start Date | Date (YYYYMMDD) | 8 | Y |
| | Absence Last Date | Date (YYYYMMDD) | 8 | Y |
| | Absence Reason | Text | 2 | Y |
| | Facility Code | Text | 9 | Y |
| | King County ID | Number | | Y |

| Residential Arrangement (110.06) | | | | |
|---|--------------------------------------|-----------------|----|-----------------|
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Start Date | Date (YYYYMMDD) | 8 | Y |
| | Residential Arrangement Code | Text | 2 | Y |
| | Zip Code | Text | 9 | Y |
| | County Code | Text | 2 | Y |
| | King County ID | Number | | Y |
| Residential Facility (112.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Start Date | Date (YYYYMMDD) | 8 | Y |
| | Exit Date | Date (YYYYMMDD) | 8 | Y |
| | Facility Code | Text | 9 | Y |
| | King County ID | Number | | Y |
| SED Functional Criteria (890.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Assessment Date | Date (YYYYMMDD) | 8 | Y |
| | Functional: 1: Self Care | Text | 1 | Y |
| | Functional: 2: Community | Text | 1 | Y |
| | Functional: 3: Social | Text | 1 | Y |
| | Functional: 4: Family | Text | 1 | Y |
| | Functional: 5: School and Work | Text | 1 | Y |
| | Symptom: 1: Psychotic | Text | 1 | Y |
| | Symptom: 2: Dangerous | Text | 1 | Y |
| | Symptom: 3: Trauma | Text | 1 | Y |
| | King County ID | Number | | Y |
| SMI Functional Criteria (880.01) | | | | Required |
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Assessment Date | Date (YYYYMMDD) | 8 | Y |
| | Functional: 1: Self Care | Text | 1 | Y |
| | Functional: 2: Risk of Harm | Text | 1 | Y |
| | Functional: 3: School and Work | Text | 1 | Y |
| | Functional: 4: Risk of Deterioration | Text | 1 | Y |
| | King County ID | Number | | Y |
| Staff Person (810.05) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Staff Person ID | Text | 10 | Y |
| | Start Date | Date (YYYYMMDD) | 8 | Y |
| | End Date | Date (YYYYMMDD) | 8 | N |
| | Surname | Text | 30 | Y |
| | Given Names | Text | 30 | Y |
| | Gender | Text | 1 | Y |
| | Language Code | Text | 10 | Y |
| King County ID | Number | | N | |
| Staff Qualifications (660.01) | | | | Required |
| MH SUD | Reporting Unit ID | Text | 3 | Y |
| | Staff Person ID | Text | 10 | Y |
| | Specialty Area | Text | 2 | Y |

Y: Required, N: Not Required, C: Conditionally Required, SUD: Required for SUD Clients, MH: Required for MH Clients

| Substance Use (150.01) | | | | Required |
|-------------------------------|---|-----------------|----|-----------------|
| SUD | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Substance 1 Code | Number | 2 | Y |
| | Substance 1 Frequency of Use | Number | 1 | C |
| | Substance 1 Frequency of Use Uncontrolled Environment | Number | 1 | C |
| | Substance 1 Peak Frequency | Number | 1 | C |
| | Substance 1 Method | Number | 1 | C |
| | Substance 1 Date Last Used | Date (YYYYMMDD) | 8 | C |
| | Substance 1 First Use Age | Number | 2 | C |
| | Substance 2 Code | Number | 2 | Y |
| | Substance 2 Frequency of Use | Number | 1 | C |
| | Substance 2 Frequency of Use Uncontrolled Environment | Number | 1 | C |
| | Substance 2 Peak Frequency | Number | 1 | C |
| | Substance 2 Method | Number | 1 | C |
| | Substance 2 Date Last Used | Date (YYYYMMDD) | 8 | C |
| | Substance 2 First Use Age | Number | 2 | C |
| | Substance 3 Code | Number | 2 | Y |
| | Substance 3 Frequency of Use | Number | 1 | C |
| | Substance 3 Frequency of Use Uncontrolled Environment | Number | 1 | C |
| | Substance 3 Peak Frequency | Number | 1 | C |
| | Substance 3 Method | Number | 1 | C |
| | Substance 3 Date Last Used | Date (YYYYMMDD) | 8 | C |
| | Substance 3 First Use Age | Number | 2 | C |
| | Substance 4 Code | Number | 2 | C |
| | Substance 4 Frequency of Use | Number | 1 | C |
| | Substance 5 Code | Number | 2 | C |
| | Substance 5 Frequency of Use | Number | 1 | C |
| | King County ID | Number | 10 | Y |

| Vulnerability Assessment (680.03) | | | | Required |
|--|---------------------------|-----------------|----|-----------------|
| MH | Reporting Unit ID | Text | 3 | Y |
| | Case ID | Text | 10 | Y |
| | Event Date | Date (YYYYMMDD) | 8 | Y |
| | Survival Rating | Number | 1 | Y |
| | Basic Needs | Number | 1 | Y |
| | Indicated Mortality Risks | Number | 1 | Y |
| | Medical Risks | Number | 1 | Y |
| | Organization Orientation | Number | 1 | Y |
| | Mental Health | Number | 1 | Y |
| | Substance Use | Number | 1 | Y |
| | Communication | Number | 1 | Y |
| | Social Behaviors | Number | 1 | Y |
| | Homelessness | Number | 1 | Y |
| | Veteran Status | Text | 1 | Y |
| | Assessor ID | Text | 8 | Y |
| | King County ID | Number | | Y |
| | ROI Consent Granted | Text | 1 | Y |
| Provisional Assessment | Text | 1 | Y | |