

Treatment Data System

a division of the Office of Substance Abuse Data System
OSADS

A-D Shelter/Detoxification INSTRUCTION MANUAL

Office of Substance Abuse
Marquardt Building 3rd Floor
AMHI Complex
#11 State House Station
Augusta, ME 04333-0011

July 2008

**Treatment Data System
USER MANUAL**



**Shelter / Detoxification
For
A-D Form**

Prepared by the Staff of the Office of Substance Abuse

Kimberly Johnson, Director

Debra Brucker, PhD., Data and Research Team Leader

Stacey M. Chandler, Data Control Specialist

TABLE OF CONTENTS

Overview	1
Introduction	2
TDS - The Treatment Data System	3
Correct Form to Use	3
Timing And Consequences of Late Data	5
When Do You Send in The Completed Forms?	5
Where Do You Call If You Have Questions or Need More Forms?	6
Part 1 - TDS A-D Shelter/Detoxification Form	7
Part 3 - 90 Day Case Plan Report	52
Part 4 - Follow-up Report	54
Appendix A- Attorney General's Opinion	56
Appendix C - Service Definitions	61
Appendix D - Referred Agency Codes	65
Appendix E - Federal Identification Codes	68
Appendix F - Global Assessment of Functioning (GAF) Scale	69

Web Address for OSA

<http://www.maineosa.org>

OVERVIEW

This document provides the details of the Treatment Data System (TDS).

TDS is a comprehensive management information system that lends itself to client outcome evaluation. Preliminary studies completed by Maine substance abuse service providers in the mid-1980's showed that approximately 50% of the clients who have received services will reenter the substance abuse treatment system. TDS allows the State to assess client outcomes, costs, etc., related to high and low use populations. The system also allows us to assess health, economic, etc., outcomes for the clients who will not reenter the treatment system. In addition, TDS is capable of addressing needs and service outcomes as they relate to smaller and special needs populations, e.g., the elderly.

When funding is available:

To determine if the client benefited from these State-funded services, the State will contract with an outside agency to conduct client follow-up interviews six months post treatment. Participation in the follow-up is voluntary. Participation, or the lack of participation, in the follow-up interview process, will not have any effect upon the client's treatment or the State's willingness to pay for the treatment.

INTRODUCTION

The Treatment Data System (TDS) was mandated by the State Legislature in P.L. 1983 c. 464. TDS is a vital management tool, used by the Office of Substance Abuse to provide:

- X Documentation that clients were served and that services were delivered by community providers supported by state substance abuse funds, in compliance with the legislatively approved budget and statutory mandates.
- X Data on performance that is being jointly used by state and local agencies to manage services and funding.

TDS will also be used to meet the federal requirements of the Treatment Episode Data Set (TEDS). TEDS was established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to meet requirements specified in the Anti-Drug Abuse Act of 1988.

It is due to the federal requirements of the TEDS that any agency receiving state funds (including Federal Block Grant) must report all substance abuse clients, regardless of the source of funding for individual clients.

Since the inception of the system, requirements on which clients should be reported have been extended to include: clients involved in the Driver Education and Evaluation Program (DEEP), any client for who MaineCare (Medicaid) reimbursement will be sought for their substance abuse treatment, and all clients in treatment at methadone programs.

A TDS registry is maintained for all agencies and programs that receive state funds to perform client services under contract with the State Departments (Department of Corrections and Department of Health and Human Services).

Client information reported to the OSA through TDS is confidential and protected by law and operating computer safeguards. No person or agency other than authorized personnel can gain access to client information in TDS.

A word about the Manual . . . The purpose of the TDS User Manual is to provide current reporting instructions and common TDS item definitions for state and local TDS users. TDS is a complex data system requiring users to maintain a high level of understanding of its procedures. The manual is most readily used as a reference

book, although it is recommended that anyone completing TDS forms first read the manual from cover to cover one time. This manual is designed to accommodate the needs of multi-service providers as well as providers of a single-service setting. All changes in reporting instructions that modify this manual will be communicated to the TDS contact person through numbered and dated TDS Manual Addendum Memoranda from the staff of the Office of Substance Abuse.

TDS - The Treatment Data System

The purpose of TDS is to provide specific admission and discharge data about an individual client stored by TDS under the client code. This data is then available for aggregation within TDS to produce output reports.

TDS Forms:

Three different forms are used in TDS—depending on which service setting the client is using.

- A-1 Admission Form
- D-1 Discharge Form
- A-D Shelter / Detoxification Form

DEFINITION: "SERVICE SETTING" means a distinct type of service or group of services for persons with substance abuse problems, provided in the community under a contract with the three State Departments (Department of Corrections, and the Department of Health & Human Services).

The forms are identified by titles appearing in the top left corners.

Correct Form to Use:

- X The A-1 Admission Form (blue) is for all initial admissions and readmissions of all clients except shelter and detoxification.
- X The D-1 Discharge Form (yellow) is for all discharges except shelter and detoxification.
- X The A-D Shelter and Detoxification Form (pink) is for shelter and detoxification clients. A variation of the form is used for Driver Education and Evaluation Programs (DEEP) clients in the Prime for Life and Moving Ahead Programs.

NOTE: Instructions for the A-1 and D-1 forms are in a separate manual. To obtain that manual please call the helpdesk at 287-4699.

Who Should Be Filling Out the TDS Forms?

It is recommended that the counselor having the face-to-face contact with the client should fill out the TDS forms either during the first session or soon after. However, portions of the form could be completed by an intake person if necessary. Those portions of the form should only relate to generic demographic items such as living arrangements, marital status, etc. All items relating to a client's use of substances *MUST* be completed by a certified counselor.

Which Clients are Admitted to TDS?

If your agency receives any state or federal funds, you must complete the TDS forms on all your agency's substance abuse clients (substance abusers and affected others/co-dependents) if they meet the following criteria:

- X Has a substance abuse related problem;
- X Has completed the screening and intake process;
- X Has been formally admitted for service;
- X Has his or her own client record; and
- X Is receiving service;

NOTE: Any agency/provider that is licensed, DEEP certified, MaineCare (Medicaid) reimbursable, and/or methadone certified **must** complete a TDS form on all substance abuse clients receiving those services.

As a rule, a client may not be admitted to more than one substance abuse service setting at a time, whether within the same provider or by two separate providers. For example, an OSA-funded agency has a contract for detoxification and residential rehabilitation services. A client seeking treatment at the agency is in need of both detoxification and residential rehabilitation services. First, the client is admitted to the detoxification service setting and discharged. Upon completion of the detoxification program, the client is then admitted to the residential rehabilitation program.

Which Clients Should be Discharged from TDS?

Clients should be discharged from TDS for the usual reasons, such as completing a program or a client left without program agreement. Clients should be discharged within 30 days of the last date of contact. A case should never remain open longer than 90 days without the client receiving a face-to-face counseling session unless a specific reason (other than non-appearance for scheduled sessions) is noted in the client record.

TDS Reporting Requirements

All substance abuse treatment providers must report electronically to TDS via the TDS website. The Office of Substance abuse will provide the address, user ID, and password.

Special dispensation can be given for a limited time period at the discretion of the Office of Substance Abuse. To request dispensation, please contact Stacey Chandler at 287-6337.

Timing and Consequences of Late Data

Submission of TDS data is a contractual/licensing/certification requirement. Contract payments may be delayed if providers fail to submit data in a timely manner. Also, certification is dependent on timely submittal and could result in revocation of the certification.

Programs that consistently submit late data are required to prepare a written corrective action plan to rectify the situation.

Not reporting in a timely manner may also have a negative impact on agency's performance reporting and may not accurately reflect the work they have accomplished.

Agency Reported Contact Person

Each agency must have a reported contact person. If the contact person leaves the agency, the TDS office must be notified immediately of the departure of the contact person and the name, address, telephone number and email address of the new contact person.

System to Identify TDS Client Ids

Each agency and/or provider must maintain a system for readily identifying clients by their TDS client ID's. For examples, please call the TDS office.

When Do You Enter the Completed Forms?

IF YOUR AGENCY HAS NO ADMISSIONS OR DISCHARGES FOR A GIVEN MONTH, SEND A LETTER OR EMAIL NOTIFYING THE TDS OFFICE TO THAT EFFECT.

COMPLETED FORMS MUST BE ELECTRONICALLY ENTERED INTO THE SYSTEM NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE ADMISSION OR DISCHARGE OF THE CLIENT.

A copy of the TDS form must be retained in the client file.

To Contact the TDS Office If You Have Questions or Need More Forms:

287-6337
or
e-mail tds.helpdesk@maine.gov.

When you begin running low on forms, call immediately, please do not wait until you are completely out of forms.

TDS Office
Office of Substance Abuse
Marquardt Building 3rd Floor
AMHI Complex
#11 State House Station
Augusta, Maine 04333-0011

PART 1

TDS FORM A-D

SHELTER/DETOXIFICATION FORM

INSTRUCTIONS

DETAILED INSTRUCTIONS
FOR TDS A-D SHELTER/DETOX FORM

DEFINITION OF A TDS CLIENT:

A TDS client is defined as a substance abuser and/or an affected other/co-dependent on whom your agency opens an individual client record. Specific client definition criterion includes the following:

- X Has a substance abuse related problem;
- X Has completed the screening and intake process;
- X Has been formally admitted for service;
- X Has his/her own client record; and
- X Is receiving substance abuse services.

ALL ITEMS MUST BE COMPLETED UNLESS SPECIFIC INSTRUCTIONS ARE GIVEN TO DO SO.

AGENCY NAME/LOCATION

The name and location of the agency/provider as it appears on license or certification.

CLIENT CODE

The TDS client code is made up of the D.O.B. and the last four social security numbers.

A. DATE OF BIRTH

Enter the client's birth date. Record MMDDYYYY. Precede numbers of less than ten with a zero.

EXAMPLE: February 9, 1943 would be **02091943**.

B. LAST FOUR SOCIAL SECURITY NUMBERS

Enter the last four numbers of the client's social security number.

EXAMPLE: John Smith's social security number is 005-23-9789.
You would enter **9789**.

Using the above example the TDS Client Code would be 020919439789.

C. **GENDER (check ONE box only)**

- 01 **Male**
- 02 **Female**

D. **COUNTY OF RESIDENCE**

Enter the first and last letter of the County the client is residing in at admission. If "Out-of-State" use **OS**. If "Out-of-Country" use **OC**.

AN	Androscoggin	PT	Penobscot
AK	Aroostook	PS	Piscataquis
CD	Cumberland	SC	Sagadahoc
FN	Franklin	ST	Somerset
HK	Hancock	WO	Waldo
KC	Kennebec	WN	Washington
KX	Knox	YK	York
LN	Lincoln	OS	Out-of-State
OD	Oxford	OC	Out-of-Country

E. **PAYOR CODE (check ONE box only)**

****CHANGE**

Enter the appropriate payor code for the client. The payor code is based on the primary payor of services. If OSA is the primary payor of the client's services, Enter **01** OSA.

NOTE: If your agency does not have a contract (non-MaineCare) with OSA you cannot enter 01.

- 01 **OSA** - Office of Substance Abuse Clients (only for agencies that receive OSA/block grant funds)
- 02 **Human Services** – Other than Adult, Child Protective
- 03 **Corrections** - Probation Parole, Correctional Facilities
- 04 **Human Services** – Adult, Child Protective
- 05 **Self Pay**
- 06 **MaineCare (Medicaid)** – (Use for MaineCare Contracts)
- 07 **Medicare**
- 08 **Blue Cross/Blue Shield**
- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Workers' Compensation**

- 13 **Veterans' Administration**
- 99 **Other**

**** CHANGE** - Formerly we collected very “generic codes” (OSA, DHHS, Corrections, Other); our goal is to get a better understanding at the time of Admission who the expected Payor source is.

F. FEDERAL IDENTIFIER CODE

A six digit numeric code. The TDS office accesses the ISATS, enters the agency information and the ISATS assigns a number that identifies the agency by physical location. This number does not track the agency financially; it is used for geographic location.

Being in the ISATS system means that an agency will be in the National Directory of Treatment Providers and will receive an NSSATS survey once a year.

NOTE: If the agency moves, closes or opens a new location, you must report that information to the TDS office. If you need a federal ID code for a new location please contact the TDS office.

G. CONTRACT NUMBER (Funded and MaineCare Agencies ONLY)

Do not zero-fill the contract number field, just enter the number and hit tab. If agency does not have a contract leave blank.

If agency/provider has a contract (including a MaineCare (Medicaid) contract) with The Office of Substance Abuse for a service, enter the contract number assigned.

For agencies with both non-MaineCare and MaineCare contracts, only use the MaineCare contract number for services that are not otherwise contracted.

For example:

Agency A has an OSA funded contract for Outpatient Services – 1033-1. It also has a MaineCare contract for outpatient services – 1565-1 and intensive – 1565-2 outpatient services. For outpatient clients, always use the OSA funded contract number of 1033-1. For intensive outpatient services, always use the MaineCare contract number of 1565-2.

H. PRIMARY SERVICE CODE (List on Back of form)

****CHANGE - Agencies should no longer use separate Primary Service Codes for clients with Co-Occurring Mental Illness (CMI). *The reason for this change is that when OSA sends data to the federal government (our data extract) we filter the codes into one data set per service setting regardless of CMI. The data on Co-occurring Mental Illness Clients is also collected on question 14, “MH/MR Issues Diagnosis Based on DSM-IV”, so we are removing the redundancy. If the client does have a Co-Occurring Mental Illness you still must reflect that when answering question 14.***

Enter the code of the service being provided for this client.
This is the primary service you will provide for this client during the current admission.

See specific explanations of primary service setting codes in Appendix C.

DETOXIFICATION

Substance Abuse / Affected Clients
01 Hospital (Other than Detoxification)
02 Free Standing Inpatient
42 Methadone Detoxification

LIFE MAINTENANCE

14 Shelter

I. CURRENT ADMISSION DATE

The day the client is currently being admitted into treatment.

Record MMDDYYYY. Precede numbers of less than ten with a zero.

EXAMPLE: September 1, 1996 would be **09011996**. (no (/) slashes)

J. LAST FACE TO FACE CONTACT

The date of the last face to face contact with the client.

1. HEALTH INSURANCE (on the A-1 and A-D forms)

The Insurance may or may not cover Substance Abuse Treatment.

- 01 PRIVATE INSURANCE
- 02 BLUE CROSS/BLUE SHIELD
- 03 MEDICARE
- 04 MAINECARE (MEDICAID)
- 05 HEALTH MAINTENANCE ORG. (HMO)
- 20 OTHER (e.g., Tricare, Champus)
- 21 NONE

2. REFERRAL (List on Back of form)

Enter the primary self-reported source of the referral from the following list of codes. This is the source responsible for the client seeking services.

If the referring person is a staff person working at an alcohol/drug abuse service agency, please record this as "substance abuse agency."

Note the distinction made between alcohol/drug abuse professionals (e.g., physicians who specialize in alcohol/drug abuse and registered substance abuse counselors) and physicians and other professionals who are not alcohol/drug abuse specialists.

- 01 – Self
- 02 - Family Member
- 03 – Employer
- 04 - Substance Abuse Professional (Private Practice)
- 05 - Substance Abuse Agency
- 06 - Physician (Non-substance abuse specialist)
- 07 - Other Professional (Non-substance abuse specialist)
- 08 - DEEP (Driver Education and Evaluation Program)
- 09 - Adult Protective Services - DHS
- 10 - Child Protective Services - DHS
- 11 - Substitute Care Services - DHS
- 12 - Probation/Parole - State of Maine
- 13 - Correctional Facility, Maine
- 14 - County Jails
- 15 - Augusta/Bangor Mental Health Institute
- 16 - Mental Health Agency
- 17 - Friend
- 18 - EAP
- 19 - SAP
- 20 - State/Federal Court
- 21 - Formal Adjudication Process (Maine Pre-Trial)
- 22 - Self-Help Group
- 23 - Hospital
- 24 - School

- 25 - AIDS Outreach Worker
- 26 – Community Probation - DSAT
- 27 – Drug Court - DSAT
- 28 – Network/JASAE
- 29 – Juvenile Drug Court
- 99 - Other

EXAMPLE: John Smith was referred by his physician that was treating him for high blood pressure. Enter **06** Physician (non-substance abuse specialist).

3. **PRIOR TREATMENT EPISODES (check ONE box only)**

Check the appropriate number of prior treatment for Substance Abuse in any drug or alcohol treatment program.

- 00 **None** No previous treatment episodes.
- 01 **One** One previous treatment episode.
- 02 **Two** Two previous treatment episodes.
- 03 **Three** Three previous treatment episodes.
- 04 **Four** Four previous treatment episodes.
- 05 **Five or More** Five or more previous episodes.

4. **ARE SPECIAL ACCOMMODATIONS NEEDED TO PROVIDE SERVICES? (check YES or NO for each selection)**

- | Yes | No | | |
|-----------------------------|-----------------------------|---------------------|---|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | (A) Hearing | Client is hearing impaired. |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | (B) Visual | Client is visually impaired. |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | (C) Physical | Client is physically impaired. |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | (D) Language | Client's primary language is other than English. |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | (E) Other | Special accommodations not listed here. <i>For example, you provided an illiterate client with audio or video materials</i> |

EXAMPLE: Sign, TTY, Assistive listening devices, Interpreter, etc.

5. **RACE (check ONE box only)**

Check the appropriate self-reported ethnic background. (If a client refuses, the form preparer must check the race code most appropriate).

- 01 **White**
White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

02 Black or African American

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

03 American Indian or Alaska Native

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

04 Asian

Asian. A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

05 Native Hawaiian or other Pacific Islander

Native Hawaiian or Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

99 Other

6. **ETHNICITY (check ONE box only)**

Check the self-reported ethnic background.

01 Not of Hispanic Origin or Latino

02 Puerto Rican

03 Mexican

04 Cuban

05 Other Specific Hispanic

06 Hispanic Specific Origin Not Specified

7. **VETERAN (check ONE box only)**

DEFINITION: A veteran is an individual who has served on active duty in the Armed Forces with an honorable discharge.

01 Yes

02 No

8. **EDUCATION COMPLETED**

Enter the highest grade in school that the client has completed. For those who have a **GED, enter 12**. Remember that these are grades completed, and are not necessarily the number of years of attendance.

NOTE: Codes range from 00 (None) to 20. If more than 20 years have been completed, enter 20. Complete both boxes, using a leading zero if necessary (i.e., 01, 02, etc).

9. **CURRENT MARITAL STATUS (check ONE box only)**

Check the client's self-reported current marital status on the day of admission.

- 01 - **Never married** refers to a client who has never been married.
- 02 - **Now married/Cohabiting** the client must be living with a spouse/significant other.
- 03 - **Separated** refers to a client and spouse still married but not living together. It does not refer to temporary separation due to employment, military service, or any similar type of separation.
- 04 - **Divorced** refers to an individual who is divorced.
- 05 - **Widowed** refers to an individual whose spouse is deceased.

10. **PREGNANT AT ADMISSION (check ONE box only)**

If the client is female, is she pregnant?

Pregnancy should have already been substantiated by a pharmacy home pregnancy test or by a doctor.

NOTE: Check NO for all males.

- 01 **Yes**
- 02 **No**

If Not pregnant, skip # 16 and go to question #17.

11. **IF THE CLIENT CHILDREN, WHERE ARE THE CLIENT'S CHILDREN WHILE THE CLIENT IS IN TREATMENT? (check ONE box only)**

- 01 **With the client**
- 02 **Spouse/other parent**
- 03 **Grandparents/other relatives**
- 04 **Friend(s)**
- 05 **Babysitter/care giver**
- 06 **Temporary foster care**
- 99 **Other**

12. **LIVING ARRANGEMENTS AT ADMISSION (check ONE box only)**

Check the self-reported living arrangements at the time of admission.

- 01 **Independent Living, Alone** - an unsupervised living environment.
- 02 **Independent Living, With Others** - living with friends, family, or
- 03 **Dependent Living** - a supervised living environment (e.g., boarding home for mentally retarded, correctional facility).
- 04 **Homeless** - sleeping in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings; also, emergency shelters or are from a transitional or supportive housing for homeless persons who originally came from streets or emergency shelters. This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a hospital or other institution.

NOTE: A minor child (17 or under) in most cases would be dependent living.

An adult child (18 and over) in most cases would be independent living unless requiring other than "normal" care.

13. **EMPLOYMENT STATUS (check ONE box only)**

Check the self-reported current employment status at the time of admission. Employment refers to work in a paid (salary, wages, tips, etc.) position on a regular basis.

- 01 **Full Time (35 hours or more)**

- A. A client who is working for pay at admission and normally works at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; or
 - B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.
- 02 **Part Time (17-34 hours)**
- A. A client who is working for pay at admission and normally works at least 17 hours but not more than 34 hours per week.
- 03 **Irregular (Less than 17 hours)**
- A. A client who is working for pay at admission and normally works fewer than 17 hours per week.
- 04 **Unemployed (has sought work)**
- A. A client who was not working at admission but had sought work and was available within the preceding 30 days.
 - B. A client who was not working at admission, but was not working because they were on layoff, temporarily ill or waiting to start new jobs within the next 30 days.
- 05 **Unemployed (has not sought work)**
- A. A client who is discouraged from seeking work because of personal or job market factors, and voluntarily idle.
- 06 **Not in Labor Force**
- This refers to clients who are:
- A. Retired; or
 - B. Engaged in their own housekeeping, not working while attending school (including adolescents), unable to work because of long-term illness.

THESE NEXT THREE CATEGORIES ARE DESIGNED FOR CLIENTS WHO ARE NOT CAPABLE OF HOLDING A PAYING POSITION SUCH AS DUAL DIAGNOSIS, LATE STAGE ALCOHOLICS, ETC.

07 Full Time Volunteer

- A. A client who volunteers at least 35 hours a week and does not receive monetary compensation for those hours.

08 Part Time Volunteer

- A. A client who volunteers at least 17 hours but not more than 34 hours a week and who does not receive monetary compensation for those hours.

09 Irregular Volunteer

- A. A client who volunteers less than 17 hours a week and does not receive monetary compensation for those hours.

14. MH/MR ISSUES: DIAGNOSIS BASED ON DSM-IV (check ONE box only)

If the client has been diagnosed with a mental illness/disorder or mental retardation based on DSM-IV criteria, check 01 or 02, otherwise check 00.

Diagnosis Based on DSM-IV – Please remember this question affects question H.

- 01 Diagnosed Mental Illness/Disorder**
 02 Mental Retardation
 00 None

15. CONSENT DECREE JANUARY 1, 1989 (check ONE box only)

Was the client a patient at the Augusta Mental Health Institute on January 1, 1989 or after?

- 01 Yes**
 02 No

16. **GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE.**

Enter the appropriate level of functioning based on the GAF scale.

See Appendix F.

17-19. **DRUGS USED INAPPROPRIATELY OR ABUSED BY CLIENT THAT LED TO ADMISSION** PRIMARY, SECONDARY AND TERTIARY

INSTRUCTIONS: From the following codes (also listed on the back of the TDS form), identify and enter the substance(s) which causes the client's dysfunction at the time of admission.

If the client is a poly drug abuser rank the substances as primary, secondary and if necessary, tertiary.

Clinical judgment will ultimately determine the ranking of problem substances. In determining the degree of substance abuse, the following considerations should be made:

- X Client's identified substance of choice;
- X Patterns of substance involvement;
- X Degree of present or past physical, mental, or social dysfunction caused by substance involvement; and
- X Degree of present or past physical or psychological dependence on substances, regardless of the frequency of use of a specific substance.

Each client's substance abuse problem(s) is/are to be individually assessed.

17. **Primary**

This is the primary substance abuse problem for which the client was admitted to treatment. **THERE CAN BE ONLY ONE PRIMARY SUBSTANCE.**

NOTE: 0000 NONE CANNOT BE ENTERED IN PRIMARY SUBSTANCE

For example, a poly abuser seeks treatment and reports abuse of both cocaine and alcohol with use of marijuana of at least one to three times a month. Based on the guidelines outlined above, the clinician determines that cocaine is the primary problem. Therefore, in Item 17, code **0301** Cocaine is recorded as the primary problem.

18. **Secondary**

Record a secondary problem only if a primary problem has been entered. There can be only one secondary problem. If there is no secondary problem enter **0000** None.

Using the previous example, Alcohol (code **0100**) is recorded as the secondary substance abuse problem.

19. Tertiary

Record a tertiary problem only if the primary problem and a secondary problem have been entered. There can be only one tertiary problem. If there is no tertiary problem enter **0000** None. Again using the example above and following the ranking guidelines the clinician enters code **0200** Marijuana for the tertiary substance abuse problems.

After all appropriate problem substances have been entered, complete the remaining blocks with zeros. **All blocks must be completed.**

(List on back of form)

WHEN 0000 FOR "NONE" IS ENTERED IN THE SECONDARY OR TERTIARY BLOCKS OF THIS ITEM, ENTER 00 IN THE CORRESPONDING BLOCKS OF ITEMS 22, 23, 26, 27, 30 and 31.

CODES:

- 0000 None (FOR USE WITH SECONDARY AND TERTIARY ONLY).**
- 0100 Alcohol.**
- 0200 Marijuana: This includes THC and any other Cannabis sativa preparations.**
- 0301 Cocaine**
- 0302 Crack**
- 0400 Heroin/Morphine**
- 0500 Methadone**
- 0550 Buprenorphine**
- 0601 Codeine**
- 0602 D-Propoxyphene**
- 0603 Oxycodone (Percodan)**
- 0604 Oxycontin**
- 0605 Meperidine HCL**
- 0606 Hydromorphone**
- 0607 Other Narcotic Analgesics**
- 0608 Pentazocine**
- 0700 PCP or PCP Combination**
- 0801 LSD**
- 0802 Other Hallucinogens**
- 0900 Methamphetamine/Speed**
- 1001 Amphetamine**
- 1002 Methylphenidate (Ritalin)**
- 1003 Methylenedioxymethamphetamine (MDMA, Ecstasy)**
- 1100 Other Stimulants**
- 1201 Alprazolam (Xanax)**

- 1202 Chlordiazepoxide (Librium)
- 1203 Clorazepate (Tranzene)
- 1204 Dizapam (Valium)
- 1205 Flurazepam (Dalmane)
- 1206 Lorazepam (Ativan)
- 1207 Triazolam (Halcoin)
- 1208 Other Benzodiazepines
- 1301 Meprobamate (Miltown)
- 1302 Other Tranquilizers
- 1401 Phenobarbital
- 1402 Secobarbital/Amobarbital (Tuinal)
- 1403 Secobarbital (Seconal)
- 1501 Ethchlorvynol (Placidyl)
- 1502 Glutethimide (Doriden)
- 1503 Methaqualone
- 1504 Other Non-Barbiturate Sedatives
- 1505 Other Sedatives
- 1506 Flunitrazepam (Rohypnol)
- 1507 GHB/GBL
- 1508 Ketamine (Special K)
- 1509 Clonazepam (Klonopin, Rivotril)
- 1601 Aerosols
- 1602 Nitrites
- 1603 Other Inhalants
- 1604 Solvents
- 1605 Anesthetics
- 1700 Over the Counter – General
- 1701 Diphenhydramine (Benadryl)
- 1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)
- 1802 Other Drugs

20. **Tobacco** (check ONE box only)

01 Yes

02 No

Was client using a tobacco product at admission?

IF **NO** ENTER **00** in QUESTIONS **24, 28 AND 32.**

21-23. FREQUENCY OF USE OF DRUGS BY CLIENT (In last 30 days)

INSTRUCTIONS: Enter one of the following codes to indicate the frequency of use prior to admission for each substance recorded in Items 17-19.

- 00 **Not applicable** (No substance in item (18-19). (Cannot be used on #17)
- 02 **No past month use**
- 03 **Once in the last 30 days**
- 04 **2-3 days per month**
- 05 **Once per week**
- 06 **2-3 days per week**
- 07 **4-6 days per week**
- 08 **Once daily**

24. TOBACCO PRODUCTS ONLY (For use with question #24 only)

- 00 **None**
- 10 **About half a pack/can/pouch a day or less**
- 11 **About a pack/can/pouch a day**
- 12 **About a one and a half packs/cans/pouches a day**
- 13 **About 2 packs/cans/pouches a day**
- 14 **More than 2packs/cans/pouches a day**

25-28. ROUTE OF ADMINISTRATION

INSTRUCTIONS: Enter route or method of use codes listed on the back of the TDS form and below as they apply to the primary, secondary and tertiary substance(s) recorded in Items 17-20. If more than one route or method of use exists, enter the most frequent route.

IF CODE 00 NONE WAS ENTERED IN ITEMS 18 AND 19 FOR SECONDARY OR TERTIARY PROBLEM(S), ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEMS FOR 26 AND 27. IF CODE 02 (NO) WAS ENTERED IN ITEM 20 (TOBACCO) ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEM 28.

CODES:

- 00 **Not Applicable** (No substance in Item 18-20). (Cannot be used on #25)
- 01 **Oral** (Swallowed, ingested or chewed)
- 02 **Smoking**
- 03 **Inhalation** (Snorted OR Sniffed)
- 04 **Injection** (IV or Intramuscular)
- 05 **Other**
- 06

29-32. AGE OF FIRST USE

Enter age of first use for the drugs identified in 17-20.

*IF CODE 00 NONE WAS ENTERED IN ITEMS 18 AND 19 FOR SECONDARY OR TERTIARY PROBLEM(S), ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEMS 30 and 31.
IF CODE 02 (NO) WAS ENTERED IN ITEM 20 (TOBACCO) ENTER CODE 00 IN THE CORRESPONDING BLOCK OF ITEM 32.*

33. INJECTION DRUG USE (check ONE box only)

Check the box that reflects the client's injection drug use.

- 01 Never
- 02 In Last 6 Months
- 03 In Last 5 Years
- 04 Prior to Last 5 Years

If any Routes of Administration (questions 25-28) are answered with a code of 04 then 01 Never must not be used.

**34. MEDICATION ASSISTED TREATMENT? (check ONE box only)
CHANGE

- 01 No
- 02 Methadone
- 03 LAAM
- 04 Buprenorphine/Suboxone/Subutex
- 05 Campral
- 06 Naltraxone
- 07 Vivitrol
- 08 Antabuse

**** CHANGE - THIS QUESTION WAS FORMERLY "OPIOID REPLACEMENT THERAPY", IT HAS BEEN EXPANDED DUE TO NEW MEDICINES AVAILABLE TO ASSIST SUBSTANCE ABUSE TREATMENT.**

Check the appropriate box if the client being served is/will receive medicated assisted treatment as part of his/her treatment at either your facility or at another facility.

35. **TOTAL NUMBER OF ARRESTS IN THE LAST 12 MONTHS**

Enter the **total** number of times the client has been arrested (regardless of reason) in the last 12 months.

NOTE: This number should be equal to or greater than the sum of question 36.

36. **ARREST IN THE PRIOR 30 DAYS**

****New Item**

Enter the number of times the client has been arrested in the prior 30 days.

37. **OUI ARRESTS IN THE LAST TWELVE MONTHS**

Enter the number of times the client has been arrested for operating under the influence in the last 12 months.

38. **DID THE CLIENT RECEIVE A PHYSICAL EXAMINATION WITHIN 48 HOURS OF ADMISSION BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT?**

(Check ONE box only)

01 **Yes**

02 **No**

39. **WAS A COMPLETE PSYCHO/SOCIAL ASSESSMENT DONE ON THE CLIENT PRIOR TO DISCHARGE? (check ONE box only)**

01 **Yes**

02 **No**

40. **GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE.**

Enter the appropriate level of functioning (at discharge) based on the GAF scale.

See Appendix F.

41. **ASSISTANCE RECEIVED DURING TREATMENT.**

INSTRUCTIONS: Please check whether the client **did (01 Yes)** or **did not (02 No)** receive assistance with the services listed below during treatment.

These services were not necessarily delivered by your agency, but you some how aided the client in accessing these services.

- | YES | NO | | YES | NO | |
|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | A. Medical Care | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | L. Drug and Alcohol Education |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | B. Prescription Medications | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | M. Financial Counseling |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | C. Acupuncture | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | N. Academic Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <i>Aversive Therapy Has been removed</i> | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | O. Vocational Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | E. Client Urine Testing | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | P. Legal Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | F. HIV Risk Reduction | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | Q. Tuberculosis Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | G. Child Care | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | R. Prenatal Care |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | H. Transportation to Treatment | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | S. Child/Counseling/Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | I. Employment/Counseling | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | T. Smoking Cessation Serv. |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | J. Crisis Intervention | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | U. Mental Health Services |
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | K. Housing Assistance | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | Z. Other |

NOTE: DO NOT LEAVE ANY ITEM BLANK.

42. **DID YOU RECOMMEND A SELF-HELP GROUP? (check ONE box only)**

SELF HELP - any non-therapeutic support that enhances the client's efforts in recovery. AA, NA, and AL Anon are the most common however any group or activity that promotes behavioral change facilitating sobriety/recovery is acceptable; i.e. church groups, retreats, social groups, etc.

Did the clinician recommend that the client start, or continue to attend, a substance abuse related self-help group upon discharge?

- 01 Yes
 02 No

43. **"DELIBERATE" REFERRAL TO SUBSTANCE ABUSE SERVICES**
(check ONE box only)

INSTRUCTIONS: Place a check next to the appropriate service to indicate the primary substance abuse service the client was referred to at discharge. Referral requires "deliberate action."

DEFINITION: "Deliberate Action" means your program has transported the client, written letters, made telephone calls to set up appointments, or taken similar action to see that the client actually is seen by the program you are referring to, a simple suggestion to a client to go somewhere for help is not considered a referral for the purpose of TDS.

- 00 None
- 01 Detoxification
- 02 Diagnosis & Evaluation
- 03 In Home Family Support
- 04 Extended Care
- 05 Extended Shelter
- 06 (Emergency) Shelter
- 07 Outpatient Counseling (general)
- 08 Intensive Outpatient
- 09 Residential Rehab (short-term)
- 10 Half and Quarterway House
- 11 Adolescent Res. Rehab Transitional
- 12 Substance Abuse Professional
- 13 Consumer Run Residence
- 99 Other

44. **IF REFERRED – REFERRED AGENCY CODE**

Enter the code established by the TDS office for the agency that the client has been referred to. The codes are listed in **Appendix D**. If the agency is not listed, contact the TDS office for a code.

NOTE: If 00 (None) is used in question 42 (Deliberate Referral); 00 must be used for this question.

45. **"DELIBERATE" REFERRAL TO OTHER THAN SUBSTANCE ABUSE TREATMENT**

Place a check next to **each** item listed to indicate whether the client **did (01 Yes)** or **did not (02 No)** get referred to the service.

YES NO

- 01 02 A. **Mental Health Provider**
- 01 02 B. **Other Health Care Provider**
- 01 02 C. **Voc. Rehab/Job Replacement**
- 01 02 D. **HIV Antibody Counseling and Testing**
- 01 02 E. **School Counselor**
- 01 02 Z. **Other**

46. **STATUS AT DISCHARGE**

Enter the status of the client at the time of discharge from the following codes (also listed on the back of the TDS form).

If you answer 30 (client left due to lack of child care) go to next question, otherwise skip to question 47.

- 01 **Client termination (discharge) without clinic agreement (i.e., client leaves without explanation).**
- 02 **Treatment is complete. SEE DEFINITION BELOW**
- 03 **Further treatment is not appropriate for client at this facility.**
- 04 **Non-compliance with rules and regulations.**
- 05 **Client refused service/treatment.**
- 30 Client left treatment due to lack of childcare**
- 07 **Client discharged for medical and/or psychological Tx.**
- 11 **Client incarcerated.**
- 12 **Client deceased.**
- 99 **Shelter Clients Only.**

Completion of Treatment is Defined as:

Client achieves at least 2/3 of his/her most current agreed upon treatment plan and the clinician is in agreement with the discharge.
The plan should include objectives specific to client need and might include the following:

- X Abstinent during treatment
- X Significant reduction in problematic use
- X Willingness to voluntarily seek continuing care as necessary
- X Participation in self-help

47. IF CLIENT LEFT DUE TO LACK OF CHILD CARE, WHAT WAS THE REASON? (Only answer if question 45 was code 30)

Place a check next to the reason that best describes why the client had problems attaining/maintaining child care while they were in treatment.
(Check ONE box only)

- 01 **Accessibility**
- 02 **Money/Cost**
- 03 **Length of stay/treatment**
- 99 **Other**

48. PRIMARY EXPECTED SOURCE OF PAYMENT

Enter the code for the primary funds or reimbursement you expect to receive for services provided to the client. This includes State contract/grant sources e.g., OSA, DOC, and DHHS.

NOTE: If **01** Office of Substance Abuse is indicated, a contract number **must** be entered into **E**, at the top of the form.

- 00 **None** (can not use on #47 Primary)
- 01 **OSA** Office of Substance Abuse
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**
- 04 **Human Services** (Child, Adult Protective)
- 05 **Self-pay**
- 06 **MaineCare** (Medicaid)
- 07 **Medicare**
- 08 **Blue Cross/Blue Shield**

- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Workers' Compensation**
- 13 **Veteran's Administration**
- 99 **Other**

49. **SECONDARY EXPECTED SOURCE OF PAYMENT**

If different than Primary Source.

Enter the code for the secondary funds or reimbursement you expect to receive for services provided to the client. This includes State contract/grant sources. e.g., OSA, DOC, and DHHS.

- 00 **None** (for use with Secondary and Tertiary only)
- 01 **OSA** Office of Substance Abuse
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**
- 04 **Human Services** (Child, Adult Protective)
- 05 **Self-pay**
- 06 **MaineCare** (Medicaid)
- 07 **Medicare**
- 08 **Blue Cross/Blue Shield**
- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Workers' Compensation**
- 13 **Veteran's Administration**
- 14 **Other**

50. **TERTIARY EXPECTED SOURCE OF PAYMENT**

If different than Primary and/or Secondary Source

Enter the code of the tertiary funds or reimbursement you expect to receive for services provided to the client. This includes State contract/grant sources e.g., OSA, DOC, and DHHS.

- 00 **None** (can only be used for Secondary and Tertiary)
- 01 **OSA** Office of Substance Abuse
- 02 **Human Services** (Other than Child, Adult Protective)
- 03 **Corrections**
- 04 **Human Services** (Child, Adult Protective)
- 05 **Self-pay**

- 06 **Medicaid**
- 07 **MaineCare (Medicare)**
- 08 **Blue Cross/Blue Shield**
- 09 **Health Maintenance Organization (HMO)**
- 10 **Other Private Health Insurance**
- 11 **Town Assistance**
- 12 **Workers' Compensation**
- 13 **Veteran's Administration**
- 14 **Other**

51. **TOTAL NUMBER OF UNITS AND COST PER UNIT (list on back of form)**

Enter the code(s) associated with the service(s) provided to the client, the number of units delivered to the client, and the cost per unit. The cost per unit should be the amount in the agency's contract with the State of Maine. If the agency does not have a contract with the State of Maine, please use the agency or provider normal cost per unit regardless of the charge to the client.

Codes:

DETOXIFICATION

- 01 Hospital (PS = 01)
- 02 Free Standing Inpatient (PS = 02)
- 42 Methadone Detoxification (PS = 42)

LIFE MAINTENANCE

- 14 Shelter (PS = 14)

PS = Primary Service Code

Units: Inpatient & Shelter units, 1 bed day equals 1 unit

EXAMPLE 1: John Smith came back 4 consecutive nights to the shelter. The unit code is **14**, the cost for a night in the shelter is **\$35**. He would be coded as follows.

Code	Unit	Cost per Unit
14	0004	035.00

EXAMPLE 2: Bert Johnson received 7 days of Inpatient Detoxification (code 02) with a unit cost per unit of \$125.50. He would be coded as follows:

Code	Unit	Cost per Unit
02	0007	125.50

Cost Per Unit: *As set by Agency with certain guidelines and/or restrictions*

DATE FORM COMPLETED: (MM/DD/YYYY)

FORM COMPLETED BY:

This form is to be signed by interviewer. **THIS FIELD MUST BE ENTERED.**

FORM EDITED BY:

All forms are to be edited for accuracy and completeness. To be signed by person editing completed forms. This may be the same person who filled out the forms originally.

A copy of the TDS form should be retained in the client file.

To Contact the TDS Office:

Tds.helpdesk@maine.gov

(207) 287-6337

TDS Office
Office of Substance Abuse
11 SHS, AMHI Complex
Marquardt Building, 3rd Floor
Augusta, Maine 04333-0011

PART 2

90 DAY CASE PLAN FORM

90 DAY CASE PLAN REPORT

OSA will forward to the substance abuse agency's designated contact person a computer print-out of this form with:

1. The client's ID, birth date, and date of admission preprinted by the TDS computer system. These will be in numerical order.
2. Please fill out the provider unit, telephone, and agency person as appropriate.

The service provider will also complete the following sections: Client's Last Face-to-Face Treatment Date and the Comments area.

1. The service providers must have a system in place to easily identify the client.
2. If the service agency is unable to match a client's ID with their records (name list), they are to contact the OSA.
3. The Last Face-to-Face Treatment Date should be completed for all clients. If the Last Face-to-Face Treatment Date is more than 30 days prior to receiving the 90 Day Case Plan Report:

The client should be discharged unless a specifically noted reason is in the client's record. The reason noted in the file should be noted under Comments on the 90 Day Case Plan Report.

If a reason is not noted in the client record, the client should be discharged and "Discharged" entered in the Comments area of the 90 Day Case Plan next to the appropriate client ID

If the client has had a Last Face-to-Face Treatment Date within the last 30 days:

1. Enter the date and leave the Comments area blank.

THE COMPLETED 90 DAY CASE PLAN REPORT MUST BE MAILED BACK TO THE TDS OFFICE WITHIN 10 WORKING DAYS FROM THE DATE THE AGENCY RECEIVES THE REPORT.

PART 3

FOLLOW-UP IDENTIFICATION FORM

FOLLOW-UP REPORT

OSA or the contracted third-party agency will forward to the provider unit (those who served the client) a computer print-out of this form with:

1. The heading and numbers 1-3 are completed by TDS.
2. The client's ID and date of admission and last treatment date will also be completed by TDS. They will be in numerical order.

The service provider will complete the client's name, address and telephone number of the Follow-up Report.

1. The service providers must have a system in place to easily provide a client's name, address and telephone number when given only the client's ID for follow-up.
2. If the service agency is unable to match a client's ID with their records (name list), they are to contact the OSA.
3. The Follow-up Report is to be completed and forwarded to the follow-up contract agency by the provider unit within 7 working days after it is received from the OSA.

The follow-up interview contract agency will transfer the appropriate information from this form to the Follow-up Interview Form. The remaining information is obtained during the interview.

1. The client's name will not be transferred to the Follow-up Interview Form.
2. If there are problems with the information obtained from the service agency, the contract agency will contact the service agency individual responsible for completing the form.
3. If there are problems with the interviewing process, the contract agency will contact the OSA.

APPENDIX A

Attorney General's Opinion

(Attorney General's Opinion Page is not available electronically.)

APPENDIX B
Service Definitions

SERVICE SETTING DEFINITIONS

DETOXIFICATION

1. Medical Model - Hospital Inpatient

Detoxification - Medical Model is a component which provides persons having acute problems related to withdrawal from alcohol or other drugs with immediate assessment, diagnosis and medically assisted detoxification, as well as appropriate referral and transportation for continuing treatment. The program shall provide services on a 24-hour per day basis.

RESIDENTIAL REHABILITATION (30 days or less)

Residential Rehabilitation is a component which provides substance abuse treatment services in a full (24 hours) residential setting. The Residential Rehabilitation component shall provide a scheduled program which consists of diagnostic, educational, and counseling services; and treatment shall refer clients to support services as needed.

EXTENDED CARE

Extended care is a component which provides a long-term supportive environment for individuals with serious and extensive problems resulting from A+D abuse. The Extended Care Component requires sustained abstinence and provides minimal treatment and ongoing living experience within the facility/program or re-entry into the treatment system. The term of residency is usually in excess of 180 days.

HALFWAY HOUSE

A Halfway House is a community-based, peer-oriented residential program that provides treatment and supportive services in a chemical free environment for persons involved in a recovery process. Programs are varied in character each designed to relate to the target group served, taking into consideration the needs of the individual. Thus, the Halfway House shall address the cultural, social, and vocational needs of the clients it serves. The program will provide transitional assistance in bridging the gap between the A+D use and recovery.

SERVICE SETTING DEFINITIONS (Continued)

EXTENDED SHELTER

Extended shelter is a component which provides a structured treatment environment for clients who are in a waiting list for treatment, or who have completed a detoxification program, and who need a social support system in order to provide continuity of treatment of substance abuse problem, and/or to enable the client to develop an appropriate supportive environment in order to maintain sobriety and to develop linkages with community services.

ADOLESCENT RESIDENTIAL REHABILITATION

Provides recovery through a "therapeutic community" model which emphasizes personal growth through family and group support and interaction. Therapy focuses on attitudes, skills, and habits, conducive to facilitating the recipient's transition back to the family and community.

OUTPATIENT - Non-Intensive (General Outpatient)

Outpatient Care is a component which provides assessment, and treatment services. These services may also be provided to the affected others whether or not the primary abuser is receiving treatment.

INTENSIVE OUTPATIENT

Intensive Outpatient is a component which provides an intensive and structured program of substance abuse assessment, diagnosis and treatment services in a setting which does not include an overnight stay. The program includes a structured sequence of multi-hour clinical and educational sessions scheduled for three or more per week, with a minimum of nine hours per week per client.

DETOXIFICATION - Ambulatory

Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

EVALUATION

Systematic clinical process intended to determine the status of a clients' substance use/abuse. To then assess his/her need for treatment and when treatment is

indicated to outline the modality of treatment. The term "diagnosis" refers to medical diagnosis, and "evaluation" to educational, social, psychological, etc., evaluations performed by licenses/recognized individuals within the profession.

SERVICE SETTING DEFINITIONS (Continued)

SHELTER

Shelter is a service which provides food, lodging, and clothing for abusers of alcohol and other drugs, with the purpose of protecting and maintaining life and motivating them to seek substance abuse treatment. Shelter is a pre-treatment service usually operated in connection with a Detoxification component. At a minimum, will be available 24 hours per day.

OUI

Prime for Life (Adult Offender Program)

Moving Ahead (Teen Offender Program)

**APPENDIX C
REFERRED AGENCY CODES**

<u>Agency</u>	<u>Code</u>	<u>Agency</u>	<u>Code</u>
None	00	D.L.M. Health Services	G5
Abbak	L4	Down East Community Hosp.	V3
Acadia Family Center	88	Downeast Health Care	17
Acadia Health Care, Inc.	24	Eagle Lake Health Ctr.	18
ACCESS	I6	East Grand Health Clinic (AMHC)	73
Adventure Counseling	AN	Eastern Maine Med.-Chemical Dep.	19
Allies, Inc.	4B	Eastport Health Center	20
Aroostook Counseling & Eval.	AS	Eureka Counseling	AA
Aroostook Mental Health Center	05	Evergreen (Franklin Mem. Hospital)	E8
Riverview (AMHI)	03	Facing Change, PA	86
Bangor Mental Health Institute	07	Families United	70
Bangor Pre-Release Center	K5	First Light Counseling	AB
Bellville Associates	81	Full Circle Wellness	AV
Blue Hill Memorial Hospital	08	Food Addiction & Chemical Depend	H4
Blue Willow Counseling	Y5	Gateway Recovery Assoc	78
Calais Regional Hospital	97	Healthreach/Hearthside	23
CAP Quality Care	W6	Healthreach/New Directions	39
Cary Medical Center	U9	Healthreach/ Spruce Street Res.	Q6
Casco Bay Substance Abuse	A1	Houlton Band of Maliseet Indians	25
Catholic Charities ME Counseling	09	Houlton Regional Hospital	V4
Catholic Charities ME/St. Francis	T5	Independence Project	Z5
Central Maine Counseling Svcs.	71	Indian Township Health Ctr.	44
Central Me. Indian Assoc. (CMIA)	11	Ingraham	M5
Charles A. Dean Mem. Hosp.	V2	Jails (if not listed elsewhere)	H6
Charlotte White Center	AI	Jordan House	F6
Choice Skyward/Pen Bay Med. Ctr.	10	Katahdin Valley Health Ctr.	27
City of Portland	80	Kennebec Valley Medical Ctr.	J6
Common Ground Counseling	Y4	Kennebec Valley Mental Health	K7
Common Ties	L9	Kennebec Valley Reg. Health Assoc.	28
Community Care	AU	KidsPeace	Z8
Community Concepts	J5	Life by Design, Inc.	Y6
Community Counseling Ctr.	74	Limestone	49
Community Health & Counseling	12	Lubec, Regional Medical Center at	48
Community Substance Abuse Ctr.	Y1	Lutheran Family Services	29
Counseling Services, Inc.	06	Maine Correctional Center	31
Crisis and Counseling	13	Maine General Med Ctr/Serene	Q5
Crooked River Counseling	Y8	Maine State Prison	75
Crossroads for Women	14	Manna, Inc. (Derek House)	Z7
Danzig Counseling Svcs.	Z2	Mayo Regional Hospital	33
Day One (James Harrod Center)	F7	Medical Art'S, Inc.	D3
Day One LCYDC (MYC)	F8	Mcgeachy Hall - MMC	J1
Day One MVYDC	W0	Mercy Hosp., The Recovery Center at	34
Day One Outpatient	15	Michael Lane Beh. Healthcare	1D
DEEP	16	Mid-Coast Hospital / ARC	01
Discovery House Bangor	3B	MidCoast Mental Health Center	I5
Discovery House of Central ME	49	MidCoast Sub. Abuse Services	L3
Discovery House of Maine	I3	Milestone – Old Orchard Beach	P8
Discovery House of Washington Cty.	XX	Milestone - Portland	37

<u>Agency</u>	<u>Code</u>	<u>Agency</u>	<u>Code</u>
Millinocket Regional Hospital	69	Tri-County Mental Health Center	58
Mt. Desert Island Hospital	38	Turning Tide	1E
New Beginnings	84	UMO (Substance Abuse Svcs)	H3
Northeast Occupational Exchange	Q9	Unknown	98
Northern Maine Medical Center	V5	Veteran's Center of Bangor	H8
Open Door Recovery Ctr.	41	Veteran's Center of Lewiston	G6
Out of State Facility	42	Veteran's Center of Portland	F3
Outpatient Chemical Dependency	D4	Wabanaki Mental Health	L8
Oxford County Mental Health	AM	Waldo Cty Gen Hospital (Coastal)	77
Oxford House (3/4 Way House)	43	Washington Cty Psychotherapy	W3
Partners for Change	R3	Wellness Health Association	I1
Passamaquoddy Indian Township	44	Wellspring	60
Penobscot Cty Metro Treatment of ME	AH	Westbrook Community Hospital	61
Penobscot Nation Health	45	York County Shelter	64
Penobscot Valley Hospital	D6	York Hospital-Cottage Program	65
PenBay Med Ctr / Choice Skyward	K1	Youth Alternatives Inc. A & D	W2
Phoenix House of New England	X2	Youth and Family Services	66
Phoenix Mental Health Svcs., LLC	AJ		
Pleasant Point Health Ctr.-Perry	J3		
Preble Street Resource Ctr	K3		
Private Practitioner (Other)	47		
Project Atrium	W7		
PROP-Women's Program	L1		
Protea Behavioral Health Svcs.	Y2		
Recovery Assoc. of Southern ME, Inc.	M7		
Regional Medical Ctr. At Lubec	48		
Riverside Community Center	C2		
Rumford Community Hospital	E1		
Rural Family Counseling	L5		
Saco River Health Svcs.	AZ		
Safe Harbor/Miles Mem. Hosp.	52		
Searsport Counseling	M1		
Sebastiancook Valley Hospital	53		
Serenity House	54		
Spectrum Health Systems, Inc.	26		
Spring Harbor	S1		
St. Andres	G4		
St. Mary's Hospital	50		
St. Francis House	T5		
Stephens Memorial Hospital	P2		
Suboxone Prescribing Physician	SP		
Substance Abuse Svcs of Ellsworth	S2		
Sweetser Children's Svcs.	D8		
Tamarack Family Svcs.	E3		
Togus VA Hospital	57		
Transitions	L7		

APPENDIX D

Federal Identification Codes For
Part I - OSA Funded Substance Abuse Provider Agencies
Part II - Medicaid only Contracted Substance Abuse Agencies
Part III - DEEP Community Service Private Practitioners
Part IV - DEEP Programs

*****Appendix D Part I, Part II and Part III have been removed; because agencies often open and close this section has been removed because it's a constant work in progress. For a list of your agency's Federal ID Code(s) please contact the TDS office at 287-6337.**

Part IV

Moving Ahead (DEEP) TEEN

Auburn	999901
Augusta	999902
Bangor	999903
Houlton	999904
Machias	999905
Madawaska	999906
Portland	999907
Presque Isle	999908
Rockland	999909
Sanford	999910
Skowhegan	999911
South Paris	999912
Topsham	999913
Waterville	999914

Prime for Live (DEEP) ADULT

Auburn	999990
Augusta	999991
Bangor	999992
Bath	999921
Belfast	999928
Biddeford	999916
Brunswick	999931
Calais	999932
Damariscotta	999933
Dover-Foxcroft	999922
Ellsworth	999929
Farmington	999925
Gorham	999994
Greenville	999934
Houlton	999930
Lincoln	999935
Machias	999923
Millinocket	999924
Newport	999926
Portland	999915
Presque Isle	999993
Rockland	999918
Rumford	999920
Sanford	999917
Skowhegan	999927
Waterville	999919

APPENDIX F

Global Assessment

Assessment of

Functioning (GAF)

Scale

Global Assessment of Functioning (GAF) Scale

The GAF Scale reports the clinician's judgment of the individuals overall level of functioning and is useful in tracking the clinical progress of individuals on global terms, using a single measure. The GAF Scale measures only psychological, social, and occupational functioning. Do not include impairment due to physical or environmental limitations. Rating for TDS should reflect current functioning, i.e., at time of admission and at time of discharge. The GAF is AXIS V of the DSM-IV multi-axial classification.

Code: (Note; Use intermediate codes when appropriate. E.g., 45, 68, 72)

100 ↓ 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90 ↓ 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interest and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 ↓ 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70 ↓ 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 ↓ 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 ↓ 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 ↓ 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 ↓ 21	Behavior is considerably influenced by delusion or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).
20 ↓ 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 ↓ 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Copyright 1994 American Psychiatric Association.