# Louisiana Addictive Disorders Data System (LADDS)
# User Guide

Louisiana Department of Health
Office of Behavioral Health

628 North 4th Street
Baton Rouge, LA 70802

Version 4
Revised January 2017

# Table of Contents


I. Introduction ..... 3

II. Confidentiality and Security ..... 4

LADDS Emergency Data Entry Plan ..... 4

III. Data Collection Screens & Forms ..... 5

A. Client Data Collection Screen ..... 5
1. Select Existing ..... 5
2. Add New Client ..... 6
3. Client Registry Form ..... 7
4. Waiting List ..... 10

B. Case Records Collection Form Definitions ..... 13

C. Case Records Data Elements & Definitions ..... 14
1. Initial Interview Form ..... 14
2. Financial Information Form ..... 34
3. Evaluation Form ..... 38
4. Service Ticket Form ..... 45
5. 24-Hour Daily Census Tickets ..... 51
6. Termination/Discharge Summary Form ..... 51

D. Group Reporting Services ..... 63
1. Group Tickets ..... 63
2. 24-Hour Census ..... 64

IV. Description of Reports ..... 63

V. Glossary ..... 69

VI. Appendices ..... 72
Appendix A LADDS Emergency Data Entry Plan ..... 72
Appendix B Parishes ..... 85
Appendix C DSM-IV Codes ..... 86
Appendix D Sample Reports ..... 98

# I. INTRODUCTION

The Louisiana Addictive Disorders Data System (LADDS) is designed to provide essential management and clinical information relating to all client-centered treatment activities in which programs sponsored by the Office of Behavioral Health (OBH) are engaged. LADDS must be used by OBH contracted treatment programs as well as by programs directly operated by OBH.
LADDS is also designed to provide users with an intuitive web-based interface that will require only an internet browser and an internet account (and the appropriate authorizations) for access. The system is designed for direct entry of most data elements so that most paper data-entry documents can be eliminated. LADDS requires that data entry documents be eliminated to the fullest extent possible since the validations of data entry occur immediately with direct entry of data rather than days after client disposition is accomplished, when a paper document would have been printed. This is particularly the case for admissions. All admissions should be done in real time as they occur. In the event of a power outage, services can be entered at a later date if necessary (See LADDS Emergency Data Entry Plan). Data entry of services should be done as soon as possible after they occur - within a day or two at most. There should be no need to enter terminations and evaluations from hardcopy documents, but terminations and evaluations should, like service tickets, be entered as soon as practical after the event recorded.

The system is also designed to link the entire network of OBH-sponsored treatment programs into a single integrated treatment environment. This means that when an OBH facility admits a client in one city, the staff of that facility can use LADDS to find out if that person has been a client recently at other OBH facilities in other cities - or if a client is currently an active client at some other facility. The aim is to provide the clinician with a complete history of the client's services with all components of the OBH system of care.

LADDS is also designed to facilitate tracking of outcomes and costs of treatment. Data collected through LADDS is utilized to report to federal and state funding entities. Clients may receive care at several facilities during a single episode of treatment; therefore, LADDS marks the case records of such related treatment experiences so that outcomes can be measured over the whole episode.

The objectives of this manual are as follows:

- To describe the procedures and definitions related to the collection of client data with emphasis on a clear statement of the rules and policies involved in this process; and
- To describe the main reports available through LADDS.

In addition to this Introduction, the manual contains the following sections:

- Confidentiality and Security
- Data Collection Forms and Data Elements
- Description of Major Reports
- Glossary of key words and terms

## II. CONFIDENTIALITY AND SECURITY

OBH treatment records are protected by state and federal confidentiality statutes and regulations. LADDS is designed to comply with all these confidentiality and security requirements with special attention to the provisions of Title 42 of the Code of Federal Regulations (CFR 42) and the security and privacy requirements of Health Insurance Portability and Accountability Act (HIPAA).

### Passwords and Log in Identifiers

Employees are assigned a login identifier, password, and level of access. Passwords are required and must be changed periodically. The system prompts for automatic change every 90 days. If a user is a staff member in more than one facility, then the staff member will need a different login (user name and password) for each of these facilities. This is because:

1] LADDS determines the facility number from the login of the user; and

2] Users not attached to a particular facility have limited privileges in viewing the records of that facility and no permission to make any changes to that facility's records.

### Automatic "Log off"

Any machine in which a user logs in and does not press a key or click the mouse within 10 minutes will be automatically returned to the login screen to prevent unauthorized access.

### LADDS Emergency Data Entry Plan

The LADDS Emergency Data Entry Plan will not in any way substitute the LADDS online database; however, this is a backup plan to continue collecting/recording data if any of the following occur:

- Communication lines/Internet access is down
- Power outage
- System or server down, etc.

See Appendix A for a sample copy of the Emergency Data Entry Plan Forms.

# III. DATA COLLECTION SCREENS AND FORMS

## A. Client Data Collection Screen

Prior to adding the client to the system, select the "Select Existing Option" to verify the client is not already in the system. Enter any information you may have to retrieve (search for) your client. If a client exists, follow the directions on the screen. If a client does not exist, select "add new client" and complete the following data elements: Birth Name (Last name as it appears on birth certificate), Current Last Name, First Name, Birth Date, SSN, and Gender.

### 1. Select Existing

#### Case Number

Enter the case number if known.

#### Last Name (Current Legal Last Name)

Enter the client's current legal last name even if it is the same as the birth name. Where applicable, client surname should be documented, for example, Jones Jr; Jones Sr; Jones II; Jones III, etc.

Do not place a period [.] after Jr or Sr; Do not place a comma [,] after the last name.
PLEASE NOTE: NO PUNCUATION MARKS SHOULD BE USED.

#### First Name (As it appears on birth certificate)

Enter the client's legal first name. Do not use a nickname or surname. Do not use a middle name for the first name even if a client uses his/her middle name for his/her first name.

#### Birth Name (Last Name as appears on birth certificate)

Enter the client's legal last name as it appears on the birth certificate.

#### SSN

Enter the Social Security Number correctly. Although it is not the primary identifier within LADDS, it is still the primary identifier in the external world. You may edit a SSN if you discover it was entered incorrectly by simply browsing to the client's Registry record and entering the new value (assuming of course you have the permission necessary to edit that table). Remember, however, once a record is saved, you must click the Edit button at the top of the form to change it.

If a client does not have a social security number or if he/she does not want his/her SSN to appear in LADDS, you must substitute the first 9 characters of the client's UID instead.

#### Birth Date

Enter the client's birth date. Birth date should be recorded as mm/dd/yyyy.

#### Gender

Select male or female.

Address
Enter the street number and street name as in: 1600 Pennsylvania Avenue. If client is homeless, enter "NA" for "Not Available" or "Not Applicable."

City
Enter the city or town in which the client lives. Use full name - no abbreviations. If a client is homeless, enter the city or town where your facility is located.

Unique ID (Auto-generated by LADDS)
Enter the unique ID if known.

Client ID (Auto-generated by LADDS)
Enter the Client ID if known.

2. Add New Client

Birth Name (Last Name as appears on birth certificate) - Required
Enter the client's last name as it appears on the birth certificate.

Last Name (Current Legal Last Name) - Required
Enter the client's current legal last name even if it is the same as the birth name. Where applicable, client surname should be documented, for example, Jones Jr; Jones Sr; Jones II; Jones III, etc.

Do not place a period [.] after Jr or Sr; Do not place a comma [,] after the last name. PLEASE NOTE: NO PUNCUATION MARKS SHOULD BE USED.

First Name (As it appears on birth certificate) - Required
Enter client's first name as it appears on the birth certificate. Do not use a nickname or surname. Do not use a middle name for the first name even if the client uses his/her middle name as his/her first name.

Birth Date - Required
Enter the client's date of birth. Birth date should be recorded as mm/dd/yyyy.

SSN - Required
Enter the Social Security Number correctly. Even though it is not the primary identifier within LADDS, it is still the primary identifier in the external world. You may edit a SSN if you discover it was entered incorrectly by simply browsing to the client's Registry record and entering the new value (assuming of course you have the permission necessary to edit that table). Remember, however, once a record is saved, you must click the "Edit" button at the top of the form to change it.

If a client does not have a social security number or if he/she does not want his/her SSN to appear in LADDS, you must substitute the first 9 characters of the client's UID instead.

Gender - Required
Select male or female.

## 3. Client Registry Form Data Elements/Definitions

This form must be completed or updated for any service between staff and an individual seeking treatment services, regardless of whether or not the client (or prospective client) is admitted to the facility. This form may be completed by telephone when a person calls for an intake appointment, in which case the last two fields on the form should be completed also: the Date of Service and the Date of Appointment. These two elements are not properly a part of the Client Registry record, but are a temporary storage place for this data. If a client is admitted on or before the appointment date, then the Date of Service will be loaded automatically into the Client's Initial Interview record. In any case, on the day after the Date of Appointment, this data will be discarded.

### Unique ID - generated by System

The UID is generated by the system. The first screen a user sees when he/she identifies a person for an initial interview is the screen that collects the data elements necessary to generate the UID. These data elements are the current Last Name, First Name, Suffix, Birth Name (Last name as it appears on birth certificate), Birth Date, and Gender.

### R1. Last Name (Current Legal Last Name) - Required

This field should be populated automatically from the information you entered in the data collection screen.

### R2. First Name (As it appears on birth certificate) - Required

This field should be populated automatically from the information you entered in the data collection screen.

### R3. Middle Initial

Enter the entire middle name or just the initial. The entire name is preferable if a client ordinarily uses it along with the first name (Mary Kay Smith, for example).

### R4. Birth Name (Last Name as it appears on birth certificate) - Required

This field should be populated automatically from the information you entered in the data collection screen.

### R5. Suffix (Jr., Sr., III, Etc.)

### R6. SSN - Required

This field should be populated automatically from the information you entered in the data collection screen.

### R7. Home Phone

Enter zeroes if a client does not have a home phone.

### R8. Work Phone

Enter zeroes if a client does not have a work phone.

### R9. Address - Required

Enter the street number and street name as in: 1600 Pennsylvania Avenue. If a client is homeless, enter "NA." for "Not Available" or "Not Applicable."

R10. Apartment Number
Enter the apartment number or any other secondary address information (such as Second Floor, or East Entrance).

R11. City - Required
Enter the full name - no abbreviations - for the city or town in which the client lives. If a client is homeless, enter the city or town where your facility is located.

R12. State - Required
Enter the correct two-character designation for state where the client lives. If a client is homeless enter Louisiana as the state.

R13. Zip - Required
Enter the five character postal code or the five character plus four postal code.

R14. Parish - Required
Select the client's current parish of residence from the dropdown menu. If a client is homeless enter the parish where your facility is located. If a client resides out of state, select option "Out of State". {See Appendix A for permitted values}

R15. Birth Date - Required
This field should be populated automatically from the information entered in the "add new client" screen. Birth date should be recorded as mm/dd/yyyy.

R16. Gender - Required
The gender of the client should be displayed automatically from the information you entered in the data collection screen.

R17. Race - Required
Select the racial label the client reports. Use "Other" only if a client does not feel any of the other labels are appropriate for him/her. The permitted values are:

- Alaska Native – An individual having origins in any of the original peoples of Alaska.
- American Indian - An individual having origins in any of the original peoples of North America excluding Alaska.
- Asian - An individual having origins in any of the original peoples of the Far East (e.g., Japan, China, Vietnam, Thailand, etc.). Southeast Asia, or the Indian continent including for example, Cambodia, China, Japan, Korea, and Vietnam.
- Black or African American - An individual having origins in any of the Black racial groups of Africa.

- **Native Hawaiian or Other Pacific Islander** - An individual having origins in any of the original peoples of Hawaii (e.g. Hawaii, Guam, Samoa, etc.).

- **White** - An individual having origins in any of the original peoples of Europe, North Africa, or the Middle East.

- **Other** - Not fitting into any of the categories above.

**R18. Ethnicity - Required**

Select the ethnicity label the client reports. Ethnicity labels should be applied regardless of whatever racial label is applied. The permitted values are:

- **Hispanic or Latino** - The client is an individual of Puerto-Rican, Mexican or Cuban heritage or culture, regardless of race.

- **Not Hispanic** - The client is an individual *not* of Spanish heritage or culture, regardless of race.

**R19. First Language**

Select the client's native language regardless of which language the client currently uses. The permitted values are:

- English
- Spanish
- French
- Vietnamese
- Chinese
- Hindu or related language
- Hebrew
- German
- Russian
- Arabic
- Portuguese
- Other

**R20. Disability - Required**

Select any significant disability of the client from the choices available on the menu. More than one may be selected.

**None -** The client has no damage or diminishing of his/her organs or limbs in any way.

**Sight Impaired -** The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.

**Hearing Impaired -** The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.

Not Ambulatory without wheelchair or walker - The client is unable to walk without a wheelchair or a walker.

One or more limbs amputated - The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.

Asthma, emphysema, or other breathing difficulties - The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.

Tuberculosis - The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

HIV Disease - The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.

Hepatitis C - The client has a form of liver disease usually transmitted through illicit drug use, blood transfusion, blood, or blood products.

Other serious or chronic medical condition - Any other form of serious illness or virus that is not mentioned.

R21. Date of Initial Contact

Use this field to temporarily store the date of a client's first contact with the facility with respect to a particular admission (or prospective admission) to that facility. This data will be loaded automatically into a client's initial interview record if a client is admitted. It is particularly useful for those facilities that have a Client Registry form completed (or updated) by telephone when a person calls for an intake appointment. The value in this field is discarded after the Date of Appointment (see below) is past. Note that this data element is optional on the Client Registry page, but not on the Initial Interview Form if the client is admitted later.

R22. Appointment Date - Optional

Use this field as a temporary storage for the date of appointment when a Client Registry page is completed (or updated) when a client telephones or otherwise contacts the facility for an intake appointment. The value in this field is discarded when the date of appointment is past or when the appointment is kept.

R23. Hurricane Info Case Number N/A

(Auto-generated by the system)

## 4. Waiting List

The Waiting List module in LADDS allows users to place a client that has been assessed in the user's facility on a waiting list for one or more other LADDS facilities. Each of these facilities then has the option to add the client to their waiting list. If the client is

admitted into one of these facilities, the Waiting List status will auto-update to either Accepted for the facility that did the admission or Referred Elsewhere for any other facilities that client was on the waiting list for.

The five possible statuses of the Waiting List are as follows:

- **Pending** – Status when a client has been referred to another facility
- **Waiting** – Status when a facility has accepted the referral, but not admitted the client yet
- **Denied** – Status when a facility informs the referring user that they will not put the client on their waiting list
- **Accepted** – Status when a facility admits a client that was on their waiting list
- **Referred Elsewhere** – Status when a different facility admits a client that was on their waiting list

The security right Manage Waiting List must be included in the security group for any user that needs to Manage or View the Waiting List info.

If a user has the Manage Waiting List security right, they may see one or more of the following grids on the Home screen after logging in:

- **Referred Out** – This is a list of all Pending or Waiting referrals that the user's facility has referred elsewhere.

- **Referred In** – This is a list of all Pending or Waiting referrals that have been referred to the user's facility.

- **Waiting List** – This is list of all Denied, Accepted, or Referred Elsewhere referrals that have occurred within the last 5 that the user's facility has referred elsewhere.

### A. Referring a Client to Another Facility

These are the steps necessary to add a client to the waiting list:

1. Select an existing client (Select Existing under Clients)
2. Once a client has been selected, click on Waiting List (under Clients)
3. If the client is already on other waiting lists, a grid of those lists will come up. Click New to add the client to another waiting list. If the client is not on any other lists, you will go straight into the New screen.
4. Select from the dropdowns of Case and Referred Facility and click Save. If the selected client does not have an Active case, no cases will be available for selection. Once saved, you will see the grid of all referrals for this client.
5. Repeat Steps 3 and 4 for any other facilities / referrals desired.

### B. Editing Your Waiting List

If a client has been placed on a waiting list and the status is still Pending, the status can be changed to Denied (if the selected facility says they will not place the client on their

list) and / or the facility can be changed. Here are the steps necessary to edit the waiting list record:

1. Select an existing client (Select Existing under Clients)
2. Once a client has been selected, click on Waiting List (under Clients)
3. Click on the waiting list record you wish to edit (Click the circle in the Select column).
4. Change the status to Denied and / or change the facility and click Save. Once saved, you will see the grid of all referrals for this client
5. Repeat Step 4 for any other facilities / referrals desired.

### C. Viewing Your Waiting List

If the status of the referral is Denied, Accepted, or Referred Elsewhere, no editing will be allowed. However, you will be able to see the detail of the referral by selecting it as follows:

1. Select an existing client (Select Existing under Clients)
2. Once a client has been selected, click on Waiting List (under Clients)
3. Click on the waiting list record you wish to view (Click the circle in the Select column).
4. You will see a screen with the detail of the referral. Click Cancel to return to the list of referrals.

### D. Adding a Client to Your Waiting List

Adding a client to your facility's waiting list is very simple:

1. A list of clients that have been referred to your facility will show on the Home Page. Click on the "Click to Put On List" link in the Date Put On List column for the client you wish to add to your waiting list.
2. Repeat Step 1 for any other clients you wish to add to your waiting list.

### E. Admitting a Client

The admit process is still the same. Upon admitting a client, the system will determine if the client was on any waiting lists. If the client was on a waiting list for the admitting facility, the status is automatically changed to Accepted. If the client was on waiting lists for any other facilities, those statuses are automatically changed to Referred Elsewhere.

### F. Removing a Client

This allows the accepting facility to remove the client for the reasons indicated. This prevents the facility's outcome from being hurt for a client remaining on the list for extended periods and not being available for admission. Select from the dropdown menu.

The permitted values are:

- Client Deceased
- Client Incarcerated
- Client Refused/Declined Recommended LOC
- LOC no longer indicated or needed
- Lost contact with client / client moved
- Other

## B. Case Records Data Collection Form Definitions

The following section lists each of the data collection forms (web pages) that LADDS uses to collect its data, details the events these forms record, and includes rules pertaining to these events. These forms are the Client Registry Form, the Initial Interview Form, the Financial Information Form, the Evaluation Form, the Service Ticket Form (individual or group), the 24-hour Daily Census Form and the Termination (Discharge) Form.

The name of a data element will be followed by a letter and a number. The letter represents the screen or form in which the data element is contained, for example: R - Registry, I - Initial Interview, F - Financial Information, E - Evaluation, S - Service Ticket, and T - Termination. Each data element in a screen or form is assigned a sequential number indicating the data element number used by the OBH system to identify this element.

If a spelling error was made in entering any of the UID data elements and this is not discovered until later, simply correct the error in the Client Registry form and the UID will also be corrected automatically.

### 1. Initial Interview Form

The Initial Interview Form in its entirety must be completed for any face-to-face services resulting in admission to a facility, whether for treatment or to an education program. This includes the Problem Gambling Screener that is appended to the Initial Interview Form.

If the service is for anything other than admission, complete the first section of the form and the Disposition at the end of the form.

Information gathered from interviews between clients and staff occurring by telephone, mail, or email should not be entered into the Initial Interview Form.

### 2. Financial Information Form

The Financial Information Form is a continuation of the Initial Interview Form. It has been separated from the Initial Interview Form to provide flexibility in data entry. Managers can grant permission for a different person to enter Initial Interview data than the one who enters financial data since different training is required in each case.

Financial data must be completed on both persons whose case status is Service and on clients who are admitted. If financial data is omitted the case will not be enabled to 'terminated'.

3. Evaluation Form

This form must be completed for every admitted client at 90 day intervals during the treatment experience at any modality beginning with the 90th day after admission. If the length of stay at the modality is less than 90 days, an Evaluation Form does not need to be completed. An evaluation MUST be done any time there is a change in primary counselor and may be done at any time the primary counselor determines it to be clinically appropriate, i.e. diagnosis change.

If 90 days pass during treatment in a particular facility without an evaluation, LADDS will remind the primary counselor at his/her next log in. A list of clients who are overdue for evaluation will be available to the facility staff where those clients are in treatment.

An assessment must be completed BEFORE a client can be admitted except:

i. that an assessment (such as the ASI) is not necessary for admissions to detoxification facilities.

ii. that an assessment is not required for admission at any OBH facility if LADDS indicates that an assessment was done for the client at some other OBH facility within the 90 day period prior to admission.

4. Service Ticket Form

This form (either individual or group) must be completed in LADDS for any admitted (active or affiliate status) client or any non-admitted (service status) client who receives any face-to-face service from the clinical staff of an OBH outpatient facility.

5. 24-hour Daily Census Ticket Form

If a 24-Hour Census ticket has been entered for a client - LADDS will automatically display a list of those census dates and whether or not the ticket has been validated or voided. Click this link to view these dates.

6. Termination/Discharge Summary Form

This form must be completed for any client who has completed the course of treatment at a facility or who has had no service within 90 days even if the course of treatment was not completed. LADDS service will convert the status of any record with more than 90 days since the last service date to "Expired".

If a client returns after his/her status has converted from Active or Affiliate to Expired, he/she must be readmitted. All cases in expired status should be terminated immediately.

If financial data is omitted the case will not be enabled to be terminated.

## C. Case Records Data Elements & Definitions

1. Initial Interview Form

Client - LADDS will automatically display this data element

This field should be populated automatically from the information you entered in the data collection screen.

Status - LADDS will automatically display the assigned status

There are six status codes possible: Active, Affiliate, Expired, Service, Expired Service, and Closed. (See glossary for definitions) These are all assigned by the System in response to various actions of the user as follows:

Active - assigned when the user enters "Admission" or "Education Program" for data element Disposition on the Initial Interview form and the client has no other Active case open in the OBH system of care. If client has more than one case open within the OBH system of care then active status will be assigned to the most recent admission.

Affiliate - assigned when the user enters "Admission" or "Education Program" for data element Disposition on the initial interview form and LADDS finds a current admission for client within the OBH system of care. For example: Client admitted to Residential Housing Jan 1, 1990. Feb 1, 1990 begins attending Group at the Outpatient facility while remaining a client at the residential facility. Client's active status will be assigned to outpatient facility because this admission was the most recent. Affiliate status will be assigned to the residential facility.

Contact - assigned by LADDS when the user enters something other than "Admission" or "Education Program" for data element Disposition on the Initial Interview Form.

Expired - assigned by LADDS to Affiliate and Active cases when 90 days elapse without a service to the client.

Expired Contact - assigned by LADDS when 30 days have passed and a case with Contact status has not been converted by the user to an Active or Affiliate status by changing the value of the data element Disposition on the Initial Interview Form.

Closed - assigned by LADDS when a user completes the Termination/ Discharge Summary Form on any case with Active or Affiliate status.

The Active and Affiliate codes have no clinical difference. Both are counted to obtain the open caseload for a counselor or for a facility, but only the Active status cases are counted to obtain the unique unduplicated count of clients for a region or for OBH as a whole.

If an Active case closes, LADDS will search for an open Affiliate case with the same UID and the most recent admit date it finds for affiliate cases will be converted to Active Status. There can be only one case with Active status at any one time for a particular UID, but there cannot be any case with affiliate status unless there is also a case with Active status for that same UID.

The Expired status differs from the 'Closed' status only in that the clinician has not yet completed the Termination/Discharge Summary Form for an Expired status case.

A case with Service status may be converted to Active or Affiliate status by the user for 30 days after the initial interview date. This is done by browsing to the Initial Interview Form and changing the value for data element Disposition to Admission or Education program.

A case with Expired status or Expired Contact status cannot be changed back to Affiliate or Active status. A person who presents for service after his case status has converted to Expired or Expired Contact will be required to start the entire admission process again with a new initial interview form, a new case number, etc.

The Closed status is assigned by LADDS only when a Termination/Discharge Summary Form is completed. But the System will remind the user each time he/she logs in if he/she has cases with Expired status that should be closed. A list of these cases with Expired status is available at any time the assigned counselor in the Reports section of LADDS.

### I1. Interviewer - Required

Select the Provider Code from the dropdown menu.

All users of LADDS who are also providers of direct treatment services (counselors, physicians, nurses, social workers, case managers, phlebotomists, pharmacists, etc.) will be assigned a five character "Provider Code".

Provider codes for new employees will be assigned automatically by LADDS. The codes meet these conditions:

1. They are five characters in length.
2. They consist of one alpha and four numeric characters.
3. They are unique for the provider. This means a provider can use the same code at different facilities.

These provider codes will be maintained in a LADDS system table, which will be maintained at the facility level. If a provider code is not used for a period longer than 12 months, it may be assigned an inactive status by LADDS, in which case it will no longer appear on the dropdown menus that use the provider table for a lookup. Contact your system administrator to restore the active status of a provider code.

### I2. Interview Date - Required

Enter the date the information is obtained from a Client for the initial interview. If a client is admitted, this may or may not also be the Admission Date. Interview date should be recorded as mm/dd/yyyy.

### I3. Pregnant At Initial Interview - Required

Select from the dropdown menu. The permitted values are:

- Yes
- No

This element is required only if Gender is "Female." LADDS will automatically assign a N/A if gender is "Male."

### I4. Arrests in 30 days Prior to Admission - Required if Client is Admitted

Enter number of arrests for client with at least one arrest in the 30 days preceding admission. If zero arrests, enter zero. A client, who has one or more arrest counts (not charges) in the past 30 days, is included in this measure.

### I5. Self-Help Activities 30 days prior to Admission – Required

This element refers to the number of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. It includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance use disorders. Select from the items in the drop down menu that most closely represents the client's participation in self-help groups or activities in the 30 days prior to admission. The permitted values are:

- No attendance in the past month
- 1-3 times in the past month
- 4-7 times in the past month
- 8-15 times in the past month
- 16-30 times in the past month
- Some attendance, but frequency unknown

### I6. Source of Referral - Required

Select the most appropriate referral source from the dropdown menu. If a client was referred by more than one source, determine which of these you believe to be the primary referral source or most important one to record. For instance, if a client was referred both by his/her personal physician and by a probation officer, select the latter as the referral source since a probation officer is likely to require reports relative to compliance - and being referred by a probation officer changes the person's legal status regardless of whom else may have also referred him/her. If a client was referred both by a drug court and by TANF, enter the one that is PAYING for the client's treatment since that will be the most important one to track for billing purposes. The permitted values are:

- Self, Family, or Friend - Self-explanatory.

- Coroner or Physician - Individuals referred by the parish coroner, including Coroner's Emergency Commitment or a private physician, including P.E.C.

- Mental Health Facility - Referrals from Community Mental Health, State Mental Hospitals (not SA), private mental health facilities, or hospitals. Do not use this category if the client comes from an SA component of the hospital.

- **Court/Criminal Justice City/Parish** - Juvenile or Adult - Individuals referred from City/Parish Courts, designated family or their agents (may include probation officers, attorneys, or judges.

- **Court/Criminal Justice State** - Adult or Juvenile - Individuals referred from Louisiana training institutes, Division of Youth Services, Juvenile Reception and Diagnostic Center, District Courts when sitting as juvenile courts, District Courts or their agents, the Department of Public Safety and Corrections and the Parole Board. This includes Probation and Parole Officers, Attorneys, and other officers of these courts and District Attorneys.

- **Child/Adult Protection Program** - Child/Adult Protection Program referrals from Office of Community Services, Battered Women's programs, or other similar, protection/help service.

- **Other Chemical Dependency Program - Public** - Referrals from another publicly supported chemical dependency program regardless of affiliation with OBH: Example V.A., OBH, Substance Abuse facilities, etc.

- **Other Chemical Dependency Program - Private** - Referrals from chemical dependency program of a privately funded nature, non-governmental, private, non-profit, private for profit, etc.

- **Employee Assistance Program -** Referrals from or through a formal or informal employee assistance program. Any referrals from employers and supervisors.

- **Bureau of Prisons/Federal Probation & Parole** - Any referrals from the Federal Bureau of Prisons including Federal Probation and Parole.

- **Educational Program** - Clients referred through the school system, i.e. teacher, guidance counselor, school board, etc.

- **Drug Court -** Direct referral from a Drug Court Program

- **FITAP** - Family in Need of Temporary Assistance Program, a program within the Office of Family Support. (these individuals receive financial assistance formerly known as AFDC, welfare etc.)

- **TANF – Residential Women and Dependent Children Program** - use this category for any woman who qualifies for Temporary Assistance for Needy Families funding and is in a women and dependent children residential treatment program.

- **TANF - Temporary Assistance for Needy Families** – use this category for TANF eligible individuals that present for treatment services, but are not referred from a OFS/OCS screening and assessment site. *(these individuals do not receive financial assistance from DSS, but*

*qualify for all other TANF services i.e., (childcare assistance, food stamps, Medicaid etc.)*

- **TANF Gender Specific IOP –** use this category for *any* TANF eligible client who was admitted to a gender specific intensive outpatient treatment program.

- **OCS/Non-TANF -** use this category when the individual was referred by OCS but does not meet TANF eligibility

- **MPWP** - Monroe Pregnant Woman Program - This source of referral should only be used for clients referred from the pilot program at E. A. Conway Hospital.

- **Gambling Treatment Referral Program** – This source of referral should only be used for the Gambling Treatment Referral Program (referrals received from the District Attorney's Office).

- **OCS/TANF –** Use this category when the client was referred by OCS and qualifies for TANF eligibility.

- **Pregnant & Postpartum Women Grant (PPW)**

- **Other** - Not falling into any of the above categories.

Some of these values have been defined in the memos and policy statements that created them. Some of them (such as FITAP and TANF values for examples) are used to track clients whose treatment is funded in a specific way. So a Client must meet the criteria currently set by the agency for this funding stream.

### I7. Reason for Contact - Required

Select the value from the dropdown menu which best characterizes a client's PRIMARY reason for service. If you enter Evaluation Only or Screening Only the Disposition cannot be admission. The permitted values are:

- **Evaluation Only** - The client was served at this facility at the direction of another agency or organization for specific evaluations(s) (e.g., psychological, social, etc.) necessary to the other agency's service to the client.

- **Non-Crisis Counseling - Self** - The client was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to his/her own substance abuse needs.

- **Non-Crisis Counseling - Collateral** - The client was served at this facility with the primary purpose of seeking information assistance, and/or treatment with respect to the substance abuse needs of a family member, relative, close friend, or other individual in whom the client has an interest; or the client is an adult child of a substance abuser.

- **Crisis Intervention - Self** - The client was served at this facility indicating that his/her situation and/or problem(s) are such that *immediate* and *emergency* services are required.

- **Crisis Intervention - Collateral** - The client was served at this facility indicating that situation(s) and/or problem(s) of a significant are such that *immediate* and *emergency* service are required.

- **Screening Only -** Indicates whether there is a probability that substance is present.

I8. Addiction Type - Required

For children's admissions or services select "None" for addiction type.

The distinction between alcohol & drugs must be maintained at present to accord with Federal reporting requirements.

If a client is admitted with a substance abuse diagnosis, but has a gambling problem also, use the code that characterizes the primary and most immediate treatment need of the client.

Use 'Other' only if you have a situation in which none of the other values available is appropriate.

Select from the dropdown menu the type of addiction which best characterizes the client's primary disorder. The permitted values are:

- **Alcohol** - The reason for service with your facility is *alcohol* related.

- **Drugs** - The reason for service with your facility is *drug* related.

- **Alcohol and Drugs** - The reason for service with your facility is *alcohol* and *drug* related.

- **Gambling** - The reason for service with your facility is *gambling* related.

- **None (For children only) -** The reason for service with your facility is children's admissions or service. This value cannot be used for adults.

- **Other** - The reason for service with your facility is different from the above values.

I9. Used IV Drugs

The permitted values are:

- **Never used IV drugs** - Has never used drugs intravenously (through needles).

- **Used IV drugs in last 6 six months** - Has used drugs intravenously in the last six months.

- **Used IV drugs in last year** - Has used drugs intravenously in the last year.

- **Last used IV drugs more than 1year ago** - Has not used drugs intravenously in longer than one year.

I10. Sexual Preference

If a client does not wish to share this information, select the "No Answer" choice from the dropdown menu. The permitted values are:

- Females only
- Males only
- Both males and females
- No answer

I11. Were you IMPACTED by the hurricane / disaster?

The permitted values are:

- Yes
- No

If **"Yes"** which disaster?

- Katrina
- Rita
- Gustav
- Ike
- Other

I12. How were you impacted by the hurricane / disaster?

The permitted values are:

- Severe
- Moderate

I13. Were you DISPLACED by the hurricane / disaster?

If **"Yes"** answer the hurricane-related questions below. If **"No"**, skip this part and proceed to the next section.

The permitted values are:

- Yes
- No

Which Disaster?

- Katrina
- Rita
- Gustav
- Ike
- Other

I14. Before the hurricane / Disaster, were you receiving services at an OBH funded program / facility?

The permitted values are:

- Yes
- No

I15. What was the client's Zip Code of residence prior to the disaster?
{Enter the 5-digit Zip Code}

Type of Admission - This type of admission is automatically generated by LADDS once the Disposition section is completed
LADDS will insert the proper value. Readmission means the client has been previously admitted to this or some other facility within the OBH system of care.
The permitted values are:

- First - The client is being admitted to receive service at this facility for the first time.

- Readmission - The client has been previously admitted to this facility or another facility in the OBH system of care but the case has been closed.

Affiliate - Assigned by LADDS
Assigned when the user enters "Admission" or "Education Program" for data element Disposition on the initial interview form and LADDS finds a current admission for the client within the OBH system of care. For example: Client admitted to halfway house Jan 1, 2017. Feb 1, 2017 begins attending Group at the Outpatient facility while remaining a client at the halfway facility. Client's active status will be assigned to the outpatient facility because this admission was the most recent. Affiliate status will be assigned to the residential facility. The permitted values are:

- Yes - The client is currently a registered client of another OBH facility and has been referred to this clinic to receive supplemental or extended services (e.g., day treatment) as part of the continuing plan of treatment.

- No - Client is not an affiliate admission.

Case Number - Assigned by LADDS
LADDS will automatically generate a case number for every client interviewed. LADDS will assign a case number for both services and admissions. The presence of the case number does not indicate admission.

I16. Diagnostic Impression - Required

Enter the DSM code for your primary diagnostic impression. This initial impression may be updated and additional diagnoses assigned at any time by completing an Evaluation form. *(See Appendix B for list of diagnostic codes.)*

I17. Service Type - Required if Client is Admitted

In some facilities, one service type may flow into another (intensive outpatient into conventional outpatient or residential treatment into a halfway house level of care, for examples. The permitted values are:

- Intensive Outpatient - Ambulatory treatment services provided to a client at least 3 days a week with a minimum of 9 hours per week.

- Non-Intensive Outpatient - Ambulatory treatment services including individual, family, and/or group services; these may include pharmacological therapies.

- Inpatient - Adult - Short term (< 30 days) - 24-hour non-acute care provided in a residential free standing setting with a short-term ALOS (up to or less than 30 days).

- Inpatient - Adolescent - Long term (> 30 days) - 24-hour non-acute care provided in a free standing setting. (aged 12-17) with a long-term ALOS (> 30 days).

- Medical Detoxification/Hospital Setting (24-hour) - A hospital detox with full medical support which provides immediate acute care associated with medical problems and withdrawal.

- Medically Supported Detoxification/Non-Hospital Setting (24-hour) - Care in a free standing facility which provides 24-hour nursing coverage with the ability to dispense medications as deemed appropriate by the physician.

- Residential - Adult/Adolescent - Long Term (>30 days) - 24-hour non-acute inpatient care in a freestanding facility providing no medical coverage on site with a long-term ALOS (> 30 days).

- Social Detoxification - 24-hour services in a non-hospital setting providing for safe withdrawal and transition to ongoing treatment.

- Halfway/3/4 House (Adult or Adolescent) - 24-hour non-acute care provided in a semi-structured environment which promotes ongoing recovery and transition to independent living with a long-term ALOS (> 30 days).

- Therapeutic Community - Structured - Long term - 24-hour non-acute care in a very structured program with an emphasis on peer support

and social environment to foster change that provides a long-term ALOS of 6-24 months.

- **Recovery Home** - A 24-hour non-treatment setting which provides supportive "permanent" living, which is governed by recovering residents.

**I18. Legal Status - Required if Client is Admitted**

The permitted values are:

- **Voluntary** - Use this value if a client is NOT court-referred or court-related even if he/she is not truly voluntary (since he/she may be forced to enter treatment by his/her employer or by pressure from family who threaten to withdraw support). Voluntary really means NOT COURT RELATED.

- **Non-contested** - This value will seldom be needed since it refers to someone who is not mentally competent but who does not object to admission.

- **Emergency Certificate** - To obtain a Physician's Emergency Certificate (PEC), or a Coroner Emergency Certificate (CEC); a client must be a danger to self or others or be gravely disabled due to mental illness or substance abuse. Do not use this value unless you have the PEC or CEC in hand or on file.

- **Judicial Commitment** - Use this value only if you have been served with a FORMAL COURT ORDER to admit the client for treatment.

- **Court Order/DWI (1st & 2nd)** - Use this value for persons referred as a condition of probation or parole for Driving While Intoxicated (1st & 2nd only). If Legal Status is "Court Order/DWI", the referral source must be either Court/ Criminal Justice/City/Parish or Court/Criminal Justice State.

- **Court Order DWI 3rd Offense Conviction** - Use this value for persons who have been formally convicted in accordance with Act 1163. When choosing this category, the referral source must be either Court/Criminal Justice/City/Parish or Court/Criminal Justice State.

- **DWI 3rd Pending** - Use this value for persons who have been charged but not convicted in accordance to Act 1163.

- **Court Order DWI 4th Offense Conviction** - Use this value for persons who have been formally convicted in accordance to Act 1163. When choosing this category, the referral source must be either Court/Criminal Justice/City/Parish or Court/Criminal Justice State.

- **DWI 4th Pending** - Use this value for those who have been charged but not convicted in accordance to Act 1163.

- **Court Order / Non-DWI / Drug Court** - use this value for persons referred as a condition of probation or parole for any drug related offense other than DWI. This will be one of the most used codes for this field in many facilities. In fact, at most facilities, a large majority of clients will either be "Voluntary" or "Court Order/Non-DWI" drug court. If Legal Status is "Court Order/DWI", the referral source must be either Court/Criminal Justice/City/Parish or Court/ Criminal Justice State. This also includes drug court.

### I19. DWI Coordinator

The DWI Coordinator is the person designated in each Region or District to track and monitor the substance abuse treatment status of those individuals who are charged or convicted of 3rd or 4th offense DWI. The DWI Coordinator acts as a liaison to the legal system:

**Not Required –** Client's legal status **does NOT** include any of the following pending charges or convictions:

1. Court Order / DWI (1st & 2nd)
2. Court Order DWI 3rd offense Conviction
3. DWI 3rd Pending
4. Court Order DWI 4th Offense Conviction
5. DWI 4th Pending

**No DWI Coordinators Available –** No DWI Coordinator has been assigned for that Region/District

The DWI Coordinator's name in each Region or District will automatically populate if the client's legal status **DOES** include any of the following pending charges or convictions:

1. Court Order / DWI (1st & 2nd)
2. Court Order DWI 3rd offense Conviction
3. DWI 3rd Pending
4. Court Order DWI 4th Offense Conviction
5. DWI 4th Pending

**Select the appropriate DWI Coordinator from the Dropdown list**

### I20. Probation Officer

Fill in the name of the client's probation officer

### I21. Prior MH Service - Required if Client is Admitted

Used if the client has ever received treatment services for psychiatric and/or emotional disorders.

The permitted values are:

- Yes
- No

### I22. Prior SA Treatment - Required if Client is Admitted

If you know the client has been in treatment before, but you don't know how many times, give your best estimate based on client interview or record information. Enter Unknown only if you are unable to determine if a client has been in treatment previously.

Select the number of prior admissions of the client to any program for the treatment of addictive disorders regardless of whether the program was operated by OBH. The permitted values are:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+
- Unknown

I23. Veteran - Required

If a client is a veteran select from the dropdown menu. The permitted values are:

- Yes
- No

I24. Veteran of the Iraq / Afghan War

Select the permitted value from the dropdown menu. The permitted values are:

- Yes
- No

I25. Years of Educational Attainment - Required if Client is Admitted

Enter the appropriate years of formal education the client has completed. Enter zero for infants and for clients who never attended school.

I26. Marital Status - Required if Client is Admitted

Select the client's current marital status. The permitted values are:

- Never Married - Use Never Married for clients who have never legally married or for client's whose only marriage or marriages ended in annulment.

- Married - Use "Married" if a client has been legally married only once and is still living in that relationship.

- Remarried - Use "Remarried" if a client has been legally married more than once and is currently living in a marital relationship.

- **Separated** - Use "Separated" if a client is currently legally married but is living apart from his/her spouse. This includes both legal and informal separations.

- **Divorced** - Use "Divorced" if a client is currently legally divorced (regardless of the number of previous marriages, if any) and has not remarried.

- **Widowed** - Use 'Widowed' if a client's last spouse is deceased (regardless of the number of prior marriages) and the client has not remarried or entered into any subsequent marriages.

**I27. Household Composition - Required if Client is Admitted**

Current person(s) living in household with client. Select one of the first three values if a client is an adult and one of the last five if a client is not an adult. The permitted values are:

- **Adult Only** - The client is an adult, 18 or older, living alone.

- **Adult - Relative** - The client is an adult, 18 or older, living with relatives.

- **Adult - Non-Relative** - The client is an adult, 18 or older, living with non-relatives.

- **Child - Both Parents** - The client is a minor, under 18, living with both parents.

- **Child - One Parent** - The client is a minor, under 18, living with one parent.

- **Child - Relatives / Not Parents** - The client is a minor, under 18, living with blood or legal relatives who are not his/her parents.

- **Child - Foster Family** - The client is a minor, under 18, in a foster home placement.

- **Child - Non-Relative** - The client is a minor, under 18, living with persons who are not related by blood or marriage and who have not been designated as foster parents, adoptive parents, or legal guardians; child who is no longer in the custody of their parents (Office of Youth Development(OYD), OBH).

**I28. Type of Residence - Required if Client is Admitted**

Select the client's type of residence. The permitted values are:

- **Independent** - The client has his/her own place to stay whether rented, leased, or owned or if a client otherwise has a right to reside at his/her current residence without dependence on others.

- **Dependent** - The client is dependent financially on others for housing.

- **Homeless** - The client has no place to live and is in fact "on the street" or without shelter. In other words, this data element records the client's residence status at the time of admission - not afterwards.

- **Shelter** – Use this value if client is admitted to a 24-hour unit or temporary shelter.

**I29. Dependent Children - Required if Client is Admitted**
Enter the number of minor children (Any child under the age of 17 that relies on the care of a parent or guardian) who are living with the client.

**I30. Co-Occurring Status - Required if Client is Admitted**
Select "Yes" if there are indications the client has a history or is currently suffering from a significant psychiatric or emotional disorder regardless of whether the client has a history of mental health services.

Select "No" if there are no indications. The status concerning co-occurring disorder will also be made at each quarterly evaluation and termination.

**I31. Use of Methadone as part of Treatment Plan - Required if Admitted**
Select from the permitted values whether the client is being admitted to an OBH Methadone program or if your facility is admitting the client in cooperation with a private Methadone maintenance treatment program. The permitted values are:

- Yes
- No

**I32. Was the client in a controlled environment (for example, see question I33) 14 days or more in the last 30 days?** This element is used if the individual is in an environment where access to alcohol and controlled substances are restricted.
The permitted values are:

- Yes
- No

**I33. If yes, what environment?**
Select the option from the dropdown list. The permitted values are:

- Close Supervised Jail/Detention Center
- 24hr Supervised Inpatient/Residential Program
- Locked Hospital Units

## Drug Usage

**I34. Abuse/Addiction Type (Primary) - Required if Client is Admitted**
Select from the dropdown menu the most appropriate entry which appears to reflect the primary problem of the client. If a client is abusing some substance not on the list, select the most appropriate "other" category (Other Sedative or Hypnotic, Other

Stimulant, or simply Other). **Note**: None should only be used in the case of a child admission. The permitted values are:

- **None** – Should only be used in the case of a child

- **Heroin** – Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack

- **Non-RX Methadone** – Dolophine, LAAM, Amidone, Fizzies

- **Other Opiates or Synthetics (but not Oxycontin)** - Opiae and synthetic narcotic including Codeine, Morphine and Opium Derivatives other than heroin. Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids, Pentazocine {Talwin}, Lamotil, Darvon, Fentanyl)
  SLANG NAMES: Dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, "T's and Blues", etc.

- **Alcohol** - Beer, wine, whiskey, liqueurs, including both ethyl and methyl alcohol; moonshine, shine, stumpjuice, booze, etc.

- **Barbiturates** - Amorbarbital, Phenobarbital, Butosol, Phenozbarbitol, Secobarbitol, Tuinal.

- **Other Sedative or Hypnotics** - Sedative or hypnotic acting non-barbiturate drugs: Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), Chloral Hydrate (Noctec somuos) and trade names; Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox.
  SLANG NAMES: Doors and Fours,Quads, Ludes, Soapers, Sopes

- **Amphetamines (but not methamphetamine)** - Stimulants other than cocaine, Biphetamine, Dexedrine, metamptemine, dextroamphetamine, Phenmetrazine (preludin) and methylphenidate (Ritalin).
  TRADE NAMES: Desoxyn, Drexedrine, Mediatric, Preludin, Delcobese.
  SLANG NAMES: Pep pills, bennies, uppers, black millies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.

- **Cocaine (including Crack or "free base")** - The stimulant Cocaine.
  SLANG NAMES: Coke, flake, snow, speed-ball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.

- **Marijuana/Hashish, THC or other cannabis products** - Cannabis and Cannabis derivatives, THC.
  SLANG NAMES: Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.

- **Hallucinogens** - Hallucinatory agents other than PCP, including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin and Psilosyn.

- **Inhalants** - volatile organic solvents such as spray paint, glue, toluene, amylnitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, shoe polish.

- **Over-the-counter drug** - Legal over-the-counter preparations exclusive of items listed elsewhere. Include analgesics, diet preparations, relaxants, cold and sleep preparations (Nyquil, Sominex, Aspirin, etc.)

- **Tranquilizers (not benzodiazepines)** - Depressants not otherwise listed as barbiturates, benzodiazepines or sedative-hypnotics. Antianxiety drugs, muscle relaxants. Includes chlordiazepoxides, reserphine, lithium compounds, penothiazines.
  TRADE NAMES: Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, Valmid.

- **Tobacco**: Any tobacco product to include cigarettes, cigars, chewing tobacco, etc. Note: This choice should only be used as a secondary or tertiary drug usage option.

- **PCP** - Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).

- **Other Stimulants** - Include such trade names as: Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Voranil.

- **Benzodiazepines** - Including tranquilizer such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, XANAX

- **Methamphetamine** - Stimulant closely related to amphetamine and ephedrines
  SLANG NAMES: Speed, Crystal

- **Oxycontin -** A time released synthetic opioid.

- **Ecstasy** - Methylenedioxymehtamphetamine (MDMA) - A stimulant with hallucenogic properties.

- **GHB** - Gamma Hydroxy Butyrate - An anesthetic with effects similar to alcohol.

- **Gambling** - The act of risking money or something else of value on an activity with an uncertain outcome.

- **SOMA –** Carisoprodol – a muscle relaxer that may be habit forming

- **Other** - any other drugs or chemicals, singular or in combination not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over the counter or "street" drugs not classified herein. Note: This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.

### I35. Secondary

Select from the dropdown menu (Refer to Primary Addiction List) the most appropriate entry which appears to reflect the secondary problem of the client. Note: Tobacco can only be selected as an addiction type for secondary or tertiary.

### I36. Tertiary

Select from the dropdown menu (Refer to Primary Addiction List) the most appropriate entry which appears to reflect the tertiary problem of the client. Note: Tobacco can only be selected as an addiction type for secondary or tertiary.

### I37. Frequency of Use (Primary) - Required if Client is Admitted

Select the value from the dropdown menu, which characterizes the client's primary use pattern most accurately. The value you select for Primary Frequency of Use should be the value for the Admission Primary Addiction Type. For example, if the primary addiction type was Gambling, use these same values to record frequency of gambling episodes. The permitted values are:

- **No use during past month** - Client or credible collateral reports client has not used this drug during the 30 days immediately preceding admission to the reporting program.

- **One to three times in past month** - Regardless of amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30 days immediately preceding admission.

- **One to two times per week** - The client or credible collateral reports at least one episode of use per week.

- **Three to six times per week** - The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extend over more than one day.

- **Daily** - The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the month prior to admission.

- **Frequency Unknown –** Used when the client doesn't know how frequent he/she uses a particular drug

- **Not applicable** – This element is generally selected for children being admitted with their mothers.

### I38. Frequency of Use (Secondary) - Required if there is a Secondary Addiction Type

Select the value from the dropdown menu (Refer to Primary Frequency of Use List), which characterizes the client's secondary use pattern most accurately.

The value you select for Secondary Frequency of Use should be the value for the Admission Secondary Addiction Type. For example, if the secondary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### I39. Frequency of Use (Tertiary) - Required if there is a Tertiary Addiction Type

Select the value from the dropdown menu (Refer to Primary Frequency of Use List), which characterizes the client's tertiary use pattern most accurately.

The value you select for Tertiary Frequency of Use should be the value for the Admission Tertiary Addiction Type. For example, if the tertiary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### I40. Route of Administration (Primary)

Select the value from the dropdown menu, which characterizes the clients preferred method of administration for the substance listed as the Admission Primary Addiction Type. Enter Not Applicable if the Primary Addiction Type is Gambling. The permitted values are:

- Oral - Used in or administered through the mouth.
- Injection - Administered with an injection into the vein(s) or muscles. Also include skin popping.
- Smoking - Administering/inhaling in the form of smoke.
- Inhalation - Administering through the nasal passage.
- Other - Not covered in above choices.
- None Reported - This code is to be used by collateral clients.
- Not Applicable - This code is to be used for children of alcohol/drug abusers.

### I41. Route of Administration (Secondary)

Select the value from the dropdown menu (Refer to Primary Route of Administration list), which characterizes the client's preferred method of administration for the substance listed as the Admission Secondary Addiction type. Enter Not Applicable if the Secondary Addiction Type is Gambling.

### I42. Route of Administration (Tertiary)

Select the value from the dropdown menu (Refer to Primary Route of Administration list), which characterizes the client's preferred method of administration for the substance listed as the Admission Tertiary Addiction Type. Enter Not Applicable if the tertiary Addiction Type is Gambling.

I43. Age of First Abuse (Primary) - Required if Client is Admitted
Enter the earliest age at which the client first abused the substance recorded in Admission Primary Addiction Type or the earliest age at which gambling became a problem.

I44. Age of First Abuse (Secondary) - Required if there is a Secondary Addiction Type

Enter the earliest age at which the client first abused the substance recorded in Admission Secondary Addiction Type or the earliest age at which gambling became a problem. Enter 97 if no drug abuse present.

I45. Age of First Abuse (Tertiary) - Required if there is a Tertiary Addiction Type
Enter the earliest age at which the client first abused the substance recorded in Admission Tertiary Addiction Type or the earliest age at which gambling became a problem. Enter 97 if no drug abuse present.

## Gambling Screen

I46. Have you ever felt the need to bet more and more money?
Select the permitted value from the dropdown menu. The permitted values are:

- Yes
- No

I47. Have you ever had to lie to people important to you about how much you gamble?
Select the permitted value from the dropdown menu. The permitted values are:

- Yes
- No

## Disposition Section

I48. Disposition
Select the permitted value from the dropdown menu. The permitted values are:

- Admission - Client who has completed all documentation required for admission including the client registry form, the initial interview form with ASI and carries a diagnosis of an addictive disorder. Admissions would include the number of new, active and affiliate clients within a specific time period.

- Referred Elsewhere - If after interviewing client, and the agency determines his/her needs can be more appropriately met at another agency, and he/she is so referred.

- **No further service requested** - The client indicated that the first interview provided the information/help needed, and requests no other interventions of this program, and is not referred elsewhere.

- **No further service required** - From the initial interview the counselor determines no further intervention is required.

- **Educational Program** - The client is provided with a purely educational component of the program.

- **Deferred Admission** - Postponement of admission pending further clinical assessment, i.e. drug screen results, collateral report from a referral source, etc. Client's disposition may be deferred even though there is an expectation that the client will return for treatment and even though some short term intervention strategies may be planned. Admission can only be deferred for 30 days.

- **Initial Assessment Only** - An individual who has completed all documentation required for admission including the client registry form and the initial interview form with ASI, but is not admitted for treatment. The initial assessment is for single treatment episode.

**I49. Date of Initial Contact**
Enter the date of the client's initial service. Date should be recorded as mm/dd/yyyy.

**I50. How was contact made?**
Select the permitted value from the dropdown menu. The permitted values are:

- Face to Face
- Phone
- Parent
- Sibling
- Other

**I51. Admission Date - Required if Client is Admitted**
Enter the date of a client's formal admission, which is not necessarily the initial interview date. Admission should be recorded as mm/dd/yyyy.

**I52. Assigned Counselor**
Select provider code from the dropdown menu.

## 2. Financial Information Form

**Client Name - LADDS will automatically display this data element**
This field should be populated automatically from the information you entered in the data collection screen.

**Case Number – LADDS will automatically display this data element**
LADDS will automatically generate a case number for every client interviewed. The presence of the case number does not indicate admission

Disposition - LADDS will automatically display this data element
This field should be populated automatically from the information you entered in the data collection screen.

Legal Status - LADDS will automatically display this data element
This field should be populated automatically from the information you entered in the data collection screen.

Source of Referral - LADDS will automatically display this data element
This field should be populated automatically from the information you entered in the data collection screen.

F1. Employment Status - Required
This data element indicates whether the client is active in the work force or why client is not active in the workforce. Track employment verification by use of W-2 Form, income taxes, statement from the Department of Labor, last pay stub, notarized statement, Medicaid, SSI etc. Information about sources of income is collected in another element and is not addressed in this field. Select the permitted value from the dropdown menu.

The permitted values are:

- Employed Full Time (35+ hours) - Source of income earned from non-farm business, partnership, or professional practices.

- Employed Part Time (Less than 35 hours) - Source of income earned from non-farm business, partnership, or professional practices.

- Occasional/Seasonal Worker - Source of income earned only during seasonal (e.g., Christmas, Thanksgiving, Easter, etc) or occasional (e.g., Inventory, Registration, etc.) times of the year.

- Unemployed - There is no source of income.

- Homemaker - The client's primary responsibility is to maintain a household.

- Student - The client's primary responsibility is attending school (college, high school, etc.); or client is a child under school age.

- Retired - The client has retired from active work.

- Institutional Inmate - A person, in lawful custody (jail/prison), who is confined to a secure institution after sentencing for a crime(s).

- Disabled - A person who has a physical or mental impairment that substantially limits one or more major life activities.

- Other - If none of the above is appropriate.

### F2. Source of Household Income - Required

Check the appropriate box to record the sources of household income. Official written documentation of income or lack of income is required for fee assessment. Verbal notification of sources of income is not sufficient documentation. Check as many values as are appropriate.

The "Other" category should not be used to record one-time sources of income such as an inheritance or lump sum payment from sale of a house. Use the "Other" category for such things as alimony, child support, unemployment compensation and other such regular sources of income that do not fit into one of the other categories. The permitted values are:

- None - There is no source of income.
- Wages/Salary - Source of income from hourly, daily, weekly, or monthly employment.
- Non-farm Self-Employment - Source of income earned from non-farm business partnership, or professional practices.
- Farm Self-Employment - Source of income earned from farm business.
- Interest, Dividends, Royalties, or Net Rentals - Income earned from these sources (unearned income).
- Social Security/RailrOBH Insurance - Income earned from these sources.
- SSI, FITAP, or Other Public Assistance - Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies.
- Other - Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (Do not include one-time or lump-sum payments such as inheritance or sale of house).

### F3. Average Gross Monthly Income - Required

Enter the average gross monthly income of the client's household. You must enter a zero if the value for Primary Source of Household Income is "None".

### F4. Dependents on Above Income - Required

Enter the number of individuals who rely or depend on the client's household income. This should be the same number of dependents the client can claim for this income on his/her Federal Income Tax form. The value must be at least 1 for self.

### F5. Amount of Fee - Required

Enter the fee as calculated from the current LDH Liability Limitation Schedule or approved Sliding Fee Scale using the client's monthly household income as recorded above.

### F6. Health Insurance

Select the permitted value from the dropdown menu. The permitted values are:

- Private Insurance
- Blue Cross/Blue Shield
- Medicare
- Medicaid
- Health Maintenance Org
- Champus
- VA
- United Behavioral Health (UBH) – Intensive Outpatient
- None

### F7. Sources of Payment - Required

If you select Medicare, Medicaid, VA, CHAMPUS, Other Public Sources, FITAP, or TANF, then the value for Primary Source of Household Income must be "SSI, FITAP, or Other Public Assistance".

If the value for Primary Source of Household Income is "None", then you must enter "No Fee Payment" for "Sources of Payment".

If you enter Medicare or Medicaid then the Medicare and Medicaid number fields cannot be blank. If you enter Medicaid, then the Eligibility Month and Year fields cannot be blank.

If you enter VA, then the Admission Veteran Status question on the Initial Interview Form must be answered "Yes".

Check as many values as are appropriate. The permitted values are:

- No Fee Payment - Based on the LDH Fee Adjustment Schedule, no fee is to be charged to the client, or if the client is a "DWI" and the Fee Payment has been waived by the Judge.

- Personal Resources - The fee (in total or in part) will be paid from the client's personal income or that of the client's household.

- Private Health Insurance - The fee (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.

- Medicare - The fee (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.

- **Medicaid** - The fee (in total or in part) will be paid by the Title XIX program.

- **VA** - The fee (in total or in part) will be paid by the Veteran's Administration.

- **CHAMPUS** - The fee (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services.

- **Other Public Sources** - The fee (in total or in part) will be paid by another public organization.

- **FITAP** - Family in Need of Temporary Assistance Program, a program within the Office of Family Support. *(these individuals receive financial assistance formerly known as AFDC, welfare etc.)*

- **TANF (For residential programs only)** - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.

- **UDS (Fiscal Use ONLY)**

- **Drug Court -** Direct referral from a Drug Court Program.

### F8. Medicare Number

Enter the Medicare Number. This number is required only if a client is receiving Medicare assistance. If the "Sources of Payment" field in the Initial Interview Form is Medicare, then this field cannot be left blank.

### F9. Medicaid Number

Enter the 13-digit Medicaid number. This number is required only if a client is receiving Medicaid assistance. If the "Sources of Payment" field in the Initial Interview Form is Medicaid, then this field cannot be blank. If there is a value for Medicaid Eligibility Month or Medicaid Eligibility Year, then this field cannot be blank.

### F10. Medicaid Eligibility Month

Select the appropriate month. This field is required if the "Sources of Payment" field is Medicaid. The Medicaid number field in the Client Registry Form is also required if Medicaid is a Pay Source.

Select the permitted value from the dropdown menu. The permitted values are:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

F11. Medicaid Eligibility Year
Enter the appropriate year (yyyy). This field is required if the "Sources of Payment" field is Medicaid. The Medicaid number field in the Client Registry Form is also required if Medicaid is a Pay Source.

3. Evaluation Form

Client - LADDS will automatically display the name of the client.

Case Number - LADDS will automatically display the case number.

E1. Evaluation Date - Required
Enter the date the evaluation is completed.

E2. Diagnosis 1 - Required
Use the primary DSM diagnosis code assigned at the time of this evaluation.

E3. Diagnosis 2
Use the appropriate DSM diagnosis code if applicable. Otherwise, enter "NA".

E4. Diagnosis 3
Use the appropriate DSM diagnosis code if applicable. Otherwise, enter "NA".

E5. Number of Arrests - Required
Enter only the number of arrests that occurred since the last evaluation.

E6. Type of Residence - Required
The permitted values are:

- Independent - The client has his/her own place to stay whether rented, leased, or owned or if a client otherwise has a right to reside at his/her current residence without dependence on others at time of termination.

- Dependent - The client is dependent financially on others for housing.

- **Homeless** - The client has no place to live and is in fact "on the street" or without shelter at time of termination. In other words, this data element records the client's residence status at the time of termination - not beforehand.

- **Shelter** – Use this value if client is admitted to a 24-hour unit or temporary shelter.

E7. Employment Status - Required

This data element indicates whether the client is active in the work force or why client is not active in the workforce. Information about sources of income is collected in another element and is not addressed in this field. Select the permitted value from the dropdown menu.

The use of most of these values is self-evident; however, some confusion may arise when a client can claim more than one status. For clarifications refer to the following examples:

a] A retired person may work full time and would be coded as Employed Full Time.

b] A student who works part-time should be classified as Employed Part-Time.

c] A homemaker who used to be in the workforce and is now seeking employment should be coded as Unemployed. Use Unemployed only if a client is employable, but not working.

The permitted values are:

- **Employed Full Time** - Source of income earned from non-farm business, partnership, or professional practices.

- **Employed Part Time** - Source of income earned from non-farm business, partnership, or professional practices.

- **Occasional or Seasonal Worker** - Source of income earned only during seasonal (e.g., Christmas, Thanksgiving, Easter, etc) or occasional (e.g., Inventory, Registration, etc.) times of the year.

- **Unemployed** - There is no source of income.

- **Homemaker** - A homemaker who used to be in the workforce and is now seeking employment should be coded as Unemployed. Use Unemployed only if a client is employable, but not working.

- **Student** - A student who works part-time should be classified as Employed Part-time.

- **Retired** - A retired person may work full time and would be coded as Employed Full Time.

- **Institutional Inmate** - A person in lawful custody (jail/prison) who is confined to a secure institution after sentencing for a crime(s).

- **Disabled** - A person who has a physical or mental impairment that substantially limits one or more major life activities.

- **Other** - Income received from unemployment compensation, worker's compensation, pensions, alimony, child support or any other source of income received regularly (Do not include one-time or lump-sum payments such as inheritance or sale of house.).

### E8. Co-occurring Disorder - Required

Answer Yes or No depending on whether the client has suffered a significant emotional disorder since the last evaluation. The permitted values are:

- Yes
- No

### E9. Assigned Counselor - Required

Select the counselor who will be primary from the dropdown menu. The Assigned Counselor field in the Evaluation Form is the only place in LADDS that a change in primary counselor can be recorded. A change in primary counselor always requires an evaluation.

### E10. Use of Methadone as Part of TX Plan - Required

Information about Methadone was formerly collected only once, at admission, but in LADDS this information must be updated at each evaluation. Answer Yes or No as appropriate. The permitted values are:

- Yes
- No

## Drug Usage

### E11. Abuse/Addiction Type (Primary) – Required

Select the value from the dropdown menu which characterizes the client's primary use pattern most accurately.

If a client is abusing some substance not on the list, select the most appropriate "other" category (Other Sedative or Hypnotic, Other Stimulant, or Other). For children's admissions select none. When evaluating a collateral client's treatment, use the addiction type of the primary client, taking care to notice if this has changed. The permitted values are:

- **None** – Should on ly be used in the case of a child

- **Heroin** – Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack

- **Non-RX Methadone** – Dolophine, LAAM, Amidone, Fizzies

- **Other Opiates or Synthetics (but not Oxycontin)** - Opiae and synthetic narcotic including Codeine, Morphine and Opium Derivatives other than heroin. Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids, Pentazocine {Talwin}, Lamotil, Darvon, Fentanyl)
  SLANG NAMES: Dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, "T's and Blues", etc.

- **Alcohol** - Beer, wine, whiskey, liqueurs, including both ethyl and methyl alcohol; moonshine, shine, stumpjuice, booze, etc.

- **Barbiturates** - Amorbarbital, Phenobarbital, Butosol, Phenozbarbitol, Secobarbitol, Tuinal.

- **Other Sedative or Hypnotics** - Sedative or hypnotic acting non-barbiturate drugs: Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), Chloral Hydrate (Noctec somuos) and trade names; Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox.
  SLANG NAMES: Doors and Fours,Quads, Ludes, Soapers, Sopes

- **Amphetamines (but not methamphetamine)** - Stimulants other than cocaine, Biphetamine, Dexedrine, metamptemine, dextroamphetamine, Phenmetrazine (preludin) and methylphenidate (Ritalin).
  TRADE NAMES: Desoxyn, Drexedrine, Mediatric, Preludin, Delcobese.
  SLANG NAMES: Pep pills, bennies, uppers, black millies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.

- **Cocaine (including Crack or "free base")** - The stimulant Cocaine.
  SLANG NAMES: Coke, flake, snow, speed-ball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.

- **Marijuana/Hashish, THC or other cannabis products** - Cannabis and Cannabis derivatives, THC.
  SLANG NAMES: Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.

- **Hallucinogens** - Hallucinatory agents other than PCP, including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin and Psilosyn.

- **Inhalants** - volatile organic solvents such as spray paint, glue, toluene, amylnitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, shoe polish.

- **Over-the-counter drug** - Legal over-the-counter preparations exclusive of items listed elsewhere. Include analgesics, diet preparations, relaxants, cold and sleep preparations (Nyquil, Sominex, Aspirin, etc.)

- **Tranquilizers (not benzodiazepines)** - Depressants not otherwise listed as barbiturates, benzodiazepines or sedative-hypnotics. Antianxiety drugs, muscle relaxants. Includes chlordiazepoxides, reserphine, lithium compounds, penothiazines.
  TRADE NAMES: Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, Valmid.

- **Tobacco**: Any tobacco product to include cigarettes, cigars, chewing tobacco, etc. Note: This choice should only be used as a secondary or tertiary drug usage option.

- **PCP** - Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).

- **Other Stimulants** - Include such trade names as: Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Voranil.

- **Benzodiazepines** - Including tranquilizer such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, XANAX

- **Methamphetamine** - Stimulant closely related to amphetamine and ephedrine.SLANG NAMES: Speed, Crystal

- **Oxycontin -** A time released synthetic opioid.

- **Ecstasy** - Methylenedioxymehtamphetamine (MDMA) - A stimulant with hallucenogic properties.

- **GHB** - Gamma Hydroxy Butyrate - An anesthetic with effects similar to alcohol.

- **Gambling** - The act of risking money or something else of value on an activity with an uncertain outcome.

- **SOMA –** Carisoprodol – a muscle relaxer that may be habit forming

- **Other** - any other drugs or chemicals, singular or in combination not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over the counter or "street" drugs not classified herein. Note: This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.

### E12. Secondary Addiction Type

Select the value from the dropdown menu which characterizes the client's secondary use pattern most accurately. If a client is abusing some substance not on the list, select the most appropriate "other" category (Other Sedative or Hypnotic, Other Stimulant, or simply Other).

### E13. Tertiary Addiction Type

Select the value from the dropdown menu which characterizes the client's tertiary use pattern most accurately. If a client is abusing some substance not on the list, select the most appropriate "other" category (Other Sedative or Hypnotic, Other Stimulant, or simply Other).

### E14. Frequency of Use (Primary) - Required

Try to be as accurate as possible in answering this question. These values are among those that will be used to estimate your client's progress in treatment.

The value you select for Evaluation Frequency primary should be the value for the Evaluation Primary Addiction Type. If the primary addiction type was Gambling, use these same values to record frequency of gambling episodes.

Select the value from the dropdown menu which characterizes the client's use pattern most accurately. The permitted values are:

- **No use during past month** - Client or credible collateral reports client has not used this drug during the 30 days immediately preceding admission to the reporting program.

- **No use during treatment** - Client or credible collateral reports client has not used this drug during the 30 days immediately preceding admission to the reporting program.

- **One to three times in past month** - Regardless of amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30 days immediately preceding admission.

- **One to two times per week** - The client or credible collateral reports at least one episode of use per week.

- **Three to six times per week** - The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extend over more than one day.

- **Daily** - The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the month prior to admission.

- **Frequency Unknown –** Used when the client doesn't know how frequent he/she uses a particular drug

- **Not applicable** – This element is generally selected for children being admitted with their mothers.

### E15. Frequency (Secondary)

Select the value from the dropdown menu which characterizes the client's use pattern most accurately. Try to be as accurate as possible in answering this question. These values are among those that will be used to estimate your client's progress in treatment.

The value you select for Evaluation Frequency secondary should be the value for the Evaluation Secondary Addiction Type. If the secondary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### E16. Frequency (Tertiary)

Select the value from the dropdown menu which characterizes the client's use pattern most accurately. Try to be as accurate as possible in answering this question. These values are among those that will be used to estimate your client's progress in treatment.

The value you select for Evaluation Frequency tertiary should be the value for the Evaluation Tertiary Addiction Type. If the tertiary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### E17. (Primary) Route of Administration - Required

Select the value from the dropdown menu which characterizes the client's customary and preferred method of administration at the time of Evaluation for the substance listed as the Evaluation - Primary Addiction Type. Enter Not Applicable if the Addiction Type is Gambling. The permitted values are:

- Oral - Used in or administered through the mouth.
- Injection - Administered with an injection into the vein(s) or muscles. Also include skin popping.
- Smoking - Administering/inhaling in the form of smoke.
- Inhalation - Administering through the nasal passage.
- Other - Not covered in above choices.
- None Reported - This code is to be used by prevention programs and collateral services.
- Not Applicable - This code is to be used for children of alcohol/drug abusers.

### E18. (Secondary) Route of Administration

Select the value from the dropdown menu which characterizes the client's customary and preferred method of administration at the time of evaluation for the substance listed as the Evaluation - Secondary Addiction Type. Enter Not Applicable if the Addiction Type is Gambling.

E19. (Tertiary) Route of Administration
Select the value from the dropdown menu which characterizes the client's customary and preferred method of administration at the time of evaluation for the substance listed as the Evaluation - Tertiary Addiction Type. Enter Not Applicable if the Addiction Type is Gambling.

4. Service Ticket Form

Note that each individual service ticket has a ticket code or number assigned to it. You can use the Print button on your menu bar to print a copy of the ticket if such a copy is needed - for instance, the client may need such a record for his own use, or a data entry operator may need this information to key it into some other system.

Ticket Number - LADDS will know the ticket number of the client you have selected.

Client Name - LADDS will automatically display the name of the client.

Case Number- LADDS will automatically display the case number.

Facility Name- LADDS will automatically display the facility name.

S1. Date - Required (mm/dd/yyyy)
Enter the date service was provided.

S2. Provider Number - Required
Select provider number-name from the dropdown menu, the five-digit provider number of the staff person providing the service or services.

S3. Client Type
These codes are applicable to both admitted clients and those with Service status. The collateral codes are to be used only for individuals seen in relation to the primary client. Select the value from the dropdown menu. The permitted values are:

- Primary Client/Patient - self-explanatory.
- Parent(s) Collateral(s) - The parent of the primary client.
- Spouse Collateral - The spouse of the primary client.
- Child (Sibling) Collateral - The child of the primary client.
- Other Relative Collateral - A relative other than the spouse, children or parents of the primary client.
- Non-Relative Collateral - One who has a significant relationship with the client that does not fit one of the other categories.
- Representative of Other Organization - A collateral such as a parole officer, teacher, or affiliate agency provider.

- **Other** - Any collateral that does not fit into the above groupings.

S4. Service

Select the value from the dropdown menu. The permitted values are:

- 01 **Contact Only**: One-time problem-focused guidance / counseling rendered face-to-face to a non-admitted client in relation to himself/herself or a significant other which allows the recipient to resolve a presenting concern, be referred elsewhere, or have an appointment scheduled for screening/intake.

- 02 **Individual Ser/Int**: The process by which the client is determined appropriate and eligible to receive services at a particular facility.

- 03 **Group Screening**: The process by which a group of individuals are determined appropriate and eligible to receive services at a particular facility.

- 04 **Collateral Counseling/Consult**: Relating with family members such as parents, siblings, or significant others, in-house staff and/or outside professionals, social service agencies, or criminal justice systems to insure quality care for the client.

- 05 **Psychosocial Evaluation**: The determination by a qualified professional of the client's strengths, weaknesses, internal and external resources, and ability to make changes in his/her life based upon past history and present environment.

- 06 **Psychiatric Evaluation**: Assessment conducted by a psychiatrist to determine psychiatric diagnosis and treatment needed, including medication.

- 07 **Psychological Evaluation**: Assessment conducted by a psychologist which may include administration of specific tests to determine mental abilities, aptitudes, interests, attitudes, motivations, and personality characteristics.

- 08 **Physical Evaluation**: Assessment by a qualified medical professional of the client's present physical condition, diagnosis, and treatment recommendations.

- 09 **Other Evaluation**: Additional evaluations not covered above, including gambling, tobacco use, speech and hearing evaluation, activity therapy evaluation, and occupational therapy evaluation.

- 10 **Medical History**: Service of collecting clients' comprehensive report of past illness, present illness, symptoms and current medications.

- 15 **Individual Therapy/Counseling**: The utilization of special skills to assist individuals in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternate solutions; and decision-making.

- 16 **Group Therapy/Counseling**: The utilization of special skills to assist groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternate solutions; and decision-making.

- 17 **Family Therapy/Counseling**: The utilization of special skills to assist families in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternate solutions; and decision-making.

- 18 **Couple Therapy/Counseling**: The utilization of special skills to assist couples in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternate solutions; and decision-making.

- 19 **Recreational Art/Ther**: Session with client that involves either a physical activity or some form of art activity to aid in achieving treatment plan goals.

- 20 **TB Service**: Individual services which include skin TB test and pre- or post-test counseling and referrals to follow-up services.

- 21 **Child Care**: Separate activities with dependent children of clients while client is receiving services.

- 23 **Breathe Analysis**: A test of a person's breath to determine whether he or she is intoxicated. The length of time for a Breath Analysis should always be recorded as five (5) minutes. Additional time spent in counseling related to Breath Analysis results should be included in individual or group counseling service time.

- 24 **24-Hour Facility Census:** For staff of 24 hours facilities: LADDS records your daily census as a group, so everyone currently in treatment at your facility is considered your group and you should record a group service ticket once each day (and only once) for your entire census.

- 26 **Lab Work**: Drawing of blood chemistries to send to lab or collecting urine to perform pregnancy testing and reporting lab results to client.

- 27 **Medication Management**: Monitoring and/or regulating usage of medications, including counseling/education related to the use of or effects of prescribed medications.

- 28 **Medication Injection**: Treating with medications given subcutaneously (under the skin) or intramuscularly (in the muscle).

- 29 **HIV Service**: Includes pre- and post-test counseling, testing, and any necessary referrals or follow up services.

- 30 **Educational Group**: Session with a group of clients and/or family members to provide information on various addiction topics.

- 31 **Drug Screening Collection**: Collecting specimens to submit to lab to determine current drug usage.

- 32 **Antabuse Monitoring**: Observation of client ingesting an Antabuse (disulfiram) tablet.

- 33 **Methadone Monitoring**: Observation of client ingesting methadone or dispensing take-outs.

- 34 **STD Service Other than HIV**: Those services provided in conjunction with screening, evaluation, and follow up for STD infection other than HIV.

- 35 **Alternative Activity:** Activities which may include recreational activities, educational activities, skills development, values clarification, where these are not reportable as others identified services.

- 36 **Transportation**: Transportation services rendered to clients.

- 38 **Group Service Co-Leadership**

- 39 **Negative pregnancy test and pretest counseling:** Use this code when the outcome of the pregnancy test is negative. This code also requires a pretest counseling session to address the potential harmful effects of alcohol, tobacco, and drug use on the developing fetus and/or to educate the individual on family planning.

- 40 **Positive pregnancy test with pre and posttest counseling:** Use this code when the outcome of the pregnancy test is positive. This code requires a pretest counseling session as noted above and a posttest counseling session to address the importance of prenatal care and to make a referral for prenatal care when necessary

- 41 **No pregnancy test: education or counseling session for pregnant women:** Use this code when no pregnancy test is given as the client states she is pregnant, but a counseling or education session was provided regarding pregnancy.

- 42 **Client refused pregnancy testing:** A woman has refused to take a pregnancy test for whatever reason.

- 98 Other

Hours

Select the number of full hours required to deliver the service (Duration of Service). Do not count partial hours. If the service required 1 hour and 50 minutes, enter 1. The minutes are entered in the next field. The permitted values are:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Minutes

Select the number of minutes past the last full hour required to deliver the service (Duration of Service). If the service required 2 hours 10 minutes, enter 10. If the service required 1 hour 7 minutes, round to the nearest 5-minute interval. You must always select a two-digit code. If you are doing a group ticket in which the group is composed of more than one type, use the "Other" value to write the group ticket. The permitted values are:

- 00
- 05
- 10
- 15
- 20
- 25
- 30
- 35
- 40
- 45
- 50
- 55

S6. Modality - Required

Select the value from the dropdown menu. The permitted values are:

- Outpatient
  Ambulatory treatment services including individual, family or group services; these may include pharmacological therapies.

- Intensive Outpatient - Day
  The client will be receiving treatment at least (9) nine hours per week on three or more days per week in the day beginning at 8:00 a.m. or later.

- **Intensive Outpatient - Evening**
  The client will be receiving treatment at least (9) nine hours per week on three or more days per week in the evenings beginning at 4:00 p.m. or later.

- **Residential**
  The client will be receiving 24-hour non-acute inpatient care in a freestanding facility providing no medical coverage on site with a long-term ALOS (> 30 days).

**S7. Program Element - Required**
Select the value from the dropdown menu. The permitted values are:

- **Not Applicable** - This element does not apply to the client.

- **DWI - 1st or 2nd -** This is a first or second offense for Driving While Intoxicated.

- **DWI - 3rd -** This is a third offense for Driving While Intoxicated.

- **DWI - 4th + -** This is the fourth or more offense for Driving While Intoxicated.

- **Drug Court -** Direct referral from a Drug Court Program.

- **FITAP** - Family in Need of Temporary Assistance Program, a program within the Office of Family Support. *(these individuals receive financial assistance formerly known as AFDC, welfare etc.)*

- **OCS/TANF –** use this category when the client was referred by OCS and qualifies for TANF eligibility.

- **Gambling** - A client with a problem gambling.

This is one of the most important data elements on the service ticket form. The list of permitted values is lengthy and subject to change. The current list will be printed on the most recent printing of the hardcopy service ticket form and will also appear in the dropdown box for this data element on the online form.

**S8. Group Name**
Select the value from the dropdown menu.

The Group Name will be set to N/A on an individual service ticket. If you want to do a group service ticket, use the Group Service Ticket Form.

When you record service tickets using the Group Service ticket screen, you will need to print two pages for the group if you need hardcopy ticket records to be punched into another system. The first page will be the form that looks like the individual service ticket - but it will have no ticket number. The second page you will need to print is the confirmation page that appears after you enter a group ticket. This page shows a line

for each person for whom you attempted to record a service. There will be an indication of whether the ticket was successfully recorded for each person and if so what the ticket number is.

If you are doing a group ticket in which the group is composed of more than one type, use the "Other" value to write the group ticket.

S9. Number Attended
Enter the total number of clients and other participants receiving the service who were involved in your interview or therapy session.

S10. Service Locale
Select the value from the dropdown menu (This will usually be "Same facility"). The permitted values are:

- Same facility – the facility where the client is enrolled.
- Other – i.e. jail, hospital.

S11. Time of Day
Select the value from the dropdown menu. The permitted values are:

- AM Hours
- PM Hours
- Evening
- Non-facility Hours
- Intermittent

S12. Voided (Ticket Status) - Required
Use this element to validate or void service ticket. Select the value from the dropdown menu. The permitted values are:

- Yes
- No

5. 24-Hour Daily Census Tickets
If a 24-Hour Census ticket has been entered for a client and you want to view those tickets - LADDS will automatically display a list of those census dates and whether or not the ticket has been validated or voided.

6. Termination/Discharge Summary Form

Client - LADDS will automatically display the name of the client.

Case Number - LADDS will automatically display the case number.

T1. Termination Date - Required (mm/dd/yyyy)
Enter the date you complete the Termination/Discharge Summary Form. Do not be concerned about the date when treatment last occurred. LADDS will obtain this date from service encounter records.

T2. Reason for transfer/termination - Required

Select the value from the dropdown menu. The permitted values are:

- Completed Program, No Further TX Required - The client has completed the majority of the treatment goals and objectives. Consideration must be given to clients' readiness and stages of change.

- Completed TX, Client referred to next LOC - The client completed the majority of the treatment goals and objectives and is being referred to the next level of care. (Formerly this element was *Client Referred Elsewhere.)*

- Completed TX, Client referred to next LOC, but rejected by Client - The client completed the majority of the treatment goals and objectives and is being referred to the next level of care. Client declines to continue with treatment.

- Appropriate services not available, Client referred elsewhere - The client has other rehabilitative needs not available in this setting, and is referred to another agency for service continuation.

- Appropriate services not available, Client referred elsewhere but rejected - The client has other rehabilitative needs not available in this setting, and is referred to another agency for service continuation. Client declines to continue with treatment. (Formerly this element was *Further Treatment or Service Needed)*

- Client Administratively Discharged - The client is discharged from the program for rule infraction, or for any other reason not covered in this element.

- Client left TX prior to completion, Further Tx Needed, Rejected by Ct – Use this category if the client did not meet treatment goals and left the facility against medical advice

- Client Died - The client dies before case was otherwise terminated.

- Treatment Interrupted due to Natural Disaster - use this category only if there is a treatment disruption caused by a natural disaster such as a flood, hurricane, etc.

- Client Incarcerated - The case is terminated due to the client's confinement in a correctional facility <u>and</u> inability to participate in service continuation.

- Client Moved, Contact N/A - Self Explanatory.

T3. Arrests in 30 days prior to Termination - Required

Enter number of arrests (not charges) for client in the 30 days prior to discharge.

T4. Was the arrest due to behavior in this treatment episode?
Select the value from the dropdown menu. The permitted values are:

- Yes
- No

T5. Self-Help Activities 30 days prior to Discharge – Required
This element refers to the number of times the client has attended a self-help program in the 30 days preceding the date of discharge to treatment services. It includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance use disorders. Select from the items in the drop down menu that most closely represents the client's participation in self-help groups or activities in the 30 days prior to admission. The permitted values are:

- No attendance in the past month
- 1-3 times in the past month
- 4-7 times in the past month
- 8-15 times in the past month
- 16-30 times in the past month
- Some attendance, but frequency unknown

T6. Treatment/Service Outcome - Required
Select the value from the dropdown menu. The permitted values are:

- Significant Improvement - Based on treatment plan goals, participation in treatment leads staff to consider client to have made significant progress in meeting those goals. Need not have completed all goals, but demonstrates a significant reduction; if not complete cessation of using behaviors, improvement in coping skills, and development of alternatives to drinking/using lifestyles.

- Marginal Improvement - Client has demonstrated some improvement by working toward some treatment goals, improvement of some coping skills and some reduction in using behaviors but not to the extent that staff would consider these as significant.

- No Improvement - Client has made no measurable progress toward achieving treatment goals or changing his/her using behavior, attitude, or lifestyle since admission.

T7. Pregnant - Required
Select the value from the dropdown menu. The permitted values are:

- Yes
- No

This element is required only if gender is "Female." LADDS will not permit a Yes if gender is "Male."

*LADDS will automatically display N/A if gender is "Male"*

T8. Marital Status - Required

Select the client's current marital status. The permitted values are:

- Never Married - Use Never Married for clients who have never legally married or for client's whose only marriage or marriages ended in annulment.

- Married - Use "Married" if a client has been legally married only once and is still living in that relationship.

- Remarried - Use "Remarried" if a client has been legally married more than once and is currently living in a marital relationship.

- Separated - Use "Separated" if a client is currently legally married but is living apart from his/her spouse. This includes both legal and informal separations.

- Divorced - Use "Divorced" if a client is currently legally divorced (regardless of the number of previous relationships, if any) and has not remarried.

- Widowed - Use 'Widowed' if a client's last spouse is deceased (regardless of the number of prior marriage) and the client has not remarried or entered into any subsequent marriage.

T9. Household Composition -Required

Select one of the first three values if a client is an adult and one of the last five if a client is not an adult. The permitted values are:

- Adult Only - The client is an adult living alone.

- Adult - Relative - The client is an adult living with relatives.

- Adult - Non-Relative - The client is an adult living with non-relatives.

- Child - Both Parents - The client is a minor living with both parents.

- Child - One Parent - The client is a minor living with one parent.

- Child - Relatives /Not Parents - The client is a minor living with blood or legal relatives who are not his/her parents.

- Child - Foster Family - The client is a minor in a foster home placement.

- Child - Non-Relative - The client is a minor living with persons who are not related by blood or marriage and who have not been designated as foster parents, adoptive parents, or legal guardians.

T10. Type of Residence - Required

Select the client's type of residence. This field records changes in the housing status of the client since admission and the last evaluation. The permitted values are:

- Independent - The client has his/her own place to stay whether rented, leased, or owned or if a client otherwise has a right to reside at his/her current residence without dependence on others at time of termination.

- Dependent - The client is dependent financially on others for housing.

- Homeless - The client has no place to live and is in fact "on the street" or without shelter at time of termination. In other words, this data element records the client's residence status at the time of termination - not beforehand.

- Shelter – Use this value if client is admitted to a 24-hour unit or temporary shelter.

T11. Employment Status - Required

This data element indicates whether the client is active in the work force or why client is not active in the workforce. This value is collected by client self-report only. No employment verification is necessary. Information about sources of income is collected in another element and is not addressed in this field. Select the permitted value from the dropdown menu.

The use of most of these values is self-evident; however, some confusion may arise when a client can claim more than one status. For clarifications refer to the following examples:

a] A retired person may work full time and would be coded as Employed Full Time.

b] A student who works part-time should be classified as Employed Part-time.

c] A homemaker who used to be in the workforce and is now seeking employment should be coded as Unemployed. Use Unemployed only if a client is employable, but not working.

The permitted values are:

- Employed Full Time (35 plus hours) - Source of income earned from non-farm business, partnership, or professional practices.

- Employed Part-time (Less than 35 hours) - Source of income earned from non-farm business, partnership, or professional practices.

- Occasional or Seasonal Worker - Source of income earned only during seasonal (e.g., Christmas, Thanksgiving, Easter, etc) or occasional (e.g., Inventory, Registration, etc.) times of the year.

- **Unemployed -** There is no source of income.

- **Homemaker -** A homemaker who used to be in the workforce and is now seeking employment should be coded as Unemployed. Use Unemployed only if a client is employable, but not working.

- **Student -** A student who works part-time should be classified as Employed Part-time.

- **Retired -** A retired person may work full time and would be coded as Employed Full Time.

- **Institutional Inmate -** A person in lawful custody (jail/prison) who is confined to a secure institution after sentencing from a crime(s).

- **Disabled -** A person who has a physical or mental impairment that substantially limits one or more major life activities.

- **Other -** Income received from unemployment compensation, worker's compensation, pensions, alimony, child support or any other source of income received regularly (Do not include one-time or lump-sum payments such as inheritance or sale of house.)

**T12. Average Gross Monthly Income - Required**

Enter the average gross monthly income of the client's household. You must enter zeroes here if the value for Source of Income is 'None'.

**T13. Dependents on Above Income - Required**

Enter the number of individuals who rely or depend on the client's household income. This should be the same number of dependents the client can claim for his/her income on his/her Federal Income Tax form. The value must be at least 1 for self.

**T14. Dependent Children - Required**

Enter the number of dependent children only in this field - this is different from the number of persons (adult and child including the client) who are dependent on the client's income, which is collected in the Admission Income Dependents field on the Financial Information form. Enter the number of minor children dependent on the client, living with the client at time of termination.

**T15. Current Emotional Disorder-**

Select the value from the dropdown menu. The permitted values are:

- Yes – Has History
- No History

Select "Yes" if there are indications the client has a history or is currently suffering from a significant psychiatric or emotional disorder regardless of whether the client has a history of mental health services. Select "no" if there are no indications.

The status concerning co-occurring disorder will also be made at each quarterly evaluation and termination.

T16. Service Type at Discharge

In some facilities, one service type may flow into another (intensive outpatient into conventional outpatient or residential treatment into a halfway house level of care, for examples. The permitted values are:

- Intensive Outpatient - Ambulatory treatment services provided to a client at least 3 days a week with a minimum of 9 hours per week.

- Non-Intensive Outpatient - Ambulatory treatment services including individual, family, and/or group services; these may include pharmacological therapies.

- Inpatient - Adult - Short term (< 30 days) - 24-hour non-acute care provided in a residential free standing setting with a short-term ALOS (up to or less than 30 days).

- Inpatient - Adolescent - Long term (> 30 days) - 24-hour non-acute care provided in a free standing setting. (age 12-17) with a long-term ALOS (> 30 days).

- Medical Detoxification/Hospital Setting (24-hour) - A hospital detox with full medical support which provides immediate acute care associated with medical problems and withdrawal.

- Medically Supported Detoxification/Non-Hospital Setting (24-hour) - Care in a free standing facility which provides 24-hour nursing coverage with the ability to dispense medications as deemed appropriate by the physician.

- Residential - Adult/Adolescent - Long Term (>30 days) - 24-hour non-acute inpatient care in a freestanding facility providing no medical coverage on site with a long-term ALOS (> 30 days).

- Social Detoxification - 24-hour services in a non-hospital setting providing for safe withdrawal and transition to ongoing treatment.

- Halfway/3/4 House (Adult or Adolescent) - 24-hour non-acute care provided in a semi-structured environment which promotes ongoing recovery and transition to independent living with a long-term ALOS (> 30 days).

- Therapeutic Community - Structured - Long term - 24-hour non-acute care in a very structured program with an emphasis on peer support and social environment to foster change that provides a long-term ALOS of 6-24 months.

- **Recovery Home** - A 24-hour non-treatment setting which provides supportive "permanent" living, which is governed by recovering residents.

### T17. Reason for Contact at Discharge - Required

Select the value from the dropdown menu which best characterizes a client's PRIMARY reason for service. If you enter Evaluation Only or Screening Only the Disposition cannot be admission. The permitted values are:

- **Evaluation Only** - The client was served at this facility at the direction of another agency or organization for specific evaluations(s) (e.g., psychological, social, etc.) necessary to the other agency's service to the client.

- **Non-Crisis Counseling - Self** - The client was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to his/her own substance abuse needs.

- **Non-Crisis Counseling - Collateral** - The client was served at this facility with the primary purpose of seeking information assistance, and/or treatment with respect to the substance abuse needs of a family member, relative, close friend, or other individual in whom the client has an interest; or the client is an adult child of a substance abuser.

- **Crisis Intervention - Self** - The client was served at this facility indicating that his/her situation and/or problem(s) are such that *immediate* and *emergency* services are required.

- **Crisis Intervention - Collateral** - The client was served at this facility indicating that situation(s) and/or problem(s) of a significant are such that *immediate* and *emergency* services are required.

- **Screening Only -** Indicates whether there is a probability that substance is present.

### Comments - Optional

You may enter any notes you wish pertinent to discharge and discharge planning.

## Drug Usage

### T18. Abuse/Addiction Type (Primary) - Required

Select from the dropdown menu the entry which matches the primary problem of the client as indicated on the most recent evaluation form. The permitted values are:

- **None** – Should only be used in the case of a child

- **Heroin** – Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack

- **Non-RX Methadone** – Dolophine, LAAM, Amidone, Fizzies

- **Other Opiates or Synthetics (but not Oxycontin)** - Opiae and synthetic narcotic including Codeine, Morphine and Opium Derivatives other than heroin. Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids, Pentazocine {Talwin}, Lamotil, Darvon, Fentanyl)
  SLANG NAMES: Dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, "T's and Blues", etc.

- **Alcohol** - Beer, wine, whiskey, liqueurs, including both ethyl and methyl alcohol; moonshine, shine, stumpjuice, booze, etc.

- **Barbiturates** - Amorbarbital, Phenobarbital, Butosol, Phenozbarbitol, Secobarbitol, Tuinal.

- **Other Sedative or Hypnotics** - Sedative or hypnotic acting non-barbiturate drugs: Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), Chloral Hydrate (Noctec somuos) and trade names; Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox.
  SLANG NAMES: Doors and Fours,Quads, Ludes, Soapers, Sopes

- **Amphetamines (but not methamphetamine)** - Stimulants other than cocaine, Biphetamine, Dexedrine, metamptemine, dextroamphetamine, Phenmetrazine (preludin) and methylphenidate (Ritalin).
  TRADE NAMES: Desoxyn, Drexedrine, Mediatric, Preludin, Delcobese.
  SLANG NAMES: Pep pills, bennies, uppers, black millies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.

- **Cocaine (including Crack or "free base")** - The stimulant Cocaine.
  SLANG NAMES: Coke, flake, snow, speed-ball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.

- **Marijuana/Hashish, THC or other cannabis products** - Cannabis and Cannabis derivatives, THC.
  SLANG NAMES: Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.

- **Hallucinogens** - Hallucinatory agents other than PCP, including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin and Psilosyn.

- **Inhalants** - volatile organic solvents such as spray paint, glue, toluene, amylnitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, shoe polish.

- **Over-the-counter drug** - Legal over-the-counter preparations exclusive of items listed elsewhere. Include analgesics, diet preparations, relaxants, cold and sleep preparations (Nyquil, Sominex, Aspirin, etc.)

- **Tranquilizers (not benzodiazepines)** - Depressants not otherwise listed as barbiturates, benzodiazepines or sedative-hypnotics. Antianxiety drugs, muscle relaxants. Includes chlordiazepoxides, reserphine, lithium compounds, penothiazines.
  TRADE NAMES: Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, Valmid.

- **Tobacco**: Any tobacco product to include cigarettes, cigars, chewing tobacco, etc. Note: This choice should only be used as a secondary or tertiary drug usage option.

- **PCP** - Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).

- **Other Stimulants** - Include such trade names as: Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Voranil.

- **Benzodiazepines** - Including tranquilizer such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, XANAX

- **Methamphetamine** - Stimulant closely related to amphetamine and ephedrine.SLANG NAMES: Speed, Crystal

- **Oxycontin -** A time released synthetic opioid.

- **Ecstasy** - Methylenedioxymehtamphetamine (MDMA) - A stimulant with hallucenogic properties.

- **GHB** - Gamma Hydroxy Butyrate - An anesthetic with effects similar to alcohol.

- **Gambling** - The act of risking money or something else of value on an activity with an uncertain outcome.

- **SOMA –** Carisoprodol – a muscle relaxer that may be habit forming

- **Other** - any other drugs or chemicals, singular or in combination not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over the counter or "street" drugs not classified herein. Note: This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.

T19. Secondary

Select from the dropdown menu (Refer to Primary Addiction List) the most appropriate entry which appears to reflect the secondary problem of the client from the most recent evaluation form.

T20. Tertiary

Select from the dropdown menu (Refer to Primary Addiction List) the most appropriate entry which appears to reflect the tertiary problem of the client from the most recent evaluation form.

T21. Frequency of Use (Primary) - Required

Select the value from the dropdown menu, which characterizes the client's primary use pattern most accurately. The value you select for Primary Frequency of Use should be the value for the Termination Primary Addiction Type. For example, if the primary addiction type was Gambling, use these same values to record frequency of gambling episodes.

If the client has moved, lost service, or is otherwise not available at date of termination and frequency of use is unknown then select the pattern of use as indicated at the last service. The permitted values are:

- No use during past month - Client or credible collateral reports client has not used this drug during the 30 days immediately preceding admission to the reporting program.

- No Use During Treatment – This element is used if the client had no use during treatment at the current level of care.

- One to three times in past month - Regardless of amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30 days immediately preceding admission.

- One to two times per week - The client or credible collateral reports at least one episode of use per week.

- Three to six times per week - The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extend over more than one day.

- Daily - The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the month prior to admission.

- Frequency Unknown – Used when the client doesn't know how frequent he/she uses a particular drug

- **Not applicable** – This element is generally selected for children being admitted with their mothers.

### T22. Frequency of Use (Secondary) – Required if there is a Secondary Addiction Type

Select the value from the dropdown menu (Refer to Primary Frequency of Use List) which characterizes the clients secondary use pattern most accurately.

The value you select for Secondary Frequency of Use should be the value for the Termination Secondary Addiction Type. For example, if the secondary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### T23. Frequency of Use (Tertiary) - Required if there is a Tertiary Addiction Type

Select the value from the dropdown menu (Refer to Primary Frequency of Use List) which characterizes the clients tertiary use pattern most accurately.

The value you select for Tertiary Frequency of Use should be the value for the Termination Tertiary Addiction Type. For example, if the tertiary addiction type was Gambling, use these same values to record frequency of gambling episodes.

### T24. Route of Administration (Primary)

Select the value from the dropdown menu, which characterizes the client's preferred method of administration for the substance listed as the Termination Primary Addiction Type. Enter *Not Applicable* if the Primary Addiction Type is Gambling. The permitted values are:

- **Oral -** Used in or administered through the mouth.
- **Injection -** Administered with an injection into the vein(s) or muscles. Also include skin popping.
- **Smoking -** Administering/inhaling in the form of smoke.
- **Inhalation -** Administering through the nasal passage.
- **Other -** Not covered in above choices.
- **None Reported -** This code is to be used by prevention programs and collateral services.
- **Not Applicable -** This code is to be used for children of alcohol/drug abusers.

### T25. Route of Administration (Secondary)

Select the value from the dropdown menu (Refer to Primary Route of Administration list) which characterizes the client's preferred method of administration for the substance listed as the Termination Secondary Addiction type. Enter Not Applicable if the Secondary Addiction Type is Gambling.

T26. Route of Administration (Tertiary)

Select the value from the dropdown menu (Refer to Primary Route of Administration list) which characterizes the client's preferred method of administration for the substance listed as the Termination Tertiary Addiction Type. Enter Not Applicable if the tertiary Addiction Type is Gambling.

## D. Group Reporting Services

### 1. Group Tickets

This ticket is used to track multiple individuals/clients that participated in a specific group i.e. Relapse Prevention, Process Group, and Cognitive Behavioral Therapy etc.

Find the group for which you wish to record services in the list. Click the radio button in front of the group you wish to work with.

NOTE: For staff of 24 hours facilities: Click on 24 Hour Census from the menu to record your daily census as a group.

Uncheck the box in front on any clients who were absent from the meeting you wish to record (or who are no longer in treatment if you are entering services for a 24 hour facility). NOTE: if you need to add or remove people from the group list first, click the Add/Edit Group List choice in the navigation frame at left. Then return to this screen and uncheck the box for any clients who were absent. If you are recording services for a 24 hour facility, be sure everyone currently in treatment at your facility is checked.

After you are sure all clients who were present are checked and all clients who are absent are unchecked, then click the SELECT button to display the service ticket form. NOTE: if you are recording the census for a 24 hour facility, you should regard clients on pass as still present, not absent, since they are still on your census.

### 2. 24-Hour Daily Census

This ticket is used to enter a group of client tickets as oppose to a single Daily Census Ticket for each client in all 24-hour programs. Each person present in the group is marked as present on the list. A person is marked present on both his/her admission and his/her discharge dates. Mark the Daily Census each day BEFORE doing the discharges for that day. In facilities where discharges may occur at night, it is more practical to do the Daily Census each morning for the 24-hours just completed

Select the group for which you wish to record 24-Hour Daily Census Ticket. LADDS records your daily census as a group, so every client currently in treatment at your facility is considered your group and you should record a group service ticket once each day (and only once) for your entire census by the assigned designated staff. This daily census task should be performed each day BEFORE conducting the discharges for that day.

Uncheck the box in front on any clients who were absent from the meeting you wish to record (or who are no longer in treatment if you are entering services for a 24 hour facility). NOTE: if you need to add or remove people from the group list first, click the Add/Edit Group List choice in the navigation frame at left. Then return to this screen

and uncheck the box for any clients who were absent. If you are recording services for a 24 hour facility, be sure everyone currently in treatment at your facility is checked.

After you are sure all clients who were present are checked and all clients who are absent are unchecked, then click the SELECT button to display the service ticket form. NOTE: if you are recording the census for a 24 hour facility, you should regard clients on pass as still present, not absent, since they are still on your census.

## IV. DESCRIPTION OF REPORTS

### A. Reports

The scope of information provided within each report is determined by the user's log in ID.

#### 1. Unique Client Count

This report provides a unique count of clients served within the OBH system of care at the time and date the report is run.

The counts provided will be for the facility associated with the user ID of the current user. So if a person is associated with two different facilities, he/she will need to log in to each one to see both tickler reports.

#### 2. Clinical Report

This report provides the user with information on:

##### a] Open Cases

The case information provided will consist of facility, provider, case number, last name, first name, suffix, social security number, telephone number, date of birth, and admission date. All information provided can be sorted by region, facility, and provider.

##### b] Cases Due for Quarterly Evaluation (in next 10 days)

The case information provided will consist of facility, provider, case number, last name, first name, suffix, social security number, and last evaluation date.

##### c] Cases Past Due for Quarterly Evaluation

The case information provided will consist of facility, provider, case number, last name, first name, suffix, social security number, and last evaluation date.

##### d] Cases Past Due for Closure

The case information provided will consist of facility, provider, case number, last name, first name, suffix, social security number, and last service date.

##### e] Cases Due for Closure (in next 15 days)

The case information provided will consist of facility, provider, case number, last name, first name, suffix, social security number, and last service date.

3. Service Report

This report provides the total number of services with a detailed list of those services provided within a facility for a specified period of time. The information provided includes type of service, client type, service locale, time period of service, and appointment status.

4. Production Report

This report provides a list of activities performed within each facility of a specified region for a specified period of time. The information provided includes number of admits, number of services, number of terminations, and number of services provided.

5. Admit Detail Report

This report provides a detailed count of demographic information (i.e., age, race, gender) and clinical information (i.e., prior MH service, educational background) for all client admissions within each facility of a specified region and for a specified period of time. The information can be sorted by facility or modality of treatment.

6. Open Detail Report

This report provides a detailed count of demographic information (i.e. age, race, and gender) and clinical information (i.e. prior MH service, educational background) for all open cases within each facility of a specified region and for a specified period of time. The information can be sorted by facility or modality of treatment.

7. Term Detail Report

This report provides a detailed count of demographic information (i.e. age, race, gender) and clinical information (i.e. prior MH service, educational background) for all client terminations within each facility of a specified region and for a specified period of time. The information can be sorted by facility or modality of treatment.

8. Provider Service Productivity

This report provides the number of services rendered by any given provider within each facility of a specified region and for a specified period of time.

9. Incomplete Admit Data Report

This report provides a detailed list of admissions with incomplete financial information forms for a specified period of time. The information includes region, facility name, admit date, case number, last name, first name, suffix, and SSN.

10. Gambling Report

This report provides the number of gambling screens completed and the number of positive gambling screens within each facility of a specified region and for specified period of time. The information provided for positive screens includes screen date, last name, first name, SSN, and case number.

11. 3rd & 4th DWI Report

This report gives a listing of those clients currently getting treatment for 3rd and/or 4th DWI offense. The information provided includes last name, first name, suffix, case number, diagnosis, legal status, the 3rd/4th DWI coordinator's name, coordinator's region, coordinator's phone, and the name of the client's Probation Officer.

12. Patient Diagnosis Report

13. Report Card

A daily, monthly or annual report ran regionally or statewide on the quality and outcome of care by a particular health care provider or health care facility.

14. Regional Gambling Report

The Regional Gambling Report provides information on services related to pathological gamblers. This report is generated from service tickets and other data that has been put into LADDS. This report shows a variety of information including gambling screens, open cases, admissions, discharges, clients served, etc. for clients with Pathological Gambling disorder.

In order for an admission to be counted on this report, in the Initial Interview section of LADDS there must be an addiction type of "Gambling." (It can be primary, secondary, or tertiary). Also, in order for a service to be counted, a service ticket must be entered and the Program Element field of the service ticket must be "Gambling." In addition to the Program Element field having to be "Gambling," one must make sure the correct modality on the service ticket is entered, for example, to distinguish intense outpatient clients from the non-intense outpatient clients.

Currently the report can be run for a date range and filtered by Region/District, depending on a user's rights in the LADDS system.

15. Regional DWI Report

This report provides third and fourth DWI statistics to LADDS users. When one runs a "Regional DWI Report," the report will be generated from client data that has been put into LADDS. This report will show a variety of information regarding open cases, admissions, discharges, clients served, etc. for clients identified as third or fourth DWI clients.

In order for a client to be counted on this report, the "Legal Status" field on the LADDS Initial Interview form must be filled-in with "Court Order DWI 3rd Offense Conviction," or "DWI 3rd Pending," or "Court Order DWI 4th Offense Conviction," or "DWI 4th Pending."

To run the report, the user enters a begin date and end date in the drop-down box. Also, if desired, the user can choose a specific region to view in the report, depending on the user's rights in the LADDS system.

16. Per Diem Report

This report is generated from client data that has been put into LADDS. This report shows a variety of information regarding clients who were open at a facility during the date range selected. It shows client First Initial, Last Name, Case Number, Admit date, D/C date (if applicable), # of days in the facility, and a total number of bed days during the time period.

This report was designed to provide "per diem" facilities with a way to document per diem charges. However, facilities are responsible to ensure that any invoices sent for payment are accurate, and facilities may need to edit and/or correct this report via

handwritten adjustments on it, if they submit it for billing purposes. Facilities should check with their contract monitors regarding the acceptance of this report for monthly invoicing.

To run the report, the user enters a begin date and end date in the drop-down box. Also, if allowed by the user's security rights, the user will be shown his "current" facility or have to choose a specific facility to view in the report.

## V. GLOSSARY

Active Status - The status assigned by LADDS to a person's record when the client is admitted to an OBH facility and has no other active case open in the OBH system of care. This status has the same clinical significance as Affiliate Status. If an Active Status case is closed, LADDS will search to see if there are any Affiliate Status cases open for this UID. If so, the most recent admit date it finds for affiliate cases will be converted to Active Status. There can be only ONE Active Status case per UID in LADDS at any time, but there cannot be an Affiliate Status case for a particular UID if there is no Active Status case for that identifier.

Admission - Client who has completed all documentation required for admit, including the client registry form, the initial interview form with ASI and who carries a diagnosis of an addictive disorder or as a collateral. Admissions would include the number of new, active and affiliate clients within a specific time period.

Affiliate Status - The status assigned by LADDS to a person's record when the client has been more recently admitted to another OBH facility. This status has the same clinical significance as Active Status. The difference between Affiliate Status and Active Status is that Affiliate status cases will be counted along with Active status cases in determining the open cases for a particular counselor or facility.

Assessment - In LADDS the word "assessment" refers to the Addiction Severity Index (ASI), the Comprehensive Adolescent Severity Inventory (CASI), or any similar instrument that OBH may designate.

Client Registry Form - The form reflecting the identifying data for all persons who have been served at OBH for treatment or who have received treatment from an OBH facility. An individual should have only ONE client registry form. The first task of admitting any person to a facility is to determine if a client registry form already exists and if so to update it. If not, then a client registry form will be created.

Closed Status - The status assigned by LADDS to a person's case record when the clinician responsible for that record completes the Termination/Discharge Summary Form.

Collateral - The client's family members or significant others, such as children, parents, spouse or friend.

Controlled Environment – This element is used if the individual is in an environment where access to alcohol and controlled substances are restricted. Examples of these environments are; closely supervised and substance free jails, therapeutic communities or locked hospital units. Exclusions: Oxford Homes and Outpatient Treatment.

Co-occurring - A client with co-occurring disorders suffers from at least one psychiatric disorder as well as an alcohol or drug abuse disorder. While these disorders may interact differently in any one person, at least one disorder of each type can be diagnosed independently of the other.

Crisis Intervention Co- dependent/Collateral/ACOA (Adult Child of Alcoholic) - The client contacted this facility indicating that situation(s) and/or problem(s) of a significant other are such that immediate and emergency service are required.

Crisis Intervention Self - The client contacted this facility indicating that his/her situation and/or problem(s) are such that immediate and emergency service are required.

Evaluation Only - The client contacted this facility for assessment purposes only.

Expired Service Status - The status assigned to a person's record who was not been admitted and whose initial interview date is greater than one month prior to the current date. The Service Status may be converted to Admitted Status any time during the 30 days following the initial interview but not after that point. This is done by editing the value of the Disposition field in the Initial Interview form.

Expired Case Status - The status assigned to a person's record when he/she has been admitted for treatment but no service encounter has been recorded for the previous 90 days.

Facility - A treatment entity, either state operated or contract program, regardless of a particular modality (outpatient, inpatient, residential, halfway house, detox, etc.) Each entity is uniquely identified by its Facility Number in LADDS.

Financial Information Form - This form contains data elements that pertain to the client's finances (employment, sources of income, fee, etc) that were formerly part of the Initial Interview form. Financial information is collected on everyone, regardless of admission disposition.

Initial Interview Form - The form that records the details about a person who is either admitted to a facility or who is seen but not admitted (service). A person who is seen but not admitted should have only the first part of the form completed - down to the question about disposition. If the disposition is anything other than Admission or Education Program, the remainder of the form is left blank. But if the disposition is either an Admission or Education Program, then the entire form must be completed, including the Problem Gambling Screener. A case number must be assigned to all clients admitted to the treatment program or to an education program, but the SSN or the UID (if there is no SSN) will be used to identify persons who are seen but not admitted (those with "service" status).

Log In - The user name and password required to access the records of a facility.

MH - Mental Health.

Non-Crisis Counseling Collateral - The client contacted this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to significant other's substance abuse needs.

Non-Crisis Counseling Self - The client contacted this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to his/her own substance abuse needs.

OBH System of Care - The system is also designed to link the entire network of OBH-sponsored treatment programs into a single integrated treatment environment. This includes all state and contract facilities.

Open Cases - Those with Active and Affiliate Status at the time of the report.

Provider - Any individual who provides direct treatment services to clients in the OBH system of care. Each provider is identified by a unique 4 character code. A provider who works at multiple facilities may use the same provider code at all these facilities, but will need a different log in account for each facility in which he works.

**Re - Admission** - A client who has been previously admitted to this or some other facility within the OBH system of care. The case is either closed or affiliate.

**SA** - Substance abuse.

**Screening Only -** The client contacts the facility for screening purposes only. Screening determines eligibility and appropriateness for a facility.

**Service Status** - The status assigned by LADDS to a person's record when he/she is seen, but not admitted, to an OBH facility. A person whose record has a service status may receive services for 30 days from the initial service date. The status of the record may be converted to Active (or Affiliate) any time during that 30 days by simply editing the Initial Interview Form to change the disposition to either Admission or Education Program. After 30 days, a record with Service Status converts to Expired Service status. A person whose record has an Expired Service status must go through the admission process (including a new Initial Interview Form record in order to receive services.

**SSN - Social Security Number** - The SSN should be collected if possible, but it is NOT required. May use the first nine characters of the UID in place of the SSN if client does not have one or will not allow it to be used.

**UID** - **Unique Identifier -** This identifier is automatically generated by LADDS from the client's name, birth date and gender information. A non-duplicated client count can be generated by utilizing a unique client identifier.

# Louisiana Addictive Disorders Data System
# (LADDS)
# EMERGENCY DATA ENTRY PLAN
# Policies and Procedures
(Effective March 1, 2005)

## I. POLICIES

1. When to use the LADDS Emergency Data Entry Plan?

   The LADDS Emergency Data Entry Plan will not in any way substitute the LADDS online database. This is a backup plan to continue collecting/recording data if the following events occur:
   - ✓ Communication lines / Internet access is down
   - ✓ Power outage
   - ✓ System or server down, etc.

Note: All authorization should come from OBH-Headquarters.

2. Who should verify or confirm that the system is down and authorize the use of the emergency plan?

   a. First, check if the problem is isolated to an individual computer. Check to see if other computers in your facility or clinic have the same problem. Inform your facility manager or supervisor about the problem. Then, verify with your Regional-Information Technology (IT) staff if the system is down (see *page 75* for the Regional IT contact information).

   b. Second, the Regional IT should check the problem. Verify if the problem is isolated to one computer, facility-wide, region-wide or statewide. If the regional office can access the LADDS, it means the problem is local. The regional IT should check and resolve the issues at the regional level if possible. If the problem is not resolved in one (1) hour, the Regional IT staff should coordinate with the OBH-Headquarters (HQ). OBH-HQ will then authorize the use of the Emergency Data Entry Plan.

   c. Finally, if the problem is on a regional or statewide level, OBH-HQ should inform all the *LADDS users* and authorize the use of the emergency data plan.

3. HIPAA Privacy and Confidentiality.

- ✓ The user should read and comply with the HIPAA regulations.
- ✓ Shred all paper forms that have been transferred to LADDS online database.

## II. PROCEDURES

1. What is the LADDS Emergency Data Entry Plan?

✓ Paper Form

Paper forms will be provided to all regional and facility managers. Form should be kept in a centralized location to be monitored by the facility manager or clinic supervisor.

The user should complete all blank spaces on forms and keep it in a central location until the system is operational. Paper forms are to be used during a power outage or if the facility will not have computer access. Once the system is operational, online data entry should resume and all data collected on paper forms should be entered within 72 HOURS.

- *Note: The facility manager or supervisor will be responsible for maintaining a constant supply of forms and assuring that all completed forms are transferred to LADDS online database.*

2. What LADDS' forms will be available for offline and paper form?

| | |
|---|---|
| ✓ Registry Info | - Attachment 1-A |
| ✓ Initial Interview / Admission | - Attachment 1-B |
| ✓ Financial Info | - Attachment 1-C |
| ✓ Evaluations | - Attachment 1-D |
| ✓ Service Ticket | - Attachment 1-E |
| ✓ Group Service Ticket | - Attachment 1-F |
| ✓ Termination Form | - Attachment 1-G |

3. How to use the LADDS Emergency Data Entry Plan?

The Paper Form is a blank form similar to LADDS online pages. Facility managers should assign a centralized secure location to put blank forms and a separate file to put completed paper forms. Facility managers or supervisor should keep a log of all paper forms given to the users. The facility manager or supervisor will ensure that all paper forms recorded are entered in LADDS online database WITHIN 72 HOURS. Shred all paper forms that have been transferred to LADDS online database to protect client confidentiality.

- ✓ First, make sure to obtain the authorization to use the paper form.

- ✓ Request a copy of the paper form from your facility managers or supervisor. Log all released paper forms.
- ✓ Make sure to complete all blanks on forms and keep it on centralize location until the system is operational.
- ✓ As soon as the system is operational, make sure to transfer all information collected in the paper form.
- ✓ Double-check that all data collected are entered in LADDS system accordingly.
- ✓ Finally, shred the paper form as per HIPAA regulation.

STATE OF LOUISIANA
OFFICE OF BEHAVIORAL HEALTH
REGIONAL COMPUTER NEWORK CONTACT INFORMATION

| Region | NETWORK ADMINISTRATORS |
|---|---|
| MHSD | Andrea Opara<br>Phone: (504) 535-2911<br>Email: andrea.opara@la.gov |
| CAHSD | Paulette Francis<br>Phone: (225) 922-0052<br>Email: paulette.francis@la.gov |
| SCLHSA | Eldred Smith<br>Phone: (985) 651-7065<br>Email: eldred.smith@la.gov |
| AAHSD | Dawn Donahue<br>Phone: (337) 262-5485<br>Email: dawn.donahue@la.gov |
| ImCal | Bruce Mericle<br>Phone: (337) 475-4863<br>Email: bruce.mericle@la.gov |
| CLHSD | Byron Bostick<br>Phone: (318) 487-5591<br>Email: byron.bostick@la.gov |
| NLHSD | Sid Simmons<br>Phone: (318) 862-3069<br>Email: sid.simmons@la.gov |
| NEDHSA | Eric Coulberson<br>Phone: (318) 362-3270<br>Email: eric.coulberson@la.gov |
| FPHSA | Shawn Sanders<br>Phone: (985) 543-4333<br>Email: shawn.sanders@fphsa.org |

WHAT TO DO HERE
Complete ALL fields below and keep form on file. As soon as the system is working properly, enter and SAVE the information in LADDS online database.

FOR EMERGENCY USE ONLY

Unique ID XXXXXXXXX (auto-generated in LADDS)

Last Name _____ Current Last Name

First Name _____ First Name as it appears on birth certificate

Middle _____

Birth Name _____ Last Name as it appears on birth certificate

Suffix _____ Jr., Sr., III, etc...

SSN _____ 999999999 - numbers only (no spaces or dashes) - leave blank if there is no SSN

Home Phone _____

Work Phone _____

Address _____

Apartment Number _____

City _____

State _____

Zip _____

Parish _____

Birth Date _____ mm/dd/yyyy

Gender _____

Race _____

Ethnicity _____

First Language _____

Disability
- ☐ None
- ☐ Sight Impaired
- ☐ Hearing Impaired
- ☐ Not ambulatory without wheelchair or walker
- ☐ One or more limbs amputated
- ☐ Asthma, emphysema or other breathing difficulty
- ☐ Tuberculosis
- ☐ HIV Disease
- ☐ Hepatitis C
- ☐ Other Serious or Chronic Medical Condition

Date Of Initial Contact _____ mm/dd/yyyy

Appointment Date _____ mm/dd/yyyy

WHAT TO DO HERE

Initial Interview Page. Verify info below OR complete the form. If the client will be an Admission or Education Program, please fill out ALL fields below. Keep form on file, make sure to transfer and SAVE all data in LADDS, as soon as it becomes operational.

FOR EMERGENCY USE ONLY

Client

Facility / Interviewer

Interview Date mm/dd/yyyy

Pregnant at Initial Interview

Arrests in 30 Days Prior to Admission

Self-Help Activities 30 days prior to Admission

Source of Referral

Reason for Contact

Addiction Type

Used IV Drugs

Sexual Preference

Were you IMPACTED by the hurricane/disaster? Select "Yes" or "No"

If Yes, select which disaster

- ☐ Katrina
- ☐ Rita
- ☐ Gustav
- ☐ Ike
- ☐ Other

How were you impacted by the hurricane / disaster? "Severe" or "Moderate"

Were you DISPLACED by the hurricane/disaster? Select "Yes" or "No"

If "Yes", answer the hurricane-related questions below. If "No", skip this part and proceed to the next section.

If Yes, select which disaster

- ☐ Katrina
- ☐ Rita
- ☐ Gustav
- ☐ Ike
- ☐ Other

Before the hurricane / disaster, were you receiving services at an OBH Select "Yes" or "No"

funded program / facility?

What was the client's Zip Code of residence prior to the disaster? Enter 5-digit Zip Code

WHAT TO DO NEXT

Complete this section only if Disposition is Admission or Education Program (Admission).

Type Of Admission

Diagnostic Impression Enter DSM Code (999.9 / 999.99 / V99.9 / V99.99)

Service Type

Legal Status

DWI Coordinator

Probation Officer

Prior MH Service

Prior SA Treatment

Veteran

Veteran of the Iraq / Afghan War

Years of Educational Attainment

Marital Status

Household Composition

Type Of Residence

Dependent Children

Co-Occurring Status

Use of Methadone as Part of TX Plan

Was the client in a controlled environment 14 days or more in the last 30 days?

If Yes, what environment

## Drug Usage

Primary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

Age of First Abuse Enter 96 if no drug abuse present

Secondary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

Age of First Abuse Enter 96 if no drug abuse present

Tertiary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

FOR EMERGENCY USE ONLY

Age of First Abuse _____ Enter 96 if no drug abuse present

## Gambling Screen

Have you ever felt the need to bet more and more money _____

Have you ever had to lie to people important to you about how much you gamble _____

## Disposition Section

Disposition _____

Date Of Initial Contact _____ mm/dd/yyyy

How was contact made _____

Admission Date _____ mm/dd/yyyy

Facility / Assigned Counselor _____

FOR EMERGENCY USE ONLY

WHAT TO DO HERE
Complete all fields on the form. Make sure to SAVE data recorded in LADDS online database.

FOR EMERGENCY USE ONLY

Client

Case Number

Disposition

Legal Status

Referral Source

Employment Status

Source of Household Income

- ☐None
- ☐Wages / Salary
- ☐Non-Farm Self Employment
- ☐Farm Self Employment
- ☐Interest, Dividends, Royals, or Net Rentals
- ☐Social Security / RailrOBH Insurance
- ☐SSI, FITAP, Other Public Assistance
- ☐Other

Average Gross Monthly Income

Dependents On Above Income

Amount Of Fee

Health Insurance

Sources Of Payment

- ☐No Fee Payment
- ☐Personal Resources
- ☐Private Health Insurance
- ☐Medicare
- ☐Medicaid
- ☐VA
- ☐CHAMPUS
- ☐Other Public Sources
- ☐FITAP
- ☐TANF
- ☐UDS (Fiscal Use ONLY)
- ☐Drug Court

Medicare Number

Medicaid Number

Medicaid Eligibility Month

Medicaid Eligibility Year

WHAT TO DO HERE
Use this form to record an evaluation for your client. Make sure to transfer and SAVE recorded information in LADDS as soon as possible.

Client
Case Number

Evaluation Date mm/dd/yyyy
Diagnosis 1
Diagnosis 2
Diagnosis 3
Number Of Arrests
Type Of Residence
Employment Status
Co-Occurring Disorder
Assigned Counselor
Use of Methadone as Part of TX Plan

## Drug Usage

Primary - Abuse/Addiction Type
Frequency Of Use
Route of Administration

Secondary - Abuse/Addiction Type
Frequency Of Use
Route of Administration

Tertiary - Abuse/Addiction Type
Frequency Of Use
Route of Administration

LADDS – Service Ticket

Paper Form Attachment 1-E

**WHAT TO DO HERE**

**Use this form to record a service for your client. Make sure to transfer and SAVE recorded information in LADDS as soon as possible.**

FOR EMERGENCY USE ONLY

Ticket Number

Client

Case Number

Facility

Date mm/dd/yyyy

Provider

Client Type

Service

Hours

Minutes

Modality

Program Element

Group Name

Number Attended

Service Locale

Time Of Day

LADDS – Group Service Ticket Paper Form Attachment 1-F

WHAT TO DO HERE
Complete all fields that apply in the form below. NOTE: IF you are recording the daily census for a 24 hour facility, be sure to write "24 Hour Facility Census" for Service.

Group Name

Date mm/dd/yyyy

Provider

Client Type

Service Hours Minutes

Modality

Program Element

Service Locale

Time Of Day

LADDS – Termination Form Paper Form Attachment 1-G

WHAT TO DO HERE

Complete all fields on the form in order to discharge your client. Make sure to transfer and SAVE the information in LADDS on line database as soon as possible.

Client

Case Number

Termination Date mm/dd/yyyy

Reason for transfer/termination

Arrests in 30 Days Prior to Termination

Was the arrest due to behavior in this treatment episode

Self Help Activities 30 days prior to Discharge

Treatment/Service Outcome

Pregnant

Marital Status

Household Composition

Type Of Residence

Employment Status

Average Gross Monthly Income

Dependents On Above Income

Dependent Children

Current Emotional Disorder

Service Type at Discharge

Reason for Contact at Discharge

Comments

## Drug Usage

Primary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

Secondary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

Secondary - Abuse/Addiction Type

Frequency Of Use

Route of Administration

FOR EMERGENCY USE ONLY

Appendix B Parishes

| | | | | | |
|---|---|---|---|---|---|
| 1 | Acadia | 26 | Jefferson | 51 | St. Mary |
| 2 | Allen | 27 | Jefferson Davis | 52 | St. Tammany |
| 3 | Ascension | 28 | Lafayette | 53 | Tangipahoa |
| 4 | Assumption | 29 | Lafourche | 54 | Tensas |
| 5 | Avoyelles | 30 | LaSalle | 55 | Terrebonne |
| 6 | Beauregard | 31 | Lincoln | 56 | Union |
| 7 | Bienville | 32 | Livingston | 57 | Vermilion |
| 8 | Bossier | 33 | Madison | 58 | Vernon |
| 9 | Caddo | 34 | Morehouse | 59 | Washington |
| 10 | Calcasieu | 35 | Natchitoches | 60 | Webster |
| 11 | Caldwell | 36 | Orleans | 61 | West Baton Rouge |
| 12 | Cameron | 37 | Ouachita | 62 | West Carroll |
| 13 | Catahoula | 38 | Plaquemines | 63 | West Feliciana |
| 14 | Claiborne | 39 | Pointe Coupee | 64 | Winn |
| 15 | Concordia | 40 | Rapides | 90 | Out-Of-State |
| 16 | DeSoto | 41 | Red River | | |
| 17 | East Baton Rouge | 42 | Richland | | |
| 18 | East Carroll | 43 | Sabine | | |
| 19 | East Feliciana | 44 | St. Bernard | | |
| 20 | Evangeline | 45 | St. Charles | | |
| 21 | Franklin | 46 | St. Helena | | |
| 22 | Grant | 47 | St. James | | |
| 23 | Iberia | 48 | St. John the Baptist | | |
| 24 | Iberville | 49 | St. Landry | | |
| 25 | Jackson | 50 | St. Martin | | |

Appendix C DSM-IV Codes (Alphabetical)

| Name | Number |
|---|---|
| Academic Problem | V62.3 |
| Acculturation Problem | V62.4 |
| Acute Stress Disorder | 308.3 |
| Adjustment Disorder Unspecified | 309.9 |
| Adjustment Disorder With Anxiety | 309.24 |
| Adjustment Disorder With Depressed Mood | 309.0 |
| Adjustment Disorder With Disturbance of Conduct | 309.3 |
| Adjustment Disorder With Mixed Anxiety and Depressed Mood | 309.28 |
| Adjustment Disorder With Mixed Disturbance of Emotions and Conduct | 309.4 |
| Adult Antisocial Behavior | V71.01 |
| Adverse Effects of Medication NOS | 995.2 |
| Age-Related Cognitive Decline | 780.9 |
| Agoraphobia Without History of Panic Disorder | 300.22 |
| Alcohol Abuse | 305.00 |
| Alcohol Dependence | 303.90 |
| Alcohol Intoxication | 303.00 |
| Alcohol Intoxication Delirium | 291.0 |
| Alcohol Withdrawal | 291.8 |
| Alcohol Withdrawal Delirium | 291.0 |
| Alcohol-Induced Anxiety Disorder | 291.8 |
| Alcohol-Induced Mood Disorder | 291.8 |
| Alcohol-Induced Persisting Amnestic Disorder | 291.1 |
| Alcohol-Induced Persisting Dementia | 291.2 |
| Alcohol-Induced Psychotic Disorder With Delusions | 291.5 |

| | |
|---|---|
| Alcohol-Induced Psychotic Disorder With Hallucinations | 291.3 |
| Alcohol-Induced Sexual Dysfunction | 291.8 |
| Alcohol-Induced Sleep Disorder | 291.8 |
| Alcohol-Related Disorder NOS | 291.9 |
| Amnestic Disorder Due to General Medical Condition | 294.0 |
| Amphetamine Abuse | 305.70 |
| Amphetamine Dependence | 304.40 |
| Anorexia Nervosa | 307.1 |
| Antisocial Personality Disorder | 301.7 |
| Anxiety Disorder Due to General Medical Condition | 293.89 |
| Anxiety Disorder NOS | 300.00 |
| Asperger's Disorder | 299.80 |
| Attention-Deficit/Hyperactivity Disorder Combined Type | 314.01 |
| Attention-Deficit/Hyperactivity Disorder NOS | 314.9 |
| Attention-Deficit/Hyperactivity Disorder Predominantly hyperactive-Impulsive Type | 314.01 |
| Attention-Deficit/Hyperactivity Disorder Predominantly Inattentive Type | 314.00 |
| Autistic Disorder | 299.00 |
| Avoidant Personality Disorder | 301.82 |
| Bereavement | V62.82 |
| Bipolar Disorder NOS | 296.80 |
| Bipolar I Disorder Most Recent Episode Depressed | 296.5x |
| Bipolar I Disorder Most Recent Episode Hypomanic | 296.40 |
| Bipolar I Disorder Most Recent Episode Manic | 296.4x |
| Bipolar I Disorder Most Recent Episode Mixed | 296.6x |
| Bipolar I Disorder Single Manic Episode | 296.0x |

| | |
|---|---|
| Bipolar I Disorder, Most recent episode Unspecified | 296.7 |
| Bipolar II Disorder | 296.89 |
| Body Dysmorphic Disorder | 300.7 |
| Borderline Intellectual Functioning | V62.89 |
| Borderline Personality Disorder | 301.83 |
| Breathing-Related Sleep Disorder | 780.59 |
| Brief Psychotic Disorder | 298.8 |
| Bulimia Nervosa | 307.51 |
| Cannabis Abuse | 305.20 |
| Cannabis Dependence | 304.30 |
| Catatonic Disorder Due to General Medical Condition | 293.89 |
| Child or Adolescent Antisocial Behavior | V71.02 |
| Childhood Disintegrative Disorder | 299.10 |
| Chronic Motor or Vocal Tic Disorder | 307.22 |
| Circadian Rhythm Sleep Disorder | 307.45 |
| Cocaine Abuse | 305.60 |
| Cocaine Dependence | 304.20 |
| Cognitive Disorder NOS | 294.9 |
| Communication Disorder NOS | 307.9 |
| Conduct Disorder | 312.8 |
| Conversion Disorder | 300.11 |
| Cyclothymic Disorder | 301.13 |
| Delirium Due to General Medical Condition | 293.0 |
| Delirium NOS | 780.09 |
| Delusional Disorder | 297.1 |
| Dementia Due to [Other General Medical Condition] | 294.1 |

| | |
|---|---|
| Dementia due to Creutzfeld-Jacob disease | 290.10 |
| Dementia Due to Head Trauma | 294.1 |
| Dementia Due to HIV Disease | 294.9 |
| Dementia Due to Huntington's Disease | 294.1 |
| Dementia Due to Parkinson's Disease | 294.1 |
| Dementia due to Pick's Disease | 290.10 |
| Dementia NOS or Amnestic Disorder NOS | 294.8 |
| Dementia of the Alzheimer's Type, With Early Onset, Uncomplicated | 290.10 |
| Dementia of the Alzheimer's Type, With Early Onset, With Delirium | 290.11 |
| Dementia of the Alzheimer's Type, With Early Onset, With Delusions | 290.12 |
| Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood | 290.13 |
| Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated | 290.0 |
| Dementia of the Alzheimer's Type, With Late Onset, With Delirium | 290.3 |
| Dementia of the Alzheimer's Type, With Late Onset, With Delusions | 290.20 |
| Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood | 290.21 |
| Dependent Personality Disorder | 301.6 |
| Depersonalization Disorder | 300.6 |
| Depressive Disorder NOS | 311 |
| Developmental Coordination Disorder | 315.4 |
| Diagnosis or Condition Deferred on Axis I or Diagnosis Deferred on Axis II | 799.9 |
| Disorder of Infancy, Childhood, or Adolescence NOS | 313.9 |
| Disorder of Written Expression | 315.2 |
| Disruptive Behavior Disorder NOS | 312.9 |
| Dissociative Amnesia | 300.12 |
| Dissociative Disorder NOS | 300.15 |
| Dissociative Fugue | 300.13 |

| | |
|---|---|
| Dissociative Identity Disorder | 300.14 |
| Dyspareunia (Not Due to a General Medical Condition) | 302.76 |
| Dyssomnia NOS | 307.47 |
| Dysthymic Disorder | 300.4 |
| Eating Disorder NOS | 307.50 |
| Encopresis Without Constipation and Overflow Incontinence | 307.7 |
| Encopresis, With Constipation and Overflow Incontinence | 787.6 |
| Enuresis (Not Due to a General Medical Condition) | 307.6 |
| Exhibitionism | 302.4 |
| Expressive Language Disorder | 315.31 |
| Factitious Disorder NOS | 300.19 |
| Factitious Disorder With Combined Psychological and Physical Signs and Symptoms | 300.19 |
| Factitious Disorder With Predominantly Physical Signs and Symptoms | 300.19 |
| Factitious Disorder With Predominantly Psychological Signs and Symptoms | 300.16 |
| Feeding Disorder of Infancy or Early Childhood | 307.59 |
| Female Dyspareunia Due to [General Medical Condition] | 625.0 |
| Female Hypoactive Sexual Desire Disorder Due to [General Medical Condition] | 625.8 |
| Female Orgasmic Disorder | 302.73 |
| Female Sexual Arousal Disorder | 302.72 |
| Fetishism | 302.81 |
| Frotteurism | 302.89 |
| Gender Identity Disorder in Adolescents or Adults | 302.85 |
| Gender Identity Disorder in Children or Gender Identity Disorder NOS | 302.6 |
| Gender Identity Disorder NOS | 302.6 |
| Generalized Anxiety Disorder | 300.02 |

| | |
|---|---|
| Hallucinogen Abuse | 305.30 |
| Hallucinogen Dependence | 304.50 |
| Hallucinogen Persisting Perception Disorder (Flashbacks) | 292.89 |
| Histrionic Personality Disorder | 301.50 |
| Hypersomnia Related to [General Medical Condition] | 307.44 |
| Hypoactive Sexual Desire Disorder | 302.71 |
| Hypochondriasis | 300.7 |
| Identity Problem | 313.82 |
| Impulse-Control Disorder NOS | 312.30 |
| Inhalant Abuse | 305.90 |
| Inhalant Dependence | 304.60 |
| Insomnia Related to [General Medical Condition] | 307.42 |
| Intermittent Explosive Disorder | 312.34 |
| Kleptomania | 312.32 |
| Learning Disorder NOS | 315.9 |
| Major Depressive Disorder Recurrent | 296.3x |
| Major Depressive Disorder Single Episode | 296.2x |
| Male Dyspareunia Due to [General Medical Condition] | 608.89 |
| Male Erectile Disorder | 302.72 |
| Male Erectile Disorder Due to [General Medical Condition] | 607.84 |
| Male Hypoactive Sexual Desire Disorder Due to [General Medical Condition] | 608.89 |
| Male Orgasmic Disorder | 302.74 |
| Malingering | V65.2 |
| Mathematics Disorder | 315.1 |
| Medication-Induced Movement Disorder NOS | 333.90 |
| Medication-Induced Postural Tremor | 333.1 |

| | |
|---|---|
| Mental Disorder due to General Medical Condition | 293.9 |
| Mental Retardation, Severity Unspecified | 319 |
| Mild mental retardation | 317 |
| Mixed Receptive-Expressive Language Disorder | 315.31 |
| Moderate Mental Retardation | 318.0 |
| Mood Disorder Due to General Medical Condition | 293.83 |
| Mood Disorder NOS | 296.90 |
| Narcissistic Personality Disorder | 301.81 |
| Narcolepsy | 347 |
| Neglect of Child (if focus of attention is on victim) | 995.5 |
| Neuroleptic Malignant Syndrome | 333.92 |
| Neuroleptic-Induced Acute Akathisia | 333.99 |
| Neuroleptic-Induced Acute Dystonia | 333.7 |
| Neuroleptic-Induced Parkinsonism | 332.1 |
| Neuroleptic-Induced Tardive Dyskinesia | 333.82 |
| Nicotine Dependence | 305.10 |
| Nightmare Disorder | 307.47 |
| No Diagnosis or Condition on Axis I or Axis II | V71.09 |
| Noncompliance With Treatment | V15.81 |
| Obsessive-Compulsive Disorder | 300.3 |
| Obsessive-Compulsive Personality Disorder | 301.4 |
| Occupational Problem | V62.2 |
| Opioid Abuse | 305.50 |
| Opioid Dependence | 304.00 |
| Oppositional Defiant Disorder | 312.81 |
| Oppositional Defiant Disorder | 313.81 |

| | |
|---|---|
| Other (or Unknown) Substance Abuse | 305.90 |
| Other (or Unknown) Substance Dependence | 304.90 |
| Other Female Sexual Dysfunction Due to [General Medical Condition] | 625.8 |
| Other Male Sexual Dysfunction Due to [General Medical Condition] | 608.89 |
| Pain Disorder Associated With Both Psychological Factors and a General Medical Condition | 307.89 |
| Pain Disorder Associated With Psychological Factors | 307.80 |
| Panic Disorder With Agoraphobia | 300.21 |
| Panic Disorder Without Agoraphobia | 300.01 |
| Paranoid Personality Disorder | 301.0 |
| Paraphilia NOS | 302.9 |
| Parasomnia NOS | 307.47 |
| Parent-Child Relational Problem | V61.20 |
| Partner Relational Problem | V61.1 |
| Pathological Gambling | 312.31 |
| Pedophilia | 302.2 |
| Personality Disorder Due to General Medical Condition | 310.1 |
| Personality Disorder NOS | 301.9 |
| Pervasive Developmental Disorder NOS | 299.80 |
| Phase of Life Problem | V62.89 |
| Phencyclidine Abuse | 305.90 |
| Phencyclidine Dependence | 304.90 |
| Phonological Disorder | 315.39 |
| Physical abuse of adult (if focus of attention is on victim) | 995.81 |
| Physical abuse of child (if focus of attention is on victim) | 995.5 |
| Physical or Sexual Abuse of Adult | V61.1 |

| | |
|---|---|
| Pica | 307.52 |
| Polysubstance Dependence | 304.80 |
| Posttraumatic Stress Disorder | 309.81 |
| Premature Ejaculation | 302.75 |
| Primary Hypersomnia | 307.44 |
| Primary Insomnia | 307.42 |
| Profound Mental Retardation | 318.2 |
| Psychological Factors Affecting Medical Condition | 316 |
| Psychotic Disorder Due to [General Medical Condition], With Delusions | 293.81 |
| Psychotic Disorder Due to [General Medical Condition], With Hallucinations | 293.82 |
| Psychotic Disorder NOS | 298.9 |
| Pyromania | 312.33 |
| Reactive Attachment Disorder of Infancy or Early Childhood | 313.89 |
| Reading Disorder | 315.00 |
| Relational Problem NOS | V62.81 |
| Relational Problem Related to [a Mental Disorder or General Medical Condition] | V61.9 |
| Religious or Spiritual Problem | V62.89 |
| Rett's Disorder | 299.80 |
| Rumination Disorder | 307.53 |
| Schizoaffective Disorder | 295.70 |
| Schizoid Personality Disorder | 301.20 |
| Schizophrenia Undifferentiated Type | 295.90 |
| Schizophrenia, Catatonic Type | 295.20 |
| Schizophrenia, Disorganized Type | 295.10 |
| Schizophrenia, Paranoid Type | 295.30 |
| Schizophrenia, Residual Type | 295.60 |

| | |
|---|---|
| Schizophreniform Disorder | 295.40 |
| Schizotypal Personality Disorder | 301.22 |
| Sedative, Hypnotic, or Anxiolytic Abuse | 305.40 |
| Sedative, Hypnotic, or Anxiolytic Dependence | 304.10 |
| Selective Mutism | 313.23 |
| Separation Anxiety Disorder | 309.21 |
| Severe Mental Retardation | 318.1 |
| Sexual abuse of adult (if focus of attention is on victim) | 995.81 |
| Sexual abuse of child (if focus of attention is on victim) | 995.5 |
| Sexual Aversion Disorder | 302.79 |
| Sexual Disorder NOS | 302.9 |
| Sexual Dysfunction NOS | 302.70 |
| Sexual Masochism | 302.83 |
| Sexual or Physical Abuse or Neglect of Child | V61.21 |
| Sexual Sadism | 302.84 |
| Shared Psychotic Disorder | 297.3 |
| Sibling Relational Problem | V61.8 |
| Sleep Disorder Due to [General Medical Condition], Hypersomnia Type | 780.54 |
| Sleep Disorder Due to [General Medical Condition], Insomnia Type | 780.52 |
| Sleep Disorder Due to [General Medical Condition], Mixed Type | 780.59 |
| Sleep Disorder Due to [General Medical Condition], Parasomnia | 780.59 |
| Sleep Terror Disorder | 307.46 |
| Sleepwalking Disorder | 307.46 |
| Social Phobia | 300.23 |
| Somatization Disorder | 300.81 |
| Somatoform Disorder NOS | 300.81 |

| | |
|---|---|
| Specific Phobia | 300.29 |
| Stereotypic Movement Disorder | 307.3 |
| Stuttering | 307.0 |
| Substance [Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Anxiety Disorder | 292.89 |
| Substance [Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Nicotine, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Related Disorder NOS | 292.9 |
| Substance [Amphetamine, Caffeine, Cocaine, Opioid, Sedative*, Other (or Unknown)]-Induced Sleep Disorder | 292.89 |
| Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Psychotic Disorder, With Delusions | 292.11 |
| Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Psychotic Disorder, With Hallucinations | 292.12 |
| Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)] Intoxication Delirium | 292.81 |
| Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)] Intoxication | 292.89 |
| Substance [Amphetamine, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Mood Disorder | 292.84 |
| Substance [Amphetamine, Cocaine, Nicotine, Opioid, Sedative*, Other (or Unknown)] Withdrawal | 292.0 |
| Substance [Amphetamine, Cocaine, Opioid, Sedative*, Other (or Unknown)]-Induced Sexual Dysfunction | 292.89 |
| Substance [Inhalant, Sedative*, Other (or Unknown)]-Induced Persisting Dementia | 292.82 |
| Substance [Sedative*, Other (or Unknown)] Withdrawal Delirium | 292.81 |
| Substance [Sedative*, Other (or Unknown)]-Induced Persisting Amnestic Disorder | 292.83 |
| Tic Disorder NOS | 307.20 |
| Tourette's Disorder | 307.23 |
| Transient Tic Disorder | 307.21 |

| | |
|---|---|
| Transvestic Fetishism | 302.3 |
| Trichotillomania | 312.39 |
| Undifferentiated Somatoform Disorder | 300.81 |
| Unspecified Mental Disorder (nonpsychotic) | 300.9 |
| Vaginismus (Not Due to a General Medical Condition) | 306.51 |
| Vascular Dementia, Uncomplicated | 290.40 |
| Vascular Dementia, With Delirium | 290.41 |
| Vascular Dementia, With Delusions | 290.42 |
| Vascular Dementia, With Depressed Mood | 290.43 |
| Voyeurism | 302.82 |

Appendix D Sample Reports

## Unique Client Count

**Reports - Unique Client Count** NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265 PRINT RETURN

**Unique Client Count**
**Summary**
Report run on 04/20/2010 at 4:47:25 PM

Total Clients - 7717

## Clinical Report

**Reports - Clinical Report** NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 PRINT RETURN

**Clinical Report**
**Open Cases - Detail**
Report run on 04/20/2010 at 3:54:31 PM

Region 4

| Facility | Provider | Case Number | Last Name | First Name | Suffix | SSN | Phone | DOB | Admission Date |
|---|---|---|---|---|---|---|---|---|---|

## Service Report

**Reports - Service Report** NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265 PRINT RETURN

**Service Report**
**04/01/2010 - 04/20/2010* - Monroe Area Detox**
Report run on 04/20/2010 at 3:59:35 PM

**04/2010**

| | | |
|---|---|---|
| **Totals** | | |
| Visits | 21 | |
| Services | 21 | |
| **Service Types** | | |
| Drug Screening Collection | 21 | 100% |
| **Client Types** | | |
| Primary Client/Patient | 21 | 100% |
| **Service Locale** | | |
| Same Facility | 21 | 100% |
| **Time Period** | | |
| Office Hours | 21 | 100% |
| **Appointment Status** | | |

## Production Report

**Reports - Production Report**

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Production Report**
**04/01/2010 - 04/20/2010* - Region 2/CAHSD**
**Report run on 04/20/2010 at 4:51:09 PM**

**Ascension Parish Police Jury ADC - 91931**
Admits - 7
Contacts - 3
Terminated - 8
Services - 90

**Baton Rouge Area ADC - 00002**
Admits - 31
Contacts - 6
Terminated - 13
Services - 0

**Baton Rouge Inpatient (CARP) - 00048**
Admits - 33
Contacts - 0
Terminated - 12
Services - 0

## Admit Detail Report

**Reports - Admission Detail Report**

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Detail Report**
**Admission Detail**
**04/01/2010 - 04/20/2010***
**Report run on 04/20/2010 at 4:06:45 PM**

**Region 7**
**Adolescent Center - 00021**
**PARISH**
Bossier - 1
Evangeline - 1
Terrebonne - 1
**Total - 3**
**AGE**
0 - 17 - 3
**Total - 3**
**SEX**
Male - 2
Female - 1
**Total - 3**

## Open Detail Report

**Reports - Open Detail Report**

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Open Detail Report**
**Open Cases / No Services in last 90 days**
**Report run on 04/20/2010 at 4:09:06 PM**

**Region 2/CAHSD**
**Baton Rouge Area ADC - 00002**
**PARISH**
Calcasieu - 1
East Baton Rouge - 4
Lafayette - 1
Livingston - 2
**Total - 8**
**AGE**
21 - 24 - 2
25 - 34 - 2
35 - 44 - 3
45 - 54 - 1
**Total - 8**
**SEX**
Male - 7
Female - 1
**Total - 8**

## Term Detail Report

Reports - Termination Detail Report

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265

PRINT RETURN

**Termination Detail Report**
**Closed Cases - 04/01/2010 - 04/20/2010***
**Report run on 04/20/2010 at 4:10:41 PM**

**Region 8**
**Bastrop ADC - 55027**
**PARISH**
East Carroll - 1
Morehouse - 17
Ouachita - 1
West Carroll - 1
**Total - 20**
**AGE**
0 - 17 - 3
18 - 20 - 1
21 - 24 - 4
25 - 34 - 8
35 - 44 - 3
45 - 54 - 1
**Total - 20**
**SEX**
Male - 14
Female - 6
**Total - 20**

## Provider Service Productivity Report

Reports - Provider Service Productivity Report

NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265

PRINT RETURN

**Provider Service Productivity Report**
**04/01/2010 - 04/20/2010***
**Report run on 04/20/2010 at 4:12:40 PM**

**Region 1**
**Algiers/Fisher Behavioral Health Center - 55177**
**Webb, Eledia - 23**
**Facility Totals - 23**

**Bridge House - Residential - 68064**
**Hamilton, Laura - 17**
**Lumsden, Kristen - 40**
**Miltz, Sidney - 60**
**NAQUIN, LEON - 17**
**Padilla, Gary - 41**
**Roach, Joseph - 84**
**Facility Totals - 259**

## Incomplete Admit Data Report

Reports - Incomplete Admissions Report

NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265

PRINT RETURN

**Incomplete Admissions Report**
**Financial Info - 04/01/2010 - 04/20/2010***
**Report run on 04/20/2010 at 4:16:02 PM**

| Region | Facility | Admit Date | Case Number | Last Name | First Name | Suffix | SSN |
|---|---|---|---|---|---|---|---|
| Total - 1 | | | | | | | |

## Gambling Report

**Reports - Gambling Report**

NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Gambling Report**
All Screens - 55187 - Capital Area Center for Gambling Treatment
04/01/2010 - 04/20/2010*
Report run on 04/20/2010 at 4:18:24 PM

Total Screens - 1

## 3rd / 4th DWI Report

**Reports - 3rd & 4th DWI Report**

NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**3rd & 4th DWI Report**
Region 1 - All Facilities
04/01/2010 - 04/20/2010*
Report run on 04/20/2010 at 4:21:11 PM

| Last Name | First Name | Suffix | Case Number | Diagnosis | Legal Status | Coordinator Name | Coordinator Region | Coordinator Phone | Probation Officer |
|---|---|---|---|---|---|---|---|---|---|

Total - 1

## Patient Diagnosis Report

**Reports - Patient Diagnosis Report**

NEED MORE HELP?

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Patient Diagnosis Report**
- 55009 - Hammond ADC
04/01/2010 - 04/20/2010*
Report run on 04/20/2010 at 4:22:19 PM

| Last Name | First Name | Suffix | Eval Date | Diag 1 | Diag 2 | Diag 3 | Facility | Region |
|---|---|---|---|---|---|---|---|---|
| | | | 04/12/2010 | 304.30 | 304.40 | | Hammond ADC | Region 9 |
| | | | 04/13/2010 | 304.80 | | | Hammond ADC | Region 9 |
| | | | 04/06/2010 | 304.90 | | | Hammond ADC | Region 9 |
| | | | 04/12/2010 | 304.30 | 304.20 | 303.90 | Hammond ADC | Region 9 |
| | | | 04/01/2010 | 303.90 | | | Hammond ADC | Region 9 |
| | | | 04/06/2010 | 304.10 | 303.90 | 305.60 | Hammond ADC | Region 9 |

## Report Card

**Reports - Report Card - Manual** NEED MORE HELP

Test, Client - 010150MTTTT1 / Expired Contact - 100000494 PRINT RETURN

**Monthly Report Card**
05/01/2010 - 05/14/2010*
Report run on 05/14/2010 at 4:41:29 PM by Kasandra Woods

| Modality Medical Detox | | Admission Information | | Discharge Information | | | | Retention | | Employment/ Education | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Facility Name | Region/ District | Admissions | Statewide Target | Total Discharged | Statewide Target | Completion Rate % | Statewide Target % % | Average Length of Stay | Statewide Target | Positive Outcome % Decrease in Unemployment | State Tar % |
| University Hospital Medical Detox (LSU Interim Hos | Region 1 | 46 | | 43 | | 53% | | 4 | | 0% | |
| First Step Detoxification Unit | Region 4 | 26 | | 15 | | 47% | | 6 | | 0% | |
| Statewide Average | | 36 | | 29 | | 52% | | 5 | | 0% | |

## Regional Gambling Report

**Reports - Regional Gambling Report** NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 SAVE AS PRINT RETURN

**Regional Gambling Report**
04/01/2010 - 04/20/2010* - Region 1
Report run on 04/20/2010 at 4:24:56 PM

| | Region 1 | Total |
|---|---|---|
| 1) Number Of Gambling Screens | 184 | 184 |
| 2) Number Of Positive Screens | 6 | 6 |
| 3) % Of Positive Screens | 3.26% | 3.26% |
| 4) Open Cases as of 04/01/2010 - Gambling Primary Diagnosis | 25 | 25 |
| 5) Open Cases as of 04/01/2010 - Gambling Secondary or Tertiary Diagnosis | 7 | 7 |
| 6) Open Cases as of 04/01/2010 - Gambling DX Total | 32 | 32 |
| 7) Number Of Admissions - Gambling Primary Diagnosis | 1 | 1 |

## Regional DWI Report

**Reports - Regional DWI Report**

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | SAVE AS | PRINT | RETURN

**Regional DWI Report**
**04/01/2010 - 04/20/2010* - Region 1**
Report run on 04/20/2010 at 4:25:42 PM

| Category (Convicted) | Region 1 | Total |
|---|---|---|
| Open Cases as of 04/01/2010 | 1 | 1 |
| Admits | 0 | 0 |
| Completed Program, No further tx required | 0 | 0 |
| Completed Tx, Client referred to next LOC | 0 | 0 |
| Completed Tx, Client referred to next LOC, but rejected by Client | 0 | 0 |
| Appropriate services not available, Client referred elsewhere | 0 | 0 |
| Appropriate services not avail, client referred elsewhere but rejected | 0 | 0 |
| Client Administratively Discharged | 1 | 1 |
| Client left Tx prior to completion, Further Tx Needed, Rejected by Ct | 0 | 0 |
| Client Died | 0 | 0 |
| Treatment Interrupted due to Natural Disaster | 0 | 0 |
| Client incarcerated | 0 | 0 |
| Client Moved, Contact N/A | 0 | 0 |
| Completed Tx Program, Client referred for additional tx | 0 | 0 |
| Client Referred Elsewhere | 0 | 0 |
| Completed Program, Appropriate Referral N/A | 0 | 0 |
| Appropriate Service N/A Within Facility | 0 | 0 |
| Client Incarcerated, N/A for Tx | 0 | 0 |
| Open Cases as of 04/20/2010 | 0 | 0 |

## Per Diem Report

**Reports - Per Diem Report**

NEED MORE HELP

Test, Client - 010150MTTTT1 / Closed Case - 100001265 | PRINT | RETURN

**Per Diem Report**
Baton Rouge Area ADC - 00002
04/01/2010 - 04/20/2010*
Report run on 04/20/2010 at 4:26:35 PM

| First Init | Last Name | Case # | Admit Date | Discharge Date | # Days |
|---|---|---|---|---|---|
| | | | 03/30/2010 | 04/05/2010 | 4 |
| | | | 03/31/2010 | | 30 |