

ILLINOIS DEPARTMENT OF HUMAN SERVICES  
Division of Substance Use Prevention and Recovery  
AUTOMATED REPORTING AND TRACKING SYSTEM  
**CLIENT/PATIENT ADMISSION DARTS DATA ENTRY FORM**

PROVIDER:  UNIQUE CLIENT/PATIENT IDENTIFIER:

IDENTIFIER STATUS:

D - The RIN is being used as the unique identifier.

RECIPIENT IDENTIFICATION NUMBER (RIN):

INITIAL DATE OF CONTACT:  /  /

The date of the initial contact means the first request for an early intervention or treatment service for the current episode of care, in which an appointment is made by the client/patient or someone on behalf of the client/patient. This date SHOULD NOT be the date of the first assessment, early intervention or treatment service unless that was the actual first contact with the client/patient.

OPEN DATE:  /  /

This is a key field for DARTS. It means the first date of service for the episode of care. For billing purposes, this is the first date that a service can be billed. Any bill submitted with a date that precedes the opening date will be rejected.

INTERNAL ID:

CLIENT/PATIENT TYPE:

T – Treatment    I – Intervention    O – Old Record

ASSESSMENT DATE:  /  /

This field collected in the client/patient demographic record and means the first date of the process required by Administrative Rule, Part 2060 to collect and interpret information from a client/patient to make an initial determination of alcohol abuse or dependence and to make a recommendation for placement into intervention or treatment services. For SUPR, this date is used as a process improvement measurement to determine the time elapsed between the start of the assessment and the first clinical service. For data collection purposes, this date can precede the opening date. For billing purposes, it cannot. If the assessment is billed to SUPR through DARTS, this date should match the first assessment billing date. Additionally, this date will default to the discharge date for any admission assessment that results in a problem area of “#5” - None.

Name (L, F, MI): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Geocode:  -

Birth Date:  /  /

Race:

- A - American Indian      D - Native Hawaiian or other Pacific      F - White
- B - Alaskan Native      Islander      L - Other Single Race
- C - Asian      E - Black or African American

Ethnicity:

- 1 - Puerto Rican - of Puerto Rican origin regardless of race
- 2 - Mexican - of Mexican origin regardless of race
- 3 - Cuban - of Cuban origin regardless of race
- 4 - Other Specific Hispanic/Latino - of known Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race
- 5 - Not of Hispanic/Latino Origin
- 6 - Hispanic/Latino - Specific Origin Not Specified - of Hispanic/Latino origin but specific origin not known or not specified

Sex:  "M" - Male OR  "F" - Female

Veteran:  "Y" - Yes OR  "N" - No

Marital Status:

- 1 - Never Married
- 2 - Married
- 3 - Widowed
- 4 - Divorced
- 5 - Separated

No. of Dependents for Income Eligibility:

Total number of children for whom the patient is the primary care giver:

Number of Children – Age 25 and under:

Number of Children – Child Protection:

Number of Children – Lost Parental Rights:

Client/Patient is pregnant at assessment:  "Y" - Yes OR  "N" - No

Living Arrangement:

Describes the current living arrangement.

- A - Shelter (Safe Havens, Transitional Living Centers (TLC), Low Demand Facilities, Reception Centers, other Temporary Day, or Evening Facilities)
- B - Street/Outdoors - (Sidewalk, Doorway, Park, Public or Abandoned Building)
- C - Institutional - (Hospital, Nursing Home, Jail/Prison)
- D - Owned or Rented Apartment, Room, or House
- E - Someone Else's Apartment, Room or House
- F - Dormitory/College Residence
- G - Residential Extended Care
- H - Residential Treatment
- I - Recovery Home
- J - Other Housed

Health Insurance:

- 1 - Private (other than Blue Cross/Blue Shield or an HMO)
- 2 - Blue Cross/Blue Shield
- 3 - Medicare
- 4 - Medicaid
- 5 - HMO
- 6 - Other
- 7 - None
- 8 - Medicaid MCO

Medicaid MCO Provider Identification:

- '02' – Blue Cross Blue Shield
- '05' – County Care (Cook)
- '10' – IlliniCare
- '11' – Meridian
- '12' – Molina
- '13' – Next Level Health (Cook)

Medicaid MCO Eligibility Begin Date:  /  /

Employment Status:

- 1 - Full-time (working 35 hours or more each week; includes members of the uniformed services)
- 2 - Part-time (working fewer than 35 hours each week)
- 3 - Unemployed (looking for work in the past 30 days or on layoff from a job)
- 4 - Not in Labor Force

Not in Labor Force (NILF) Detail (Required when "Employment Status" = '4' - Not in Labor Force):

- 1 - Homemaker
- 2 - Student
- 3 - Retired
- 4 - Disabled
- 5 - Inmate of Institution
- 6 - Other
- 7 - Not Applicable
- 8 - Volunteer Work
- 9 - Not Looking for Work

School/Job Training Enrollment:

For incarcerated persons, this field must be "Not Enrolled"

- 1 - Not Enrolled
- 2 - Enrolled, Full Time
- 3 - Enrolled, Part Time

Educational Level:  The highest school grade level completed. Enter "12" for a GED.

Family Annual Income:

Enter all projected gross income per calendar year. A total family annual income eligibility criterion is utilized to determine the appropriateness of contract dollars to pay for substance use disorder early intervention or treatment as described in the organization's Income Eligibility Criteria Policy.

Source of Income/Support:

- 1 - Wages/Salary
- 2 - Public Assistance
- 3 - Retirement/Pension
- 4 - Disability
- 6-None

Primary Language:

- A - English
- B - Arabic
- C - Chinese
- D - French
- E - German
- F - Hindi
- G - Korean
- H - Polish
- I - Russian
- J - Spanish
- K - Urdu
- L - Vietnamese
- M - Other - Asian
- N - Other - African
- O - Other - Indian
- P - Other

Can the client/patient speak English?  "Y" - Yes OR  "N" - No

Interpreter Type:

- 1 - Foreign Language
- 2 - Hearing Impaired
- 3 - None

Prior Treatment Episodes:

Treatment episode means the period of service between the beginning of a treatment service (admission) and the termination of services for the prescribed treatment (discharge). Indicate the number of previous treatment episodes the patient has received in any substance use disorder treatment program.

Referral Source:

- A - Individual
- B - Substance Use Disorder Treatment Provider
- C - Early Intervention Provider
- D - Prevention Provider
- E - Other Health Care Provider
- F - School
- G - Employer/EAP
- H - Other Community Referral
- I - Criminal Justice Referral
- J - Child Welfare (DCFS/POS)

Criminal Justice Referral (CJR) Detail: (Required when "Referral Source" = 'I' - Criminal Justice Referral):

- 1 - State/Federal Court
- 2 - Other Court
- 3 - Probation/Parole
- 4 - Other Recognized Legal Entity
- 5 - Diversionary Program
- 6 - Prison
- 7 - DUI
- 8 - Other

Is the patient involved with DCFS?  "Y" - Yes OR  "N" - No

Co-Occurring disorder:  "Y" - Yes OR  "N" - No

Number of arrests in the "30" days preceding the date of admission:

**Social Connectedness**

Identifies the client/patient's supportive interaction with family and friends and the level of involvement with self-help groups and other recovery support organizations.

Specify if the client/patient has, in the past 30 days, attended any self-help groups for recovery that were affiliated with a religious or faith-based organization or a peer-operated organization devoted to helping individuals with substance use related problems (i.e., Alcoholic Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety or Women for Sobriety, etc.).

Self-Help Group:  Y - Yes      N - No      R - Refused      D - Does Not Know

Self-Help Group Detail:

Number of Times:  or RF - Refused:  or DK - Does Not Know:

Supportive Interaction:  Y - Yes      N - No      R - Refused      D - Does Not Know

**MEDICAID DEMOGRAPHIC INFORMATION**

These fields must be completed if Medicaid is the payment source for the service. To avoid service rejections, ensure that the patient is Medicaid eligible on the dates of service prior to billing.

Physician ID:

**THIRD PARTY LIABILITY (TPL) INFORMATION**

TPL Payer Name:  TPL Code:

TPL Insured's Name (L, F, MI): , ,

TPL Insured's ID:

Problem Area:

The area that is the suspected or confirmed major reason that the patient requires Intervention or Treatment services. If the Problem Area is #5, indicating “none,” the only allowable billing is for admission assessment. Additionally, the primary, secondary, and tertiary fields of problem code, frequency, and administration routes will be automatically completed. If the Problem Area is #6 - Alcohol/Drugs and Gambling, the problem code must be alcohol or drugs. One of the diagnosis codes must indicate an alcohol or drug-related problem and the gambling diagnostic code. If the Problem Area is #7 - Gambling, the code must be F63.0. This code, as well as the primary, secondary, and tertiary fields of problem code, frequency and administration routes will be automatically completed.

- |                          |                   |                                |
|--------------------------|-------------------|--------------------------------|
| 1 - Alcohol              | 4 - Co-dependence | 6 - Alcohol/Drugs and Gambling |
| 2 - Drugs                | 5 - No Diagnosis  | 7 - Gambling Only              |
| 3 - Both Alcohol & Drugs |                   |                                |

Medication Assisted Recovery (MAR):  “Y” - Yes OR  “N” - No

Identifies whether the patient is using medication assisted recovery as part of the patient’s treatment.

Primary Problem Code:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>01 - None</li> <li>02 - Alcohol</li> <li>03 - Cocaine/Crack</li> <li>04 - Marijuana/Hashish - includes THC and any other Cannabis Sativa preparations</li> <li>05 - Heroin</li> <li>06 - Non-Prescription Methadone</li> <li>07 - Other Opiates and Synthetics - includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, Tramadol and any other drug with morphine-like effects</li> <li>08 - PCP - Phencyclidine</li> <li>09 - Other Hallucinogens - Includes LSD, DMT, STP, Hallucinogens, Mescaline, Peyote, Psilocybin, etc.</li> <li>10 - Methamphetamine</li> <li>11 - Other Amphetamines - Includes Amphetamines, Phenmetrazine, and other unspecified amines</li> <li>12 - Other Stimulants - Includes Methylphenidate and any other stimulants</li> <li>13 - Benzodiazepines - Includes Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Flunitrazepam, Flurazepam, Halazepam, Lorazepam, Oxazepam, Prazepam, Temazepam, Triazolam</li> </ul> | <ul style="list-style-type: none"> <li>14 - Other Non-Benzodiazepine Tranquilizers - Includes Meprobamate, Tranquilizers, etc.</li> <li>15 - Barbiturates - Includes Amobarbital, Pentobarbital, Phenobarbital, Secobarbital, etc.</li> <li>16 - Other Non-Barbiturate Sedatives or Hypnotics - Includes Chloral Hydrate, Ethchlorvynol, Glutethimide, Methaqualone, etc.</li> <li>17 - Inhalants - Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.</li> <li>18 - Over-the-counter - Includes Aspirin, cough syrup, Diphenhydramine and other antihistamines, sleep aids and any other legally obtained non-prescription medication</li> <li>19 - Nicotine (Only available to use as a secondary or tertiary choice)</li> <li>20 - Other - Includes Diphenylhydantoin/Phenytoin, GHB/GBL, Ketamine</li> <li>21 - Gambling</li> <li>22 - Ecstasy</li> <li>23 - Rohypnol</li> <li>24 - Steroids</li> <li>25 - Ephedrine/Pseudoephedrine</li> </ul> |
|--|---|

Primary Frequency:

- |  |                                |           |
|--|--------------------------------|-----------|
| 1 - None within one month prior to admission | 3 - 1–2 times in the past week | 5 - Daily |
| 2 - 1–3 times in the past month              | 4 - 3–6 times per week         |           |

Primary Administration Route:

- |             |                                   |                    |
|-------------|-----------------------------------|--------------------|
| 1 - Oral    | 3 - Inhalation                    | 5 - Not Applicable |
| 2 - Smoking | 4 - Injection IV or intramuscular |                    |

Primary Age of First Use:

SECONDARY Problem Code, Frequency, Administration Route and Age of First Use: **(SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO SECONDARY PROBLEM CODE, DO NOT COMPLETE.)**

Secondary Problem Code:    Frequency:  Administration Route:  Age of First Use:

TERTIARY Problem Code, Frequency, Administration Route and Age of First Use: **(SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO TERTIARY SUBSTANCE, DO NOT COMPLETE.)**

Tertiary Problem Code:    Frequency:  Administration Route:  Age of First Use:

Recommended Service:

Diagnosis

An entry into this field is not required for early intervention clients. For treatment patients, an entry must be made in at least one field and a substance use disorder diagnosis is required as one of these fields unless Problem Area #4, #5 or #7 is selected.

If Problem Area #4 - Co-Dependence is selected, the diagnosis will be automatically entered by DARTS and only PEV, Level 1 and CM can be entered. (The ICD-10 Co-Dependence diagnosis code is "Z65.9")

If Problem Area #5 - None is selected, the diagnosis code will be automatically entered in DARTS. (The ICD-10 "None" diagnosis code is "Z03.89")

If Problem Area #7 - Gambling is selected, there must be a Gambling diagnosis code entered. (The ICD-10 code is F63.0)

Use of the second field and third fields are optional unless the patient is identified as MISA, in which case at least one of the diagnosis fields must contain a mental health diagnosis, or unless Problem Area #6 - Alcohol/Drugs and Gambling is selected in which case at least one of the diagnosis fields must contain gambling diagnosis.

ICD - 10 Codes *(These fields are optional until October 1,2015; however will be required for any client who has an open date after September 30, 2015 or who receives services after that date.)*

Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>

ICD - 9 / DSM – IV Codes *(For clients who have an open date before 10/01/2015)*

Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
Diagnosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>

Service Setting Code:

START DATE:    /    /