

**PM Attachment 7.5.3
Submittal Requirements for Demographic Data Set**

Data Fields	Intake	Updates		Disenrollment
		Significant Change	Annual	
Basic Client Information <ul style="list-style-type: none"> ▪ T/RBHA ID ▪ CIS Client ID ▪ Client name ▪ Date of birth ▪ Intake date ▪ Reason for submission 	Submit All	Submit All	Submit All	Submit All
Information Related to Initial Intake <ul style="list-style-type: none"> ▪ Referral date ▪ Referral source ▪ Presenting concerns 	Submit All			
Descriptive Characteristics <ul style="list-style-type: none"> ▪ Descriptive Characteristics Effective Date ▪ Family Household Size (Collected for NON TXIX/XXI ONLY) ▪ Family household Income (Collected for NON TXIX/XXI ONLY) ▪ OMB Ethnicity ▪ OMB Race ▪ Treatment participation ▪ Other agency involvement ▪ Formal schooling level ▪ Special fund source identifier ▪ Special population identifier ▪ General Medical Condition (Axis III) ▪ Past Substance Use ▪ Primary Substance Use – Age First Used ▪ Secondary Substance Use – Age First Used ▪ SMI Priority Class Member designation (Maricopa County only) 	Submit All		Submit All data fields with changes	
Outcome Indicators and Diagnosis-Related Information <ul style="list-style-type: none"> ▪ Outcome indicators effective date ▪ Employment status ▪ Educational status ▪ Primary residence ▪ Axis V (GAF/CGAS) ▪ Number of arrests ▪ Primary Substance Use (Drug Type, Frequency, Route) ▪ Secondary Substance use (Drug Type, Frequency, Route) ▪ Axis I ▪ Axis II ▪ Behavioral Health Category 	Submit All	Submit All when changes in any of the asterisked data fields are reported	Submit All	Submit All
Disenrollment Data <ul style="list-style-type: none"> ▪ Reason for Disenrollment ▪ Outcome Indicators and Diagnosis-Related Information (see above) 				Submit All