



Washington State
Department of Social
& Health Services

DBHR Division of Behavioral
Health and Recovery

**Consumer Information System
(CIS)
Data Dictionary for RSNs**

For Non-Encounter (Native) Transactions

October 1, 2011

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Reporting Expectations and Instructions for Data Submission	Effective Date: 12/6/2009

Definition:

This section catalogs changes to the Data Dictionary.

Data Dictionary Changes

Document Title	Dictionary	Effective Date	Change
Changes that apply to all RSNs			
Chapter 2.2: Transaction 063.01	10/01/2011	10/01/2011	Service authorization discontinued.
Chapter 2.2: Transaction 065.01	10/01/2011	10/01/2011	Service disposition discontinued.
Chapter 2.2: Consumer Periodic 035.05	10/01/2011	10/01/2011	Discontinued.
Chapter 2.2: Consumer Periodic 035.06	10/01/2011	10/01/2011	Discontinued.
Chapter 2.2: Consumer Periodic 035.07	10/01/2011	10/1/2011	New version.
Chapter 2.2: Program Identification 060.01	10/01/2011	10/1/2011	Discontinued.
Chapter 2.2: Program Identification 060.02	10/01/2011	10/1/2011	New version.

Document Title	Dictionary	Effective Date	Change
Chapter 2.2: Service Episode 170.01	10/01/2011	10/01/2011	New transaction.
All Transactions	10/01/2011	10/01/2011	Clarifying whether each data element in body of transaction is required to be reported.
All Transactions	10/01/2011	10/01/2011	Edits for missing or incorrect data elements result in errors and transaction not posted to database. No warnings will be issued.
Chapter 3.2: Ethnicity 040	10/1/2011	10/1/2011	Removed the word "Negro." No longer appropriate terminology.
Chapter 3.2 Program ID Additions	10/1/2011	10/1/2011	New program ID's added.
Chapter 3.2: Sexual Orientation	10/1/2011	10/1/2011	New/modified definitions.
Chapter 3.2 Employment Status	10/1/2011	10/1/2011	New/modified Employment Codes added.
Chapter 3.2: Living Situation	10/01/2011	101/2011	New/modified definitions.
Chapter 3.2: Referral Source	10/01/2011	101/2011	Data element removed.

Document Title	Dictionary	Effective Date	Change
Chapter 3.2: Data Elements Removed from Consumer Periodic Transaction	10/01/2011	10/01/2011	Month of Periodic, Grade Level, Priority Code, Diagnosis, Impairment Kind, Annual Income, Number of Dependents.

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Reporting Changes for Data Submission	Effective Date: 12/6/2009

NOTE: Currently, some transaction edits that will result in RSNs receiving error messages for submitted data defined in this dictionary, do not have error message numbers assigned, and are therefore designated in this document as “xxxxx.”

Between the date of publication of this dictionary and its effective date of 10/1/2011, an update will be published to inform RSNs of final numbers that were assigned to these error messages.

DBHR staff has discussed this issue with RSN IT managers at the DQ4 meeting on 4/7/2011. All RSNs were represented at the meeting. Consensus was reached at that meeting that an updated publication that only contained this new information would not impact system development work that RSNs and providers will be doing to meet the 10/1/2011 implementation date. Therefore, DBHR does not consider this a material change that would cause a delay in the implementation date.

Definition:

RSN data is reported to DBHR in two basic formats:

EDI: Encounters are to be sent to ProviderOne in EDI X12N 837 Format, and

Native: non-encounters to DBHR using a proprietary (“Native”) format.

EDI:

Outpatient Services and Evaluation and Treatment Services are reported directly to the ProviderOne system using the X12N EDI (HIPAA like) format. The encounter format information is available through the Companion Guides for DSHS’ MMIS system ProviderOne and via the encounter data reporting guide.

The Provider Type code is an exception for DBHR contractors. It differs from the provider type information in the EDI 837 Professional. Instead it is reported at the service level NTE segment in the X12N 837 Professional encounter transaction when each service is reported. The DBHR Provider Type Codes are identified in this data dictionary.

NATIVE:

These are a set of proprietary “Native” transactions for reporting non-encounter data. This data dictionary describes Native transaction data that is required to be submitted by the Regional Support Networks to the Consumer Information System (CIS). It provides definitions of each data element contained in each transaction as well as defines transaction structure and methods of transmission. Guidance on the business and clinical purposes for data collection and use is not included in this document.

This data dictionary is considered as an attachment to the PIHP and SMHC contracts with each RSN.

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Reporting Expectations and Instructions for Data Submission	Effective Date: 10/1/2009

1. Reporting Expectations

Refer to the MIS section of the PIHP and SMHC contracts for reporting expectations.

Refer to Service Encounter Reporting Instructions for clinical guidance on coding transactions.

For questions about transactions and data elements in this document, email the MH Data Quality Response Team at MHDRSNDDataQA@dshs.wa.gov

2. Submission of transactions to CIS

RSNs shall submit batches containing each of the transactions described in the Data Dictionary to a secure file transfer (SFT) site. The site has a number of folders where transaction batches may be placed and exception (error) reports may be picked up.

- A. BATCH PROCESSING: CIS** executes a 'daily process' each evening where all RSN transactions are obtained from submission folders and processed. Processing is done in order by RSN then by Batch number.
- B. PRODUCTION and TEST TRANSACTIONS:** The ADSA IT section maintains both a Production Database and a Developmental/Test Database. The Production Database has Mental Health Consumer data dating back to 2000, when the current CIS system was restructured. Some historical data is available back to 1993. A smaller developmental database is for IT and RSN testing. The contents of this database may be removed periodically or reset. RSNs are encouraged to develop and maintain a set of test data transactions to allow them to establish or re-establish test records. DBHR recommended test sets include: one or more Consumer Demographic Transactions; and one or more Consumer Periodic Transactions. These transactions can then be followed by any other transactions needing testing. In order to process any encounter oriented transactions related to that consumer, there must be an established Consumer Identifier (CID) and Consumer Demographic record in the database.

- C. FOLDER USE and NAMING CONVENTIONS:** Two sets of folders can be used by RSNs. The first set of folders is for native CIS Production Transactions; the second set is for CIS test Transactions.

FOLDER Name	Content	Comment
ArchiveBatch	Where production native transaction files will be archived after processing through CIS system.	
BadBatch	Where production native transaction files will be placed if transaction fails CIS processing.	
BatchError	Where errors in native production transactions from CIS system will be made available.	
BatchReport	Where production batches will be made available.	File naming convention; RSN+BATCH# +.RPT
Elig	Where information about Medicaid eligibility was provided. Replaced by EDI 834 Roster.	Supplied by ProviderOne.
NewBatch	Where native production transaction batches are submitted.	RSN+BATCH#+.TXT (file extension needed but can vary).
Test	Native Transaction TEST folders – Processes against a developmental database.	
ArchiveBatch	Where submitted native test transaction files will be archived after processing through CIS system.	
BadBatch	Where errors from CIS system native test transaction will be made available.	
BatchError	Where errors in native test transactions from CIS system will be made available.	
BatchReport	Where reports on native test batches will be made available.	
Elig	Where information about Medicaid eligibility may be provided. – replaced by the EDI 834 roster supplied by ProviderOne.	
New Batch	Where native test transaction batches are submitted.	

- E. BATCH NUMBERING:** The native transaction processing batch numbers are sequential, range from 1 to 99,999 and are edited against the next expected sequence number. Batches are processed sequentially by RSN, then by Batch Number. Within a batch, the transactions are processed in order entered rather

than by Transaction ID. This means that if there is reporting on a new consumer, the Consumer Demographics transaction should precede other transactions in that batch related to that consumer.

When the CIS Daily Process is executed, a BatchReport is generated showing the number of transactions processed and identifying any CIS errors. This batch report is placed in the BatchReport folder

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Transaction Error Processing	Effective Date: 10/01/2009

Transaction Errors

For each processed batch of CIS transactions, CIS creates an associated batch report, called an “Exception” report. This report indicates the number of transactions processed and lists any error messages that any transactions within the batch may have produced. Errors indicate the transaction was not posted to the database.

In order to process, all primary keys for a transaction must contain valid values. Valid may be in terms of format or in existence of the keys. This may require some transaction sequencing. For example a Consumer Demographic transaction is required to identify a consumer and the RSN’s Consumer’s Identification Number (CID) before a DMHP Investigation can be reported.

All Reporting Unit Identifiers (RUIDs) must be known to CIS. Only certain types of RUIDs may be used in some situations. For example the RUID reported for an ITA Investigation requiring detention, will result in an error if the RUID is not known to DBHR as an Inpatient facility.

Acceptable code values are provided in this Data Dictionary on most Data Element Definitions. Use of unacceptable codes i.e. not within code value or code effective dates, will result in errors.

Date fields, if entered, must be in date format. Dates in correct format but not within reasonable expected date ranges will result in errors. Specifically -- dates cannot be postdated.

CIS will process RSN native format batches in batch order on the same day by the same RSN. Native transaction batches should be arranged in appropriate order as each transaction is processed in sequence. Individual transaction processing will cease on the first error encountered. If only that error is corrected and the transaction resubmitted, the transaction could be rejected again if other data errors (beyond the first) are encountered.

The **Message Numbers and Text of Error Messages are available online** through the “MH Intranet.” This is found under the Facilities dropdown for RSN then click on RSN Batch Processing Message.

Transaction Error Resolution

All CIS transactions use common error processing routines so when an error is encountered, a copy of the transaction and its error status is saved in a transaction errors table. When the errors have been resolved or mitigated, the status in the transaction error table is updated. This allows DBHR to track and report on CIS transaction errors and their subsequent resolution. A tab in the RSN’s Weekly Status Report shows the Transaction Batch Error Resolution Status for batches with unresolved errors.

In order to assist RSNs in error resolution, a file of outstanding batch errors can be found in each RSN’s directory on DBHR’s SFTP server, in the “DB_EXTRACT” directory.

Content:

Content	Definition
RSN Number (SAID)	SAID – Submitting Agency ID.
Batch Number	From Batch Report.
Transaction Number	From associated Batch Report. Sequential number assigned to each transaction processed.
Transaction Identifier	
Date Submitted	Date picked up by daily processing.
Error Message Number	
Error Description	Message text.
Error Type	Content, Key, or Key/Content .
Contents of Original Transaction	Data_Field_1 thru Data_Field_30

There are three types of Errors:

Content Errors may be based on the data content of a transaction such as missing or invalid data values.

Key Errors may be based on the keys to a transaction such as using an invalid primary key or attempting to delete a nonexistent record.

Errors can also be based on a combination of **Key/Content** such as when the content of one transaction refers to the keys of another transaction.

Data **Content** errors are resolvable by resubmitting the original transaction (same primary keys) with valid data values. These errors are shown in the view as **Content** errors. Once the corrections have been posted, the transaction error is considered resolved and it will no longer be shown in the view. RSNs are expected by contract to “remedy all data errors within 30 calendar days of the receipt of the error report.” Specifically all **Content** Errors are data errors and are expected to be resolved within the

30 days.

CIS will display errors on the real time view and counts of errors on the RSN Weekly Status Report until they are resolved or mitigated.

Key and **Key/Content** errors may or may not be resolvable by resubmitting transactions but most often there are process errors requiring corrective action at the RSN prior to data submissions. **Key** and **Key/Content** errors should be reviewed and appropriate actions taken to resolve the errors where possible. Such actions may require multiple batch submissions and may require more than one processing cycle to resolve. For example, a resolvable **Key** error would occur if a Consumer Periodics transaction is submitted prior to a Consumer Demographic transaction. The Consumer Periodics transaction would error because there was no Consumer ID. However, once the Consumer Demographic transaction has processed the Consumer Periodic transaction may be resubmitted.

Error Mitigation is where the transaction errors cannot be resolved with new transactions, yet the errors have been appropriately dealt with and/or no longer need to be identified as unresolved. **Key** and **Key/Content** errors cause the transaction to be rejected and do not result in MH Database updates. Since there is no posting, DBHR does not have a way of knowing what was the intent of the transaction. It is the RSN's responsibility to resubmit transactions as appropriate in cases where a **Key** or **Key/Content** error leads to missing data such as described above. It is also a RSN responsibility to notify DBHR of **Key** or **Key/Content** errors that were resolved using other methods such as resubmission using different keys.

Automatic Mitigation: **Key** and **Key/Content** errors will be available for display using the view for 365 days. After, any unresolved **Key** or **Key/Content** errors will be considered as mitigated and although present in the CIS database, they will no longer appear in the view.

Manual Mitigation: There are limited instances where content errors exist for which an RSN may not be able to correct with transactions. In these rare instances the RSN may contact DBHR IT by email at MHDIntranetHelp@dshs.wa.gov for review. The RSN should identify the particular errors within a specific transaction batch they cannot resolve (as shown in the view) and the reason for mitigation. DBHR may suggest other ways to mitigate errors via RSN transactions.

Transactions and Definitions	Chapter: 2.1
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Summary of Transactions	Effective Date: 10/1/2009

Definition:

This chapter summarizes all of the transactions that RSNs can send in to DBHR, based on the scope of their service delivery.

Transaction	ID	All RSNs	RSNs operating or contract with E&T Facilities	Added transactions for RSNs participating in pilot projects
Header	000.01	X	X	
Consumer Demographics: such as name, date of birth, gender, etc.	020.05	X	X	
Consumer Periodics: such as activities concerning employment, current living situation, etc.	035.07	X	X	
Program Identification	060.02	X	X	
Co-occurring Disorder	121.02	X	X	
Cascade Merge	130.02	X	X	
Cascade Delete	131.02	X	X	
DMHP Investigation	160.02	X	X	
ITA Hearing	162.02	X	X	
Service Episode	170.01	X	X	

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Cascade Delete – 131.02	Effective Date: 10/1/2009

Definition:

This transaction allows for the mass deletion of non-encounter records for a given consumer. This is referred to as a "Full Cascade Delete."

Full Cascade Delete: This type of delete will remove all non-encounter information about a consumer. Once processed, the Consumer ID will be voided and not available for future processing. This type of delete requires the authorization of the RSN Administrator and DBHR. The RSN Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to DBHR for approval. This authorization must contain the reason for the deletes, the number of deletes that will be processed, a timeframe when the delete transactions will be submitted, and a contact for coordinating the actual processing of these delete transactions. Upon approval by DBHR, the RSN will be contacted and a time frame will be coordinated for the actual processing of this transaction.

NOTE: *There is no action code in this transaction!*

Transaction ID: Value "131.02"

Primary Key: Reporting Unit ID (RSN/Contractor Reporting Unit ID)
Consumer ID (The ID to be deleted)

Body: No data in body

Edits: The transaction will not process if the Reporting Unit and Consumer ID are not valid or the Consumer ID has already been voided.
Full Cascade Delete will error if the transaction has not had prior DBHR approval.

Transaction Errors

30042	Error: Full Cascade Delete requires prior MHD authorization. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.

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Cascade Merge – 130.02	Effective Date: 10/01/2009

Definition:

This transaction will void a Consumer ID and bar its use in the future. A Consumer ID is voided when the Contractor has established two different identifiers for a single person. The Contractor must identify the Consumer ID to be voided and also identify the Consumer ID to reference in its place.

NOTE: There is no action code in this transaction!

Transaction ID: Value "130.02"

Primary Key: Reporting Unit ID (RSN/Contractor Reporting Unit ID)

Consumer ID (The ID to be voided)

Body: (Referenced) Consumer ID (*Required*)

Edits: This transaction will not process if the Reporting Unit or Consumer IDs are not valid. It will also not process if the Consumer IDs have been previously voided or the Consumer IDs are equal.

Transaction Errors

23313	Error: CID and Referenced CID are equal. Transaction not posted.
22007	Error: Referenced Consumer ID cannot be blank or null. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.

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Co-occurring Disorder 121.02	12/06/2009

Definition:

Co-occurring disorder screening and assessment are reported using the Co-occurring Disorder '121.02' transaction.

Transaction ID: Value "121.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (RSN Reporting Unit ID)
 Subcontractor Reporting Unit ID
 Consumer ID
 GAINS Date
 Screen Assessment Indicator

Body: Co-occurring Disorder IDS Screening Score *(Required, based on value in Screening Assessment Indicator)*
 Co-occurring Disorder EDS Screening Score *(Required, based on value in Screening Assessment Indicator)*
 Co-occurring Disorder SDS Screening Score *(Required, based on value in Screening Assessment Indicator)*
 Co-occurring Disorder Assessment Quadrant Value *(Required, based on value in Screening Assessment Indicator)*

Edits:

This transaction will not process if the Primary Keys are invalid or the Screening Scores or Assessment Quadrant Values are missing or invalid. There is not an edit requiring the initial EDI service encounter to be processed prior to this transaction.

Transaction Errors

23003	Error: Reporting Unit ID is unknown. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23089	Error: RUID not in contractor service area. Transaction not posted.
23092	Error: Contractor ID provided not valid. Transaction not posted.

30083	Error: Screening Score is invalid, missing or inappropriately present based on indicator. Transaction not posted.
30084	Error: Assessment Quadrant Value is invalid or inappropriately present based on indicator. Transaction not posted.
30085	Error: Assessment Quadrant Value is invalid. Transaction not posted.
30105	Error: Gains Screening Assessment Indicator Invalid, Transaction not posted.
30106	Error: Action Code Invalid, Transaction not posted.

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Consumer Demographics – 020.05	Effective Date: 10/01/2009

Definition:

This transaction allows for establishing in the CIS a unique identifier, the "Consumer ID," for a person by the Regional Support Network and to provide limited information that describes the person--such as name, birth date, social security number, etc. This transaction must be successfully processed before any other transaction referencing the "Consumer ID" will be accepted.

Transaction ID: Value: "020.05"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (*RSN/Contractor Reporting Unit ID*)
 Consumer ID

Body: Last name (*Required*)
 First name (*Required*)
 Gender (*Required*)
 Date of birth (*Null Allowed*)
 Race (*Null Allowed*)
 Ethnicity (*Required*)
 Hispanic origin (*Required*)
 Preferred Language (*Null allowed*)
 Social security number (*Null Allowed*)
 Sexual orientation (*Required*)

Edits:

This transaction will not process if the RUID does not represent an RSN or designated reporting contractor or if the Consumer ID has been voided. First Names and Last Names are required. No default values are set.

Transaction Errors

22120	Error: Date of Birth is not valid, should be 8 digits in format CCYYMMDD.
30040	Error: Date of Birth cannot be beyond current date. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23023	Error: First Name is blank or null. Transaction not posted.
23024	Error: Last Name is blank or null. Transaction not posted.
23025	Error: Ethnicity Code is not valid. Transaction not posted.
23026	Error: Ethnicity Code is null or blank. Transaction not posted.
23027	Error: Hispanic Origin code is not valid. Transaction not posted.
23028	Error: Hispanic Origin code is null or blank. Transaction not posted.
23035	Error: Sexual Orientation Code is invalid. Transaction not posted.
23036	Error: Sexual Orientation Code is blank. Transaction not posted.
xxx	Error: Gender Code is invalid. Transaction not posted.
xxx	Error: Gender Code is blank. Transaction not posted.

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Transactions and Definitions	Chapter: 2.2
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Consumer Periodics – 035.07	Effective Date: 10/01/2011

Definition:

Consumer Periodics are collected at intake, and on change.

Transaction ID: Value "035.07"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (*RSN /Contractor Reporting Unit ID*)
 Consumer ID
 Effective Date

Body: Employment Status (*Required*)
 Education (*Required*)
 Living Situation (*Required*)
 County of Residence (*Required*)
 GAF -(*Global Assessment of Functioning*) (*Based on consumer age, Null allowed*)
 CGAS -(*Children Global Assessment Scale*) (*Based on consumer age, Null allowed*)

Edits:

This transaction will not process without valid values in all Primary Keys. All required data elements not reported using valid codes will result in an error.

Transaction Errors

	INVALID KEYS
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
30013	Error: Consumer Periodics transaction does not exist for key combination. Delete rejected.
xxxxx	Error: Consumer Periodics transaction does not exist for key combination. Change rejected.
30031	Error: CID has been merged or deleted. Transaction not posted.

23092	Error: Reporting Unit ID provided not valid. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Reporting Unit ID, CID. Transaction not posted.
xxxxx	Error: Invalid Action Code. Transaction not posted.
	MISSING REQUIRED DATA ELEMENTS
30029	Error: Employment is blank or null. Transaction not posted.
30027	Error: Education is blank or null. Transaction not posted.
30101	Error: Living Situation is blank or null. Transaction not posted.
xxxxx	Error: County code is blank or null. Transaction not posted.
	INVALID DATES
xxxxx	Error: Effective Date is in the future. Transaction not posted.
	INVALID CODES
23010	Error: Invalid Effective Date. Transaction not posted.
23068	Error: Invalid Employment Code. Transaction not posted.
30024	Error: Invalid Living Situation Code. Transaction not posted.
23033	Error: Invalid County code. Transaction not posted.
30014	Error: Invalid GAF or CGAS (Integer must be between 0 and 100). Transaction not posted.

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DMHP Investigation – 160.02	Effective Date: 12/6/2009

Definition:

A designated Mental Health Professional (DMHP) is the only person who can perform an ITA investigation that results in a detention and revocation. A crisis worker who is not a DMHP can initiate this investigation but in order for a detention to take place, it is mandated (RCW 71.05 for adults, RCW 71.34 for children 13 and over) that the DMHP investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a DMHP. Do not report investigative findings of the crisis worker unless the crisis worker is also a DMHP.

The intent of this transaction is to record DMHP investigations only. Activities performed by a DMHP including crisis intervention, case management, or other activities, while important are not collected by this transaction. Each RSN determines which specific actions come under an investigation. The DBHR recommended criteria for when a DMHP activity becomes an 'investigation' is when the decision to investigate has been made and the DMHP reads the person his/her rights. The trigger is reading the person his/her rights.

This transaction identifies all investigations by the DMHP, even if the DMHP is also classified as a crisis worker. An investigation can result in: a detention, which is 72 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary in-patient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

Transaction ID: Value "160.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (*RSN/Contractor Reporting Unit ID*)
 Consumer ID
 Investigation Date
 Investigation Start Time

Body: Investigation County *(Required)*
 Investigation Outcome *(Required)*
 Reporting Unit ID *(Null Allowed)* – Situations: refer to table below.
 (State Hospital, Community Hospital, Non Certified Detention Facility
 (as identified by RSN designated RUIDs) or Freestanding Evaluation
 and Treatment Center where consumer was placed for inpatient
 services. Report final facility placement. Leave blank or null if not
 placed for inpatient services)
 Legal Reason for Detention/Commitment *(Required)*
 Return to Inpatient/Revocation Authority *(Required)*

Note: This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the “Involuntary Treatment Investigation” service modality, is expected to be received in an “837P transaction.”

Note: There are some code value dependencies based on the Investigation Outcome (required). The following table attempts to clarify those dependencies.

Investigation Outcome* CODE Meaning		Legal Reason for Detention/ Commitment* (Up to 4 Characters)	Return to Inpatient/ Revocation Authority	Inpatient Reporting Unit ID
1	Detention (72 hrs)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient	Z	9	Blank/Null
3	Referred to Voluntary Inpatient	Z	9	Required
4	Return to Inpatient Facility	A-D or X at least one required	1 or 2 Required	Required
5	Filed Petition Recommending LRA Extension	A-D or X at least one required	9	Blank/Null
6	Referred to Non-mental Health Community Resources	Z	9	Blank/Null
9	Other	Z	9	Blank/Null
10	Referred to Acute Detox	Z	9	Blank/Null
11	Referred to Sub Acute Detox	Z	9	Blank/Null
12	Referred to Sobering Unit	Z	9	Blank/Null
13	Referred to Crisis Triage	Z	9	Blank/Null

Investigation Outcome* CODE Meaning		Legal Reason for Detention/ Commitment* (Up to 4 Characters)	Return to Inpatient/ Revocation Authority	Inpatient Reporting Unit ID
14	Referred to Chemical Dependency Intensive Outpatient Program	Z	9	Blank/Null
15	Referred to Chemical Dependency Inpatient Program	Z	9	Blank/Null
16	Referred to Chemical Dependency Residential Program	Z	9	Blank/Null

Edits:

An RUID used for placement must be known to DBHR as an inpatient facility.

Transaction Errors

23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23154	Error: RUID not valid for Inpatient facility. Transaction not posted.
23155	Error: Invalid Return to Inpatient/Revocation Authority Code.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30039	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.
xxxxx?	Error: Outcome county not valid. Transaction not posted.
xxxxx?	Error: Outcome county missing. Transaction not posted.

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Transactions and Definitions	Chapter: 2.2
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Header – 000.01	Effective Date: 10/01/2009

Definition:

This transaction is an identifier and is the first record that goes in a native (**non** 837X12N EDI) batch file. The Header tells what number the batch is, the originator, and the date sent.

Transaction ID: Value: "000.01"

Body: Batch Date (*Required*)
 Submitting Reporting Unit ID (*Required*) (RSN/Contractor Reporting Unit ID)
 Batch Number (*Required*)

Note: This transaction is required as the first record of each native (non 837X12N EDI) batch file and all batches must be submitted for processing in Batch Number order.

Edits:

This transaction will not process if the Batch Date does not have a valid date format or the Submitting Reporting Unit ID does not represent an RSN or Contracted provider with authority to submit directly to DBHR, or a batch number is not entered.

Example:

000.01 20020228 420 00728

Transaction Errors

23300	Error: SAID is not a valid reporting unit ID. Transaction not posted.
23301	Error: Batch number does not exist for SAID. Transaction not posted.
xxxxx?	Error: Date out of range. Transaction not posted.

Transactions and Definitions	Chapter: 2.2
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ITA Hearing – 162.02	Effective Date: 10/01/2009

Definition:

This transaction documents each hearing under the Involuntary Treatment Act filed in a specific county. This excludes filings at a state hospital. If multiple hearings are held for the same person on the same day, record the decision of the court for the most recent hearing. If no decision is made at a hearing and the case is continued to another day, do not record the result of that hearing. Record only those hearings where a court makes a decision, such as to commit, revoke, conditionally release, or dismiss.

It is the responsibility of the RSN, where the investigation occurred, to ensure that if they report an investigation resulting in a detention, where a petition for a hearing also occurred for that consumer, that the associated ITA Hearing is also reported to DBHR. The ITA Hearing transaction should be submitted by the RSN in which the hearing occurred. This may be different than the RSN who reported the ITA Investigation.

Transaction ID: Value "162.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (*RSN/Contractor Reporting Unit ID*)
 Consumer ID
 Hearing Date

Body: Hearing Outcome (*Required*)
 Reporting Unit ID (*Required - situational*) (*Community/State Hospital, Evaluation and Treatment Center or Secure Detoxification Facility number where the consumer was ordered to inpatient; otherwise leave blank or null*)
 Hearing County (*Required*)

Edits:**Transaction Errors**

23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30003	Error: Hearing Outcome Code is invalid. Transaction not posted.
30004	Error: Invalid Hearing County Code. Transaction not posted.
30005	Error: Invalid RUID for E&T Center, CLIP facility or Hospital. Transaction not posted.
23003	Error: Reporting Unit ID is unknown. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.

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Transactions and Definitions	Chapter: 2.2
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Program Identification – 060.02	Effective Date: 10/01/2009

Definition:

A consumer identified by an RSN may be enrolled in a special Community Mental Health Program provider-reported Evidence-Based Practice used to treat a consumer. This transaction associates the "Program" with the "Consumer Demographic" transaction. It provides for identifying the start and end dates for program participation.

Transaction ID: Value: "060.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: Reporting Unit ID (*RSN/Contractor Reporting Unit ID*)
 Consumer ID
 Reporting Unit ID (Agency providing Program)

Body: Program ID (*Required*)
 Program Participation Start Date (*Required*)
 Program Participation End Date (*Null allowed*)

Edits

This transaction will not process unless the RUIDs are known to CIS. The first as an RSN, and the second as an RUID for an Agency providing specific programs within prescribed date ranges. The Consumer ID must exist and not be voided. The Program ID and Program Participation Start and End Dates must have valid date formats and be within the range established for the program. The Start Date must be prior to the End Date.

Transaction Errors

23003	Error: Reporting Unit ID is unknown. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23081	Error: Date is outside dictionary requirements. Transaction not posted.
23088	Error: CID is voided. Transaction not posted.

23089	Error: RUID not in Contractor service area. Transaction not posted.
23092	Error: Contractor ID provided not valid. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30091	Error: Program Participation End Date is prior to program participation start date. Transaction not posted.
30092	Error: Program Participation Start Date is after program participation end date. Transaction not posted.
30093	Error: Program ID is invalid. Transaction not posted.
30094	Error: Program ID is not active for participant start date. Transaction not posted.
30095	Error: Consumer is currently participating in program submitted. Transaction not posted.
30096	Error: Consumer previously participated in program submitted during the same period. Transaction not posted.

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Transactions and Definitions	Chapter: 2.2
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Service Episode - 170.01	Effective Date: 10/01/2011

Definition:

This transaction is to be used to identify a time period in which a consumer is served by a provider, based on their contracting RSN’s authorization to pay for those services. SAMHSA is requiring states to report “client level” data annually, so that outcomes can be compared from one year to the next. This requires each state to be able to identify:

- New clients admitted and discharged during the reporting period
 - Change in outcome will be measured from admission to time of discharge

- Continuing clients at the beginning and discharged during the reporting period
 - Change in outcome will be measured from the beginning of reporting period to time of discharge

- New clients who remains in the caseload at the end of the reporting period
 - Change in outcome will be measured from admission to end of the reporting period

- Continuing clients at the beginning and end of the reporting period
 - Change in outcome will be measured from the beginning to end of reporting period

This transaction was worked out jointly with DBHR and RSN, as the simplest way to for RSNs to report outpatient treatment episodes of care.

Transaction ID: Value "170.01"
 Action Code: Value
 "A" Add
 "C" Change
 "D" Delete
 Primary Key: Reporting Unit ID (RSN Reporting Unit ID)
 Subcontractor Reporting Unit ID (CMHA Reporting Unit ID)
 Consumer ID (Unique RSN Consumer ID)
 Episode Record Key

Body: Start Date (Required)
 End Date (NULL allowed)
 Disposition (NULL allowed)

Edits:

This transaction will not process if the Primary Keys are invalid or if any of the conditions below occur:

Transaction Errors

23003	Error: Reporting Unit ID is unknown. Transaction not posted.
30106	Error: Action Code is invalid. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23089	Error: RUID not in Contractor service area. Transaction not posted.
30041	Error: No record found to delete. Transaction not posted.
xxxxx	Error: No record found to change. Transaction not posted.
xxxxx	Error: Start Date is in future. Transaction not posted.
xxxxx	Error: End Date is in future. Transaction not posted.
xxxxx	Error: Start Date is missing. Transaction not posted.
xxxxx	Error: End Date is prior to Start Date. Transaction not posted.
xxxxx	Error: End Date is NOT NULL but Disposition is NULL . Transaction not posted.
xxxxx	Error: End Date is NULL but Disposition is NOT NULL . Transaction not posted.
xxxxx	Error: Disposition code is invalid. Transaction not posted.

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Data Definitions	Chapter 3.1
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Action Code
 Batch Date
 Batch Number
 CGAS
 Consumer ID
 Co-occurring Disorder Assessment
 Co-occurring Disorders Screening Score
 County Code
 County of Residence
 Date of Birth
 Disposition
 Disposition Date
 Education
 Effective Date
 Employment Status
 Episode Record Key
 Ethnicity
 First Name
 GAF Score
 Gender
 Hearing County
 Hearing Date

Hearing Outcome
 Hispanic Origin
 Investigation County
 Investigation Date
 Investigation Outcome
 Investigation Start Time
 Last Name
 Legal Reasons for Detention/Commitment
 Living Situation
 Month of Service
 Program ID
 Program Participation End Date
 Program Participation Start Date
 Provider Type - *Reported via EDI 837P*
 Reporting Unit ID
 Return to Inpatient/Revocation Authority
 Sexual Orientation
 Social Security Number
 Subcontractor Reporting Unit ID
 Transaction ID

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Data Definitions and Values	Chapter 3.2
	Return to Table of Contents
Action Code	Effective Date: 10/01/2009

Definition:

Most batch transactions sent to CIS contain a code, which indicates that a given action takes place. Actions allowed on a given transaction are defined below.

Note: The Action Code is used in most native transactions. The exceptions are listed below. These exceptions should not have a "Tab" inserted in the transaction to delineate the location of an Action Code.

- 1 Cascade Merge
- 2 Cascade Delete
- 3 Header

Maximum character length: 1

Code	Definition
A	Add a Record. If the record already exists as defined by the transaction's primary key, then replace all the existing information with the information contained in the body.
C	Change a Record. If the record does not already exist based on the transaction's primary key, then add a new record to the file. If the record already exists as defined by the transaction's primary key, then replace all the existing information with the information contained in the body.
D	Delete. If the record as identified by the transaction's primary key does not exist, no action can take place.

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Batch Date	Effective Date: 10/01/2009

Definition:

Date a batch file of transactions was created by a submitting agency.

Maximum character length: 8

Format: CCYYMMDD

Where used: Header

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Batch Number	Effective Date: 10/01/2009

Definition:

A sequential number assigned to the batch file by the submitting agency. When the batch number exceeds 99999 the submitting agency will reset the batch number to 00001.

Maximum character length: 5 (Fill with leading zeros).

Where used: Header

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
CGAS	Effective Date: 10/01/2009

Definition:

Global Assessment Scale for Children 6 to 17 Years of Age.

Specified Time Period: 1 month. Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. Use code 000 for inadequate information.

Maximum character length: 3 (left zero fill)

The examples of behavior provided are only illustrative and are not required for a particular rating.

Code	Definition
91-100	Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc): likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
81-90	Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blowups" with siblings, parents, or peers).
71-80	No more than slight impairment in functioning at home, at school; or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
61-70	Some difficulty in a single area, but generally functioning pretty well (e.g. sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft;

Code	Definition
	consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
51-60	Variable functioning with sporadic difficulties or symptoms in several but not all-social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
41-50	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
31-40	Major impairment in functioning in several areas and unable to function in one of these areas, e.g. disturbed at home, at school, with peers or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent: such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
21-20	Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
11-20	Needs considerable supervision to prevent hurting others or self (e.g. frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestured communication, marked social aloofness, stupor, etc.
01-10	Needs Constant supervision (24-hr care) due to severely aggressive or destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Where used: Consumer Periodics

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Data Definitions and Values	Chapter 3.2.
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Co-occurring Disorder Assessment	Effective Date: 10/01/2009

Definition:

The Co-occurring Disorders assessment quadrant value.

Notes

When reporting an assessment, a value must be submitted.

Maximum character length: 1

Code	Definition
1	Less severe mental health disorder/Less severe substance disorder
2	More severe mental health disorder/Less severe substance disorder
3	Less severe mental health disorder/More severe substance disorder
4	More severe mental health disorder/More severe substance disorder
9	No Co occurring treatment need

Where used: Co-occurring Disorder 121.02

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Co-occurring Disorder Screening	Effective Date: 10/01/2009

Definition:

The Co-occurring disorders screening process produces 3 scores upon completion of the screening. The scores represent the outcome of a screening using *GAIN Short Screen* (GAIN-SS) tool.

Notes

When reporting the outcome of a screening, a value in each of the scores must be provided. The range for a screening that is completed is between 0 (zero) and 5 in each scale (i.e. IDS, EDS, SDS). Use 8 to indicate the client refuses to participate in the specific scale; 9 to indicate client is unable to complete the specific scale. The IDS, EDS and SDS score can have a range of 0-5, 8 or 9.

Maximum character length: 1

Code	Definition
0-5	IDS Score
0-5	EDS Score
0-5	SDS Score
8	Refused
9	Unable to complete

Where used: Co-occurring Disorder 121.02

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Consumer ID	Effective Date: 10/01/2009

Definition:

The identifier established by an RSN, which uniquely identifies a consumer within the RSN’s area of responsibility. Use this ID on all transactions that require the identification of a consumer. On an 837X12N formatted transactions this is referred to as SBR03 Reference Identification -Subscriber Primary Identifier and the RSN’s RUID is SBR04.

Maximum character length: 20 Variable Length

Note: A Consumer ID is established in the CIS by submitting a Consumer Demographic transaction.

Where used: Consumer Demographics

- Cascade Delete
- Cascade Merge
- Co-occurring Disorder
- Consumer Periodics
- DMHP Investigation
- ITA Hearing
- Program Identification
- Service Episode

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
County Code	Effective Date: 10/01/2009

Definition:

A code ranging from '01' through '40'. Codes '01' through '39' identify the 39 counties in alphabetical order. Code '40' represents an unknown county.

Maximum character length: 2 (left zero fill).

Code	Definition	Code	Definition
01	Adams	21	Lewis
02	Asotin	22	Lincoln
03	Benton	23	Mason
04	Chelan	24	Okanogan
05	Clallam	25	Pacific
06	Clark	26	Pend Oreille
07	Columbia	27	Pierce
08	Cowlitz	28	San Juan
09	Douglas	29	Skagit
10	Ferry	30	Skamania
11	Franklin	31	Snohomish
12	Garfield	32	Spokane
13	Grant	33	Stevens
14	Grays Harbor	34	Thurston
15	Island	35	Wahkiakum
16	Jefferson	36	Walla Walla
17	King	37	Whatcom
18	Kitsap	38	Whitman
19	Kittitas	39	Yakima
20	Klickitat	40	Unknown or out of state

Where used: Consumer Periodics (County of Residence)
DMHP Investigations (Investigation County)
ITA Hearing (Hearing County)

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Data Definitions and Values	Chapter 3.2.
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County of Residence	Effective Date: 10/01/2009

Definition:

A code indicating the county where a person lives (or unknown). Do not change if the consumer is placed in an institutional setting,

Maximum character length: 2 (left zero fill).

Note: See County Code for values.

Where used: Consumer Periodics

Data Definitions and Values	Chapter 3.2.
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Date of Birth	Effective Date: 10/01/2009

Definition:

The date a person was reported born.

Submit the date in the format CCYYMMDD. November 26, 1933 would be submitted on the batch transaction as 19331126.

Maximum character length: 8

Format: CCYYMMDD

Note: When a birth date is post (or greater than) a service date or the date is invalid, then all statistics related to these types of birth dates are usually attributed to the adult population.

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
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Disposition	Effective Date: 10/01/2009

Definition:

Code representing the reason that services were no longer being provided for a given consumer for a particular service episode. The definitions for this code set are from SAMHSA, for client-level reporting requirements.

Maximum character length: Integer

Code	Definition
32	Death
34	Lost to Contact
39	Discharged to Corrections, Jail
40	Discharged Due to Other Reasons Not Specified Above
41	Discharged Treatment completed

Where used: Service Episode

Data Definitions and Values	Chapter 3.2.
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Education	Effective Date: 10/01/2009

Definition:

Describes if a consumer is in a formal educational program. This includes home schooling.

Maximum character length: 1

Code	Definition
1	Full time education: (1-12 grade: 20+ hours a week; kindergarten and greater than 12th grade: 12+ hours a week)
2	Part time education: (1-12: less than 20 hours a week, K and greater than 12th grade: less than 12 hours a week)
8	Not in educational program.
9	Unknown.

Where used: Consumer Periodics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Effective Date	Effective Date: 10/01/2011

Definition:

For Consumer Periodics, this is the date that 1) the initial Periodics were collected at intake or 2) the date that one of the data elements in the Periodics changed.

Format: CCYYMMDD

Maximum character length: 8

Where used: Consumer Periodics

Data Definitions and Values	Chapter 3.2.
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Employment Status	Effective Date: 10/01/2009

Definition:

Employment status of the consumer during the Consumer Periodic time frame.

Guidelines:

This field is required to be reported as part of Consumer Periodics. This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the time period reported.

Maximum character length: 2

Code	Definition
1	Employed Competitively Full-time: 35 hours or more paid employment per week.
3	Employed Competitively Part-time: Less than 35 hours paid employment per week.
9	Unknown/Missing or Not Available.
10	Not in Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.). Persons who are not employed or actively looking for employment. This category includes persons who work in non-competitive employment settings such as sheltered workshops or other sheltered employment, etc.
11	Unemployed: Actively looking for work may consist of any of the following activities: <ul style="list-style-type: none"> • Participating in Supported Employment (SE) or in a certified clubhouse employment program, but not yet employed competitively <ul style="list-style-type: none"> ○ Supported Employment: (SE) programs use a team approach for treatment, with employment specialists carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. Frequently coordinated with Vocational Rehabilitation benefits.

Code	Definition
	<ul style="list-style-type: none">• Contacting:<ul style="list-style-type: none">o An employer directly or having a job interviewo A public or private employment agencyo Friends or relativeso A school or university employment center • Sending out resumes or filling out applications• Placing or answering advertisement• Checking union or professional registers• Some other means of active job search

Where used: Consumer Periodics

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Data Definitions and Values	Chapter 3.2.
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End Date	Effective Date: 10/01/2011

Definition:

The date that a particular set of RSN- authorized and funded services were no longer being provided for a given consumer.

Format: CCYYMMDD

Note:

Where used: Service Episode

Data Definitions and Values	Chapter 3.2.
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Episode Record Key	Effective Date: 10/01/2011

Definition:

The unique identifier of a service episode record.

Format: Alpha-numeric

Maximum character length: 15

Note:

Where used: Service Episode

Data Definitions and Values	Chapter 3.2.
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Ethnicity	Effective Date: 10/01/2009

Definition:

Taken from the Year 2000 Census survey form as published by the Bureau of Census. Select one or more races to indicate what this person considers himself/herself to be.

If a person selects more than one code, enter each one in sequence. For example the selection of both White and Chinese would be coded as 010605. The first three digits (010) represents the first ethnicity, the second three digits (605) are the next ethnicity and so on. If the information is not available or unknown, then code as 999. Do not use code '999' with any other code combinations.

For reporting purposes, multi-ethnicity coding will be combined into a single category. This is to prevent counting the same client multiple times.

Maximum character length: Variable Length of 3 or multiple of 3 characters

Code	Definition
010	White
021	American Indian or Alaska Native
031	Asian Indian
032	Native Hawaiian
033	Other Pacific Islander
034	Other Asian
040	Black, African American
050	Some other race
605	Chinese
608	Filipino

Code	Definition
611	Japanese
612	Korean
619	Vietnamese
660	Guamanian or Chamorro
655	Samoan
999	Not reported/Unknown

Where used: Consumer Demographics

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Data Definitions and Values	Chapter 3.2.
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First Name	Effective Date: 10/01/2009

Definition:

The first/informal names of a consumer as provided by a Reporting Unit.

In general, follow the rules of the appropriate culture when determining which name is the last name and which the first name. Consistency is important here, because the last name and first names are both used as elements to uniquely identify the person across the system.

The first name as recorded on significant documentation can be used to resolve contradictions. Use reasonable judgment to determine the best choice.

Maximum character length: 40 Variable Length

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
GAF Score	Effective Date: 10/01/2009

Definition:

Global Assessment of Functioning. Use code 000 for inadequate information.

Maximum character length: 3 (left zero fill)

Use Axis V codes from DSM-IV.

Where used: Consumer Periodics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
GAINS Date	Effective Date: 10/01/2009

Definition:

Date a GAINS screening or assessment (or both) was recorded.

Maximum character length: 8

Format: CCYYMMDD

Where used: Co-Occurring Disorder

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Gender	Effective Date: 10/01/2009

Definition: A code indicating a person’s gender; Male or Female or Unknown.

Maximum character length: 1

Code	Definition
1	Female
2	Male
3	Unknown

Note: Code transgendered consumers with the gender they identify themselves as currently.

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Hearing County	Effective Date: 10/01/2009

Definition:

The county where a court hearing was held.

Maximum character length: 2 -(left zero fill). See County Code for code values. County code "40" for "Unknown" will be rejected.

Where Used: ITA Hearing

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Hearing Date	Effective Date: 10/01/2009

Definition:

The date of a court hearing.

Maximum character length: 8

Format: (CCYYMMDD)

Where used: ITA Hearing

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Hearing Outcome	Effective Date: 10/01/2009

Definition: Code representing the number of days and type of commitment as a result of a court order.

Notes:

No distinction is made between initial commitments/LRA and extensions. If the court orders another time period, round up to nearest time period.

For Codes 7 and 8: These are court-hearing outcomes based on petitions for revocation filed by the DMHP. The DMHP can return a person to inpatient status then file a petition for court determination. The court can revoke the LRA (Code 7) which substantiates the DMHP's action and returns the person to inpatient for the remainder of their time. The court may also return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

Maximum character length: 2, (right justify)

Code	Definition
0	Dismissed
1	14 Day Commitment
2	90 Day Commitment or extension
3	180 Day Commitment or extension
4	90 Day LRA or LRA extension
5	180 Day LRA or LRA extension
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA

Where used: ITA Hearing

Data Definitions and Values	Chapter 3.2.
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Hispanic Origin	Effective Date: 10/01/2009

Definition:

A person of Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race. The code is for primary self-reported Hispanic type. Roll-up code "000" may only be used with ITA and Crisis onetime services.

Use the code that describes the person's identification with Hispanic culture, origin or descent, in addition to the race/ethnicity recorded under Race/Ethnicity. If the RSN has conflicting views from their providers, the RSN will submit the most recent reported.

Every person should have an entry for both Ethnicity and Hispanic Origin codes.

Maximum character length: 3 -(left zero fill)

Code	Definition
000	General Hispanic
709	Cuban
722	Mexican/Mexican-American/Chicano
727	Puerto Rican
799	Other Spanish/Hispanic
998	Not Spanish/Hispanic
999	Unknown

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Investigation County	Effective Date: 10/01/2009

Definition:

A code to indicate the county in which a person was investigated under the Involuntary Treatment Act.

Maximum character length: 2 (left zero fill).

See County Code for values

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Investigation Date	Effective Date: 10/01/2009

Definition:

Date of an investigation under the Involuntary Treatment Act.

Maximum character length: 8

Format: CCYYMMDD

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Investigation Outcome	Effective Date: 12/6/2009

Definition: A code indicating the outcome of a DMHP investigation.

Maximum character length: Integer

Code	Definition
1	Detention to MH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05).
2	Referred to voluntary Outpatient mental health services.
3	Referred to voluntary Inpatient mental health services.
4	Returned to Inpatient facility/filed revocation petition.
5	Filed petition-recommending LRA extension.
6	Referred to non-mental health community resources.
9	Other.
10	Referred to acute detox.
11	Referred to sub acute detox.
12	Referred to sobering unit.
13	Referred to crisis triage.
14	Referred to chemical dependency intensive outpatient program.
15	Referred to chemical dependency inpatient program.
16	Referred to chemical dependency residential program.

Note: Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily. In this case, document this as code 2, 3, or code 10 – 16.

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
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Investigation Start Time	Effective Date: 10/01/2009

Definition:

Time of day an investigation was started.

Maximum character length: 4

Format: HHMM

Note: This field is used to separate multiple investigations for the same person on the same day. It may be left blank if there is only one investigation, or the Contractor may specify any value up to 4 characters in length to uniquely identify multiple investigations on the same day. It is recommended that a time value be submitted using a 24-hour clock. If multiple investigations are reported for the same person on the same day and no start time is stated, then the new investigation will overwrite any old investigation without a start time.

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
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Last Name	Effective Date: 10/01/2009

Definition:

The surname/family/last name of a consumer as provided by an RSN. In general, follow the rules of the appropriate culture when determining which name is the surname. Consistency is important here because the last name will be used as one element to uniquely identify the person across the CIS system.

Maximum character length: 30 Variable Length

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Legal Reasons for Detention/Commitment	Effective Date: 10/01/2009

Definition:

Identifies the basic reason for detaining a person for 72 hours or committing a person to inpatient treatment or a less restrictive alternative (LRA) under the Involuntary Treatment Act, RCW 71.05 for adults and RCW 71.34 for children 13 and over (children under 13 may not be detained through the ITA process). If more than one reason applies, select all that apply. If this is a return to inpatient situation, use code X if Codes A-D are inappropriate.

Note: Up to 4 codes may be recorded if a detention took place.

Maximum character length: 4

Code	Definition
A	Dangerous to self.
B	Dangerous to others.
C	Gravely disabled.
D	Dangerous to property.
X	Revoked for reasons other than above.
Z	NA-person was not involuntarily detained under ITA.

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Living Situation	Effective Date: 7/1/2009

Definition:

Identifies the environment in which the client lives. Although reported on a 90-day cycle, the living situation for the last 30 days (where the consumer was the majority of the time) is the information to be reported.

Maximum character length: 2

Code	Definition
11	Permanent Housing - Unassisted: Without intensive supporting services required to maintain housing, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) or owned with an expectation of long-term residency. Includes dependent children living with parents or legal guardians but not in foster care.
12	Permanent Housing – Assisted: Intensive supporting services required to maintain housing - intensive supportive services include PACT High Intensity Treatment, MPC and ECS , a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) or owned with an expectation of long-term residency.
21	Temporary Housing – Unassisted: Without intensive supporting services required to maintain housing, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) without an expectation of long-term residency.
22	Temporary Housing –Assisted: Intensive supporting services required to maintain housing - intensive supportive services include PACT High Intensity Treatment, MPC and ECS, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) without an expectation of long-term residency.
23	Temporary Housing – Dependent: Living with friends or family temporarily including “couch surfing” and includes emancipated youth. An emancipated youth is sixteen years of age or older, is a resident of the state, has the ability to manage his or her financial affairs, and has the ability to manage his or her personal, social, educational, and nonfinancial affairs.
24	Transitional Housing: Housing provided as part of participation in a housing readiness program with time-limited housing and supporting services provided with the goal of permanent housing.

Code	Definition
30	Foster Home: A Licensed Foster Home to provide foster care to children and adolescents including Therapeutic Foster Care Facilities.
31	Adult Family Home: Regular neighborhood homes licensed by the state for two to six residents where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided – may include PACT.
32	Residential Care: May include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.
41	Institutional Setting: A licensed institutional treatment and care facility including: Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, DD Facility, Evaluation and Treatment Facility, or Medical Hospital.
42	Crisis Residence: A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
60	Jail/Juvenile Correction Facility: Residing in a Jail and/or Correctional facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.
71	Homeless/Sheltered: No fixed, regular, and adequate residence but using a primary nighttime residency that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
80	Other.
99	Unknown: Information on an individual's residence is not available.

Where used: Consumer Periodics

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Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Program ID	Effective Date: 10/01/2009

Definition:

Identifies a Community Mental Health Program or provider-reported Evidence-Based Practice used to treat a consumer.

Maximum character length: Integer (2)

Code	Definition	Start Date	End Date
1	PACT Program for Assertive Community Treatment	5/1/2007	Open
5	MTFC Multi-Dimensional Treatment Foster Care	1/1/2006	Open
10	Children’s Evidenced Based Pilot	4/1/2007	Open
11	Jail Services	9/1/2005	Open
15	Fidelity Wraparound	4/1/2008	Open
17	Assertive Community Treatment (ACT) NOTE: Use code 1 to report WA-PACT	10/1/2011	Open
SAMHSA-Required EBPs to Report NOTE: Report EBPs where the program/service is designed to meet fidelity and fidelity is monitored (Definitions from SAMHSA: URS Reporting System: tables 16 and 17)			
19	Functional Family Therapy: A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and the their family. The phases are engagement, motivation, assessment, behavior change, and generalization	10/1/2011	Open
20	Illness Self-Management/Illness Management & Recovery: Illness Self-Management (also	10/1/2011	Open

	<p>called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and rehospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.</p>		
<p>21</p>	<p>Integrated Dual Disorders Treatment: Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for</p>	<p>10/1/2011</p>	<p>Open</p>

	<p>combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.</p>		
23	<p>Multisystemic Therapy: MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes</p>	10/1/2011	Open
25	<p>Supported Housing: Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental</p>	10/1/2011	Open

	health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.		
26	Therapeutic Foster Care: Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.”	10/1/2011	Open

Where used: Program Identification

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Data Definitions and Values	Chapter 3.2.
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Program Participation End Date	Effective Date: 10/01/2009

Definition:

Date a person ends participation in a Community Mental Health Program.

Maximum character length: 8

Format: CCYYMMDD

Where used: Program Identification

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Program Participation Start Date	Effective Date: 10/01/2009

Definition:

Date a person was to start participation in a Community Mental Health Program.

Maximum character length: 8

Format: CCYYMMDD

Where used: Program Identification

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Reporting Unit ID	Effective Date: 10/01/2009

Definition:

Unique identifier assigned to each organizational or administrative unit reporting data on the DBHR CIS System.

Maximum character length: 3.

Note: Since codes may change as Reporting Units are added or deleted over time, current codes are kept on the “MH Intranet.” For a complete list of Reporting Units or to establish a new ID, see instructions on the MH Intranet.

There are specific assigned Reporting Unit IDs (RUID) for the RSNs and also RSN identifiers (RSN ID) which are a two digit text equivalent, as shown in the following table. Also note both values, RSN RUID and RSN ID are used in HIPAA 837 transactions.

RSN RUID	RSN ID	RSN Name
410	SP	Spokane RSN
411	KI	King RSN
412	NS	North Sound RSN
413	GC	Greater Columbia RSN
414	NC	North Central RSN
416	PE	Peninsula RSN
417	CO	Southwest (Cowlitz) RSN
418	TM	Thurston / Mason RSN
419	PI	Pierce RSN
420	GH	Grays Harbor RSN

RSN RUID	RSN ID	RSN Name
424	CL	Clark RSN
425	CD	Chelan / Douglas RSN
426	TI	Timberlands RSN

Where used: Header
Cascade Delete
Cascade Merge
DMHP Investigation
Consumer Demographics
Consumer Periodics
Co-Occurring Disorder
Program Identification
ITA Hearing

Service Episode

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Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Return to Inpatient/Revocation Authority	Effective Date: 10/01/2009

Definition:

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b).

Note: This element is specific to returning a consumer under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code "9" for all cases where the person is placed on LRA or not committed.

Maximum character length: 1

Codes	Definition
1	DMHP determined detention during course of investigation per RCW 71.05.340(3)(a).
2	Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids.
9	N/A.

Where used: DMHP Investigation

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Screen Assessment Indicator	Effective Date: 10/01/2009

Definition:

An indicator used to identify if a Co-occurring Disorder transaction is used to report GAINS screening scores, a GAINS assessment or both.

Maximum character length: 1

Codes	Definition
A	GAINS Assessment.
S	GAINS Screening.
B	Both.

Where used: Co-occurring Disorder

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Sexual Orientation	Effective Date: 10/01/2009

Definition:

A code that describes a person's voluntarily stated sexual orientation. This code should not be inferred by the clinician. The person should collect the information during assessment, on discharge or upon notification. Do not collect this information from individuals under 13 years of age.

Maximum character length: 1

Code	Definition
1	The person states they are heterosexual
3	The person states they are gay or lesbian
4	The person states they are bisexual
5	The person states they are questioning
9	Unknown , Not given by person , N/A

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
	Return to Table of Contents
Social Security Number	Effective Date: 10/01/2009

Definition:

A number assigned by the Social Security Administration which identifies a person.

Maximum character length: 9

SSN Citing for Federal Regulations:

The collection of SSN is allowed under the following Federal regulations:

42CFR433.138

HCFA State Medical Manual (All Parts)(Pub. 45) SMM15 15802 -Use and Verification of Social Security Number (SSN)

The attempt should be made to collect the SSN whenever possible. The SSN however, may not always available for mental health consumers. Note: Social security numbers are not always unique identifiers for individuals.

DBHR expected values for Social Security Numbers, when provided, are numeric and not any of the following:

'123456789', '000000000', '111111111', '222222222', '333333333', '444444444', '555555555', '666666666', '777777777', '888888888', '999999999'

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
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Start Date	Effective Date: 10/01/2011

Definition:

The date that a particular set of RSN- authorized or funded services started to be provided for a given consumer.

Format: CCYYMMDD

Maximum character length: 8

Note:

Where used: Service Episode

Data Definitions and Values	Chapter 3.2.
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Subcontractor Reporting Unit ID	Effective Date: 10/01/2009

Definition:

The MH-CIS Reporting Unit Identifier for an RSN’s subcontracted provider rendering service to a mental health consumer. For code values and provider names, see the list of Reporting Unit Identifiers on the MH Intranet.

Maximum character length: 3-5 Digit (integer).

Where used: Co-occurring Disorder
 Service Episode
 Program Identification

Data Definitions and Values	Chapter 3.2.
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Transaction ID	Effective Date: 10/01/2009

Definition:

A code to indicate the type of transaction record to be processed in a batch file.

Maximum character length: 6

Transaction ID	Transaction Title
131.02	Cascade Delete
130.02	Cascade Merge
020.05	Consumer Demographics
035.07	Consumer Periodics
121.02	Co-Occurring Disorder screening and assessment outcome related
160.02	DMHP Investigation
000.01	Header
162.02	ITA Hearing
060.02	Program Identification transaction to identify a consumers participation specific Community Mental Health programs and in provider-reported EBPs.
170.01	Service Episode

Where used: Transactions identified in previous tables.

X12N837P EDI Transactions	Chapter 4.0.
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Provider Type	Effective Date: 10/01/2009

Definition:

Identifies the professional level of a specific outpatient service provider. If a provider works as a counselor and a Mental Health Specialist, use code '07' only when that provider is providing a special population evaluation. Otherwise, they are to be listed by their credentials as shown below.

Maximum character length: 2

Code	Definition
01	RN/LPN
02	ARNP/PA
03	Psychiatrist/MD
04	MA/PhD.
05	Below Masters Degree
06	DOH Credentialed Certified Peer Counselor *
07	Mental Health Specialist
08	Not Applicable
09	Bachelor Level with Exception/Waiver
10	Master Level with Exception/Waiver
11	Designated Mental Health Professional
12	Other
13	CD Specialist
14	Non-DOH Credentialed Certified Peer Counselor

* Previous definition was "Certified Peer Counselor" which is synonymous with a DOH-credentialed peer counselor, prior to this amendment. The definition change for code 6 is just for clarification, in light of the addition of code 14.

Where used: Outpatient Services as 837P <2400>NTE02 (where NTE01 = ADD)

Provider Type	<2400>	NTE02	Line Note Text	Use "ADD" for NTE01
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Data Element Catalog	Chapter: 5
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Historical and Current Reasons for Requiring RSNs and Providers To Report Data Elements	Effective Date: 10/012011

The list of data elements shown below are the currently required elements that providers and RSNs are to report to DBHR. Each element has been reviewed by DBHR and for each element there is an indicator in at least one column, showing the federal or state regulation or state need for that element. For a few elements, they remain shown in the transaction they were reported in, but do not appear on the list below. In these cases, the element was left in the transaction to minimize programming changes for RSN data submission, by allowing RSNs to retain that position in their transaction files, while leaving the field blank.

			Federal – MH Block Grant (Including MHPAC-requested & URS NOMS reporting)	Federal – CMS Waiver, Encounter Reporting, MSIS, related to Rate Setting, other BBA Managed Care regs	STATE – Other Business Uses- DSHS, RDA, Exec Reports, Exports to other systems, WAC, MH Housing Consortium	STATE – Used in PI Reports or CPMs	STATE – JLARC / WSIPP studies on services and outcomes	STATE - RCW required	NOTES
	Data Element	Examples							
Consumer Identifiers (Demographics)	Name		X	X	X	X			
	Date of Birth		X	X	X	X	X		This is a REQUIRED field for all encounter reporting
	Ethnicity		X		X	X	X		SAMSHA NOMS Client Level Data Reporting for 2011: Some discussion going on with SAMSHA about recoding. May be able to crosswalk from

									current codes to federal reporting codes.
	Gender		X	X	X	X	X		SAMSHA NOMS Client Level Data Reporting for 2011: Some discussion going on with SAMSHA about recoding. May be able to crosswalk from current codes to federal reporting codes.
	Hispanic Origin		X			X	X		NOMS reporting only requires indicator of Hispanic Origin, not the 5 different types we require of RSNs: General Hispanic, Cuban, Mexican/Mexican-American/Chicano, Puerto Rican, Other Spanish/Hispanic, however 2011 Client Level Data

									reporting may require this detail.
	Sexual Orientation	In Demographic transaction	X		X				
	Social Security Number		X	X	X	X	X		
	County of Residence				X	X	X		
Services provided to consumers	ITA Investigations								
	Investigation County				X				
	Investigation Date				X				
	Investigation Outcome	Detention to MH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05) ,Filed petition-recommending LRA extension, Referred to chemical dependency intensive outpatient program , etc			X				
	Investigation Start Time				X				

Legal Reasons for Detention/Commitment	Dangerous to self , Dangerous to others, Gravely Disabled, etc			X				
Return to Inpatient/Revocation Authority	DMHP determined detention during course of investigation per RCW 71.05.340(3)(a) . , Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids.			X				
ITA Hearings								
Hearing County				X				
Hearing Date				X				
Hearing Outcome	14 Day Commitment ,90 Day Commitment or extension , Revoke LRA , etc			X				
Special Program involvement								
Program Identifier	EBPs, Jail Services, PACT, Allen Marr member, Fidelity Wraparound, etc	X			X			
Program Participation		X			X			

End Date								
Program Participation Start Date		X			X			
Service Episode								
Start Date		X						Added to 10/1/2011 DD- To meet NOMS client level reporting requirements: T1-T2 time measures of change
End Date		X						
Disposition (reason for period ending)	Left Services against advice , Discharged Treatment completed -no referral , Death , etc	X						
E&T Admissions								
Admission Date		X	X	X	X	X		
Discharge Date		X	X	X	X	X		
Legal Status	Voluntary or involuntary	X	X	X	X	X		
Outpatient Services								
Service code	CPT or HCPC code	X	X	X	X	X		
EPSDT Indicator		X	X	X	X	X		
Location where service was provided	Home, CMHA, Jail/Prison, School, etc	X	X	X	X	X		
Units/Minutes of Service		X	X	X	X	X		
Credentials of provider	(Masters level, ARNP, Peer Counselor, etc)	X	X	X	X	X		Placeholder to investigate whether taxonomy codes could adequately replace custom list.

Treatment Modality	Brief, Family Treatment, Medication Management, etc	X	X	X	X			
Service code modifiers	To indicate whether service was done by 2 staff for safety reasons, whether service was to a child in a wrap/around program, whether service was done by WA-PACT team member, etc	X	X	X	X	X		
Date of Service		X	X	X	X	X		
RSN that provided service		X	X	X	X	X		
CMHA that provided service			X	X	X	X		

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Quasi - Treatment outcomes	Education	In school part time, full time, etc	X		X	X			SAMSHA NOMS Client Level Data Reporting for 2011: Some discussion going on with SAMSHA about recoding. May be able to crosswalk from current codes to federal reporting codes.
	Employment Status	Employed full time, part time, etc	X		X	X			SAMSHA NOMS Client Level Data Reporting for 2011: Some discussion going on with SAMSHA about recoding. May be able to crosswalk from current codes to federal reporting codes.
	GAF Score		X	X	X	X	X		
	CGAS scores		X	X	X	X	X		
	Living Situation	<u>Private Residence without supports, 24-Hour Residential Care</u> , etc	X		X	X			SAMSHA NOMS Client Level Data Reporting for 2011: Some

									discussion going on with SAMSHA about recoding. May be able to crosswalk from current codes to federal reporting codes.
	Co-occurring Disorder Assessment Quadrant Value				X			X	Collection is required in RSN contract: 7.15 Co-Occurring Disorder Screening and Assessment. Data has been used by RDA for reports to Legislature
	Co-occurring Disorders Screening Score (One each for IDS, EDS and SDS scales)				X			X	
	Date screening done				X			X	
	Screen Assessment Indicator				X			X	
	Diagnosis		X		X	X	X		Move collection of this to encounter data

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