

Department of Social and Health Services
Health and Recovery Services
Administration

Consumer Information System
(CIS)
Data Dictionary for RSNs

For Non-Encounter (Native) Transactions
October, 2009

Introduction	Chapter: 1.1
Table of Contents and Introduction	Effective Date: 12/6/2009

NOTE:

This Data Dictionary takes effect with the new RSN PIHP and SMHC contracts and is an attachment to them.

However, parts of this Data Dictionary will take effect when DSHS' new ProviderOne Payment system is implemented and RSNs begin submitting encounter data directly to ProviderOne.

An effective date of December 6, 2009 in the "Data Dictionary Changes" section indicates which changes take effect with ProviderOne.

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Introduction	Chapter: 1.1
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RSN data is reported to HRSA in two basic formats:

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

Native: non-encounters to HRSA using CIS proprietary (“Native”) format.

EDI:

Outpatient Services and Evaluation and Treatment Services are reported directly to HRSA’ 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 HRSA 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 HRSA Provider Type Codes are identified in this Data Dictionary.

Data Submissions through ProviderOne are referenced but not covered by this Data Dictionary.

NATIVE:

These are a set of HRSA-CIS proprietary “Native” transactions for 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.

Introduction	Chapter: 1.2
Reporting Expectations and Instructions for Data Submission	Effective Date: 07/01/2010

This section catalogs changes to the Data Dictionary.

Data Dictionary Changes

Document Title	Dictionary	Effective Date	Change
Changes that apply to all RSNs			
Chapter 4: Provider Type	10/1/2009	07/1/2010	Added provider type 14, defined as Non-DOH Credentialed Certified Peer Counselor” in response to recent RCW changes.

Note additional page added and inserted before this page.

Introduction	Chapter: 1.2
Reporting Expectations and Instructions for Data Submission	Effective Date: 12/6/2009

This section catalogs changes to the Data Dictionary.

Data Dictionary Changes

Document Title	Dictionary	Effective Date	Change
Changes that apply to all RSNs			
Total Revision of the CIS Data Dictionary	10/1/2009	10/1/2009	New base document for CIS Native Transaction Processing
Chapter 2.2	10/1/2009	10/1/2009	Added transaction IDs to transaction title, for each transaction
Chapter 2.2	10/1/2009	10/1/2009	Added warning and error messages to each transaction description
Chapter 2.2: Transaction 161.01- DMHP Investigation- Integrated Crisis Services Pilot Project	7/1/2007	10/1/2009	Transaction discontinued – Currently in use for only 1 RSN. All RSNs are to use transaction 160.02 for all DMHP Investigations. Pilot RSN can continue to use 161.01 for 60 days after effective date to complete their data set for this project.
Chapter 3.2: Investigation Reason	10/1/2009	10/1/2009	Deleted since transaction 161.01 is discontinued

Chapter 3.2: Referral Source	10/1/2009	10/1/2009	Clarified definitions for codes 9 and 10: they are to indicate referrals from Community Hospital units
Chapter 3.2	10/1/2009	10/1/2009	Clarified maximum character length for elements where it was vague.
Chapter 2.2: Transaction 160.02 – DMHP Investigation	10/1/2009	12/6/2009	Updated outcome code dependency table with outcome codes 10 -16, to capture additional outcomes of investigations.
Chapter 3.2: Investigation Outcome	10/1/2009	12/6/2009	Discontinued use of code 7 (Detention to Secure Detox Facility)
Chapter 2.2: Transaction 077.01- Clear Month of Service	10/1/2009	12/6/2009	Transaction discontinued. All activity related to encounters will be done in ProviderOne
Chapter 2.2: Transaction 077.02- Clear Month of Service	10/1/2009	12/6/2009	Transaction discontinued. All activity related to encounters will be done in ProviderOne
Chapter 2.2: Transaction 121.02- Co-occurring Disorder	10/1/2009	12/6/2009	Separate transaction put into use to send in this data to CIS outside of the encounter transaction
Chapter 3.2: Referral Source	10/1/2009	12/6/2009	Added code 27 for “State Hospital (WSH, ESH, or CSTC),” particularly for PACT program id.

Introduction	Chapter: 1.3
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 HRSA MH Data Quality Response Team at MHDRSNDDataQA@dshs.wa.gov

2. Submission of transactions to MHD-CIS

HRSA supports a secure file transfer (SFT) site where RSNs shall submit batches containing each of the transactions described in the Data Dictionary. The site has a number of folders where transaction batches may be placed and exception (error) reports may be picked up. The transactions are in “native” format (format specified by HRSA).

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. SECURITY/ENCRYPTION: HRSA has a licensed server using Secure File Transport (SFTP) for receipt of RSN batches and transfer of Exception Reports and other files.

C. PRODUCTION and TEST TRANSACTIONS. HRSA maintains a Production Database and a Developmental/Test Database. The Production Database has Mental Health Consumer data going back to 2000, when the current CIS system was restructured. Some historical data is available back to 1993. A smaller developmental database is for HRSA and RSN testing. The contents of this database may be periodically removed 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. HRSA 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. There must be an established Consumer Identifier (CID) and Consumer Demographic record in the database in order to process any encounter oriented transactions related to that consumer.

D. FOLDER USE and NAMING CONVENTIONS There are two sets of folders that can be used by RSNs. The first set of folders is for native CIS Production Transactions, the second set 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 will be provided	To be replaced by ProviderOne 834 transaction
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 in production	Used for consistent file format structure. MHD does not consistently provide any information in this test folder.
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 or warnings. This batch report is placed in the BatchReport folder

Introduction	Chapter: 1.4
Transaction Error Processing	Effective Date: 10/01/2009

Transaction Warnings and Errors

For each processed batch of CIS transactions, CIS creates an associated batch report. This report indicates the number of transactions processed and lists any warning or error messages that any transactions within the batch may have produced. Errors indicate the transaction was not posted to the database, soft errors and warnings are informational.

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 HRSA 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 or in some cases warnings.

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 Warnings and Error Messages are available online** through the “MHD 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 HRSA 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 the RSNs in error resolution, HRSA has provided each RSN a view of the CIS Transaction Errors table containing unresolved errors.

Naming convention: RT_Outstanding_Batch_Errors_nnnXX nnn = the RSN RUID XX = the two character RSN ID

Example: King RSN: RT_Outstanding_Batch_Errors_411KI

View 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 MHD database updates. Since there is no posting, HRSA 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 HRSA 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 that the RSN may not be able to correct with transactions. In these rare instances the RSN may contact HRSA 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. HRSA may suggest other ways to mitigate errors via RSN transactions.

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

This chapter summarizes all of the transactions that RSNs can send in to the MHD, 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	035.05 035.06	X	X	
Program Identification	060.01	X	X	
Service Authorization	063.01	X	X	
Service Disposition	065.01	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	

Transactions and Definitions	Chapter: 2.2
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 HRSA. 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 HRSA 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 HRSA, 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 MHD approval.

Transaction Warnings and Errors

23306	Warning: Consumer ID for Contractor has been previously voided.
30042	Error: Full Cascade Delete requires prior MHD authorization. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.

Transactions and Definitions	Chapter: 2.2
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 -The ID for future reference*)

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 Warnings and Errors

23306	Warning: Consumer ID for Contractor has been previously voided.
23307	Warning: Referenced Consumer ID for Contractor has been previously voided.
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.

Transactions and Definitions	Chapter: 2.2
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
 Co-occurring Disorder EDS Screening Score
 Co-occurring Disorder SDS Screening Score
 Co-occurring Disorder Assessment Quadrant Value

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 Warnings and 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.
30041	Warning: No record found to delete.
30083	Error: Screening Score is invalid. Transaction not posted.
30084	Error: Assessment Quadrant Value is missing. 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

Transactions and Definitions	Chapter: 2.2
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, SSN, 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

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

Body: Surname
 Given Names
 Gender
 Date of Birth
~~Race~~ (no longer required – leave blank or tab over)
 Ethnicity
 Hispanic Origin
 Preferred Language
 Social Security Number
 Sexual Orientation

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. Surname and Given Names are required. No default values are set. Date of Birth, will receive a warning if it is blank, post dated, or has an invalid date or date format. Gender will be given a warning if left blank or has values other than the codes identified in this Data Dictionary. Social Security Number will be given a warning if left blank or has values other than the values identified in this Data Dictionary.

All other Data Elements will result in errors if not reported using valid codes as shown in the Data Definitions portion of this Data Dictionary.

Transaction Warnings and Errors

22000	Warning: Social Security Number is blank.
22001	Warning: Social Security Number is not valid.
22120	Warning: Date of Birth is not valid, should be 8 digits in format CCYYMMDD. Cannot be greater than current date.
22121	Warning: Date of Birth is blank or null
22130	Warning: Gender is invalid.
22131	Warning: Gender is blank or null.
23096	Warning: Consumer ID for RSN ID has been voided. Add/Change not posted.
24725	Warning: Ethnicity Code submitted is no longer in use. Please correct and submit again.
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: Given Name is blank or null. Transaction not posted.
23024	Error: Surname 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.
23029	Error: Language code is not valid. Transaction not posted.
23032	Error: Language 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

Transactions and Definitions	Chapter: 2.2
Consumer Periodics – 035.05 / 035.06	Effective Date: 10/01/2009

Definition:

Consumer Periodics are collected at intake, and reported at least every 3 months, or on change.

Transaction ID: Value "035.05" and "035.06"
 Transaction 035.05 **requires** a **Principle Diagnosis**.
 Transaction 035.06 makes **Diagnosis optional**.

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

Primary Key: Reporting Unit ID (*RSN /Contractor Reporting Unit ID*)
 Consumer ID
 Month of Periodic (*CCYYMM*) (*Please note that the day is not included*)

Body: Employment Status
 Education
 Grade Level
 Living Situation
 County of Residence
 Priority Code
 Diagnosis -Four occurrences -use ICD9 format
 (One Required -Tab over for optional entries)
 Impairment Kind
 Annual Gross Income
 Number of Dependents
 GAF -(*Global Assessment of Functioning*)
 CGAS -(*Children Global Assessment Scale*)
 DC03—~~No longer required~~ (Tab over)

Edits: This transaction will not process without valid values in all Primary Keys. Employment Status, Grade Level, and Education will receive warnings if anything other than the valid code values shown in this Data Dictionary is given. Defaults are not set. All other Data Elements will result in errors if not reported using valid codes as shown in the Data Definitions portion of this Data Dictionary.

035.05: Transaction Warnings and Errors

23068	Warning: Employment Code is invalid.
30013	Warning: Consumer Periodics transaction does not exist. Delete rejected.
30016	Warning: A Principle Diagnosis is required for either Axis I or Axis II.
30025	Warning: Grade Level is blank or null.

30027	Warning: Education is blank or null.
30029	Warning: Employment is blank or null.
30045	Warning: Diagnosis is missing.
30046	Warning: Diagnosis is invalid.
30102	Warning: Grade Level is blank or null.
30103	Error: GAF or CGAS requires at least one non-zero assessment. Transaction not posted.
30099	Error: Impairment Kind code is blank or null. Transaction not posted.
30100	Error: Priority code is blank or null. Transaction not posted.
30101	Error: Living Situation blank or null. Transaction not posted.
30031	Error: CID has been merged or deleted. Transaction not posted.
30018	Error: Non numeric Gross Income. Transaction not posted.
30019	Error: Non Numeric Number of Dependents. Transaction not posted.
30020	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30022	Error: Invalid Priority Code. Transaction not posted.
30024	Error: Invalid Living Situation Code. Transaction not posted.
30014	Error: GAF and/or CGAS contains invalid values. 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.
23033	Error: County code is invalid. Transaction not posted.
23081	Error: Date is outside dictionary requirements. 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.
30007	Error: A valid Diagnosis is required. Transaction not posted.

035.06: Transaction Warnings and Errors

23068	Warning: Employment Code is invalid.
30013	Warning: Consumer Periodics transaction does not exist. Delete rejected.
30016	Warning: A Principle Diagnosis is required for either Axis I or Axis II.
30025	Warning: Grade Level is blank or null.
30027	Warning: Education is blank or null.
30029	Warning: Employment is blank or null.
30045	Warning: Diagnosis is missing.
30046	Warning: Diagnosis is invalid.
30102	Warning: Grade Level is blank or null.
30103	Error: GAF or CGAS requires at least one non-zero assessment. Transaction not posted.
30099	Error: Impairment Kind code is blank or null. Transaction not posted.
30100	Error: Priority code is blank or null. Transaction not posted.
30101	Error: Living Situation blank or null. Transaction not posted.
30031	Error: CID has been merged or deleted. Transaction not posted.

30018	Error: Non numeric Gross Income. Transaction not posted.
30019	Error: Non Numeric Number of Dependents. Transaction not posted.
30020	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30022	Error: Invalid Priority Code. Transaction not posted.
30024	Error: Invalid Living Situation Code. Transaction not posted.
30014	Error: GAF and/or CGAS contains invalid values. 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.
23033	Error: County code is invalid. Transaction not posted.
23081	Error: Date is outside dictionary requirements. 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.

Transactions and Definitions	Chapter: 2.2
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 HRSA 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
 Investigation Outcome
 Reporting Unit ID
 (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
 Return to Inpatient/Revocation Authority

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
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:

This transaction will not process unless the Primary Keys are valid i.e. the RUID represents an RSN, the Consumer ID exists and has not been voided and the date and time are in appropriate format.

All other Data Elements will result in errors if not reported using valid codes as shown in the Data Definitions portion of this Data Dictionary. The codes must also meet the dependency criteria as shown in the above table. An RUID used for placement must be known to HRSA as an inpatient facility.

Transaction Warnings and Errors

23098	Warning: Record does not exist. Delete rejected.
22172	Warning: Time is invalid. Time should be HHMM and between 0000 and 2400.
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.

Transactions and Definitions	Chapter: 2.2
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
Submitting Reporting Unit ID (<i>RSN/Contractor Reporting Unit ID</i>)
Batch Number

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 directly submit to HRSA, or a batch number is not entered.

Example:

000.01 20020228 420 00728

Transaction Warnings and Errors

23300	SAID is not a valid reporting unit ID.
23301	Batch number does not exist for SAID.

Transactions and Definitions	Chapter: 2.2
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 HRSA. 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
 Reporting Unit ID (*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

Edits: This transaction will not process unless the first RUID represents an RSN known to HRSA, the Consumer ID exists and has not been voided, and the Hearing Date has a valid date format and is not postdated. Hearing Outcome and Hearing County are required (Codes values shown in other portions of this Data Dictionary). The second RUID, if entered must be known to HRSA as an inpatient facility.

Transaction Warnings and Errors

23098	Warning: Record does not exist. Delete rejected.
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
30071	Error: Invalid RUID for Facility Reporting Unit ID. Restricted to use by pilot project RSNs. Transaction not posted
30072	Error: Hearing Outcome is invalid for RSN Reporting Unit ID. Restricted to use by pilot project RSNs. Transaction not posted
30073	Error: Hearing Outcome is invalid for Facility Reporting Unit ID. Restricted to use by pilot project RSNs. 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.

Transactions and Definitions	Chapter: 2.2
Program Identification – 060.01	Effective Date: 10/01/2009

Definition:

A consumer identified by an (RSN) may be enrolled in a special Community Mental Health Program. 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: "060.01"

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)
 Program ID
 Program Participation Start Date

Body: Program Participation End Date
 Referral Source

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 Referral Source must contain codes listed in their Data Definition. 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 Warnings and Errors

23098	Warning: Record does not exist. Delete rejected.
30097	Warning: Referral Source is blank or null.
30098	Warning: Referral Source is invalid.
30104	Error: RSN restricted from adding,changing,deleting this program data. 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.
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

Transactions and Definitions	Chapter: 2.2
Service Authorization – 063.01	Effective Date: 10/01/2009

Definition:

This transaction is used to capture the date when a consumer is authorized for Community Mental Health service.

Transaction ID: Value: "063.01"

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

Primary Key:

Reporting Unit ID (*RSN/Contracted Reporting Unit ID*)
 Consumer ID
 Reporting Unit ID (RUID of Agency providing service)
 Authorization Date

Body: (none – all data is part of the key)

Edits:

This transaction will not process unless the RUIDs are known to CIS. The first RUID as an RSN and the second is an RUID for an Agency providing services. The service agency must be within the RSN contract area. The Consumer ID must exist and not be voided. Authorization Date must have valid date (not nulls or blank) and cannot be post dated. The Authorization Date cannot be prior to July 1, 2007.

Transaction Warnings and Errors

23098	Warning: Record does not exist. Delete rejected.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. 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.
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.

Transactions and Definitions	Chapter: 2.2
Service Disposition – 065.01	Effective Date: 10/01/2009

Definition:

This transaction is used to capture the disposition of an authorization for service.

Transaction ID: Value: "065.01"

Action Code: Value

- "A" Add
- "C" Change
- "D" Delete

Primary Key:

- Reporting Unit ID (*RSN/Contractor Reporting Unit ID*)
- Consumer ID
- Reporting Unit ID (RUID of Agency providing service)
- Disposition Date

Body:

Disposition

Edits:

This transaction will not process unless the RUIDs are known to CIS; the first as an RSN/Contracted facility and the second as an RUID for an Agency providing services. The agency must be within the RSN's service contract area. The Consumer ID must exist and not be voided. Disposition Date must have valid date format and cannot be post dated. Disposition must contain only code values shown with the Data Definition for Disposition. The Disposition Date cannot be prior to July 1, 2007.

Transaction Warnings and Errors

23098	Warning: Record does not exist. Delete rejected.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30088	Error: Disposition is blank or null. Transaction not posted
30089	Error: Disposition is invalid. Transaction not posted
30090	Error: Disposition requires a service within previous 12 months. 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.
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.

Data Definitions	Chapter 3.1
Alphabetic List	
	10/01/2009

Action Code
Annual Gross Income
Authorization Date
Batch Date
Batch Number
CGAS
Consumer ID
Co-occurring Disorder Assessment
Co-occurring Disorders Screening Score
County Code
County of Residence
Date of Birth
Diagnosis
Disposition
Disposition Date
Education
Employment Status
Ethnicity
GAF Score
Gender
Given Names
Grade Level
Hearing County

Hearing Date	
Hearing Outcome	
Hispanic Origin	
Impairment Kind	
Investigation County	
Investigation Date	
Investigation Outcome	
Investigation Start Time	
Legal Reasons for Detention/Commitment	
Living Situation	
Month of Periodic	
Month of Service	
Number of Dependents	
Preferred Language	
Priority Code	
Program ID	
Program Participation End Date	
Program Participation Start Date	
Provider Type	Reported via EDI 837P
Referral Source	
Reporting Unit ID	
Return to Inpatient/Revocation Authority	
Sexual Orientation	
Social Security Number	
Subcontractor Reporting Unit ID	
Surname	
Transaction ID	

Data Definitions and Values	Chapter 3.2
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
Annual Gross Income	Effective Date: 10/01/2009

Definition

Average annual family income. Family defined as members who normally share living environment who share income. This does not include income of group home members, other shelter members or inpatient roommates. Use the information available or best estimation in determining this element. If the person is on SSI, or is eligible for Washington State medical assistance, assume that the person is below the Federal Poverty level. For inpatients this represents the income of family of residence. For foster children report the child's annual income (benefit). This is to be reported annually or if changed. Change represents an amount that would change the designated poverty level of the consumer or change to the sliding fee scales used by RSNs.

Format: This is a money field allowing \$, commas and a period. Null values allowed if amount not reported.

Where used: Consumer Periodics

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

Definition:

Date a person was authorized to receive community mental health services.

Maximum character length: 8

Format: CCYYMMDD

Where used: Service Authorization

Data Definitions and Values	Chapter 3.2.
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.
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.
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; 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

Data Definitions and Values	Chapter 3.2.
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.
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.
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 Authorization
- Service Disposition

Data Definitions and Values	Chapter 3.2.
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)

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

Definition:

Medical diagnosis in ICD-9CM format

In the Consumer Periodics Transaction, **Diagnosis is optional**. Up to four diagnoses (ICD9 codes) may be entered. It represents the predominant mental health diagnosis for the period, which is a different business use than a specific encounter diagnosis as reported on an 837X12N transaction.

Maximum character length: 3

Note: ICD-9CM may be coded as three digits with no period. Editing for valid codes will be on the first three digits only.

Where used: Consumer Periodics

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

Definition: Code representing the reason a consumer did not return for further community mental health services.

Maximum character length: Integer

Code	Definition
30	Transferred
31	Administratively discontinued
32	Death
33	Left Services against advice
34	Lost to Contact
35	Discharged Treatment completed -no referral
36	Discharged Additional Services advised – no referral
37	Discharged Additional Services advised – referral made
38	Discharged Does not meet Access to Care Standards

Where used: Service Disposition

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

Definition:

Date identified as the point in time when a consumer did not return for further Community Mental Health services.

Maximum character length: 8

Format: CCYYMMDD

Where used: Service Disposition

Data Definitions and Values	Chapter 3.2.
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.
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. HRSA does not expect employment records for children under 16. However, if reported code 8 or code 9 could be used.

Maximum character length: 1

Code	Definition
1	Employment Full-time: (35 hours or more paid employment per week).
3	Employment Part-time: (Less than 35 hours paid employment per week).
4	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.
5	Employed sheltered workshops, onsite at SE or other treatment agency offices.
6	Volunteer work: (1 or more hours per week volunteer work).
7	Retired.
8	Not Employed.
9	Unknown/Missing.

Where used: Consumer Periodics

Data Definitions and Values	Chapter 3.2.
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, or Negro
050	Some other race
605	Chinese

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

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
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.
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.
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: The value "3" for "Unknown" should be avoided. In statistical reports that look at gender as "Male" and "Female" exclusively, the "Unknown" *may be* included with the "Male" population.

Where used: Consumer Demographics

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

Definition:

The given/first/informal names of a consumer as provided by a Reporting Unit. (May include Title.)

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

The given 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.
Grade Level	Effective Date: 10/01/2009

Definition:

Identifies the highest-grade level completed by the consumer.

Maximum character length: 2 -(left zero fill)

Code	Definition
00	Preschool/kindergarten
01 -12	List the specific grade completed, (Use 12 for GED)
13	Some College
14	2 year degree (AA, AS)
16	4 year degree (BA, BS)
18	Post-graduate education
99	Unknown, Never attended, or below pre-school

Where used: Consumer Periodics

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

Definition:

The set of codes that identifies an individual's disability, in addition to the mental disorder for which they are being treated. **The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live.** Multiple categories can be selected to describe the individual's impairment(s). Enter up to three applicable disability codes.

Maximum character length: 3 -Use up to 3 codes listed below (Variable Length).

Code	Definition
A	Development or intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome.
C	Physical (unable to walk without assistance, unable to care for self, chronic illness).
D	Alcohol or drug dependence; i.e., dependence on alcohol or drugs which negatively affects the individual's ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems related to substance abuse.
E	Vision Impairments (does not include wearing glasses).
F	Hearing Impairments.
G	Other communication difficulties (speech and language, language comprehension. Does not include non-native speakers).
X	Other -Medical or physical disabilities not listed above.
Y	Unknown.
Z	None.

Where used: Consumer Periodics

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

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.
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.
Living Situation	Effective Date: 10/01/2009

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
10	<u>Private Residence without support:</u> Individual lives in a house, apartment, trailer, boat, hotel, dorm, or barrack, Single Room Occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation. Includes children living with parents.
20	<u>Private Residence receiving support:</u> Individual lives in a house, apartment, trailer, boat, hotel, dorm, or barrack, Single Room Occupancy (SRO) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person’s home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.
30	<u>Foster Home:</u> Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County Department to provide foster care to children and adolescents. This includes Therapeutic Foster Care Facilities and adults in AFH.

40	<u>24-Hour Residential Care</u> : Individual resides in a residential care facility with care provided on a 24-hour, 7 day a week basis. Includes aggregate care and CCF facilities. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, or Rehabilitation Center, or Residential Care/Treatment Facility and chemical dependency residential programs.
50	<u>Institutional Setting</u> : Individual resides in an institutional care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, DD Facility, or State Hospital.
60	<u>Jail/Juvenile Correction Facility</u> : Individual resides in a Jail and/or Correctional facility with care provided on a 24hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.
70	<u>Homeless/Shelter</u> : A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is: A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, B) an institution that provides a temporary residence for individuals intended to be institutionalized, or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
80	<u>Other</u>
99	<u>Unknown</u> : Information on an individual's residence is not available.

Where used: Consumer Periodics

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

Definition:

The year and month of the periodic information as reported by the clinician.

Format: CCYYMM

Maximum character length: 6.

Where used: Consumer Periodics

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

Definition:

List number of individuals, in addition to the consumer, who rely on the annual family income. Family defined as members who normally share residence and who share income. Does not include group home members, other shelter members or inpatient roommates. For inpatients this represents the number of dependents in the family of residence. For foster children report dependent of 1. Example: A family of father, mother, two natural children and one foster child. a) Foster Child is client; number of dependents is '1'. b) Mother is client, Number of Dependents is '4'; Self = 1, husband = 1, two natural children = 2 for a total of 4.

Maximum character length: 2 (Right Justify, zero fill)

Where used: Consumer Periodics

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

Definition:

This code identifies the language in which a person prefers to receive services.

Maximum character length: 2 (left zero fill).

Codes	Definition	Codes	Definition
00	Language Unknown	17	Hungarian
01	Japanese	18	Russian
02	Korean	19	Romanian
03	Spanish	20	Polish
04	Vietnamese	21	Greek
05	Laotian	22	Tigrigna
06	Cambodian	23	Amharic
07	Mandarin	24	Finnish
08	Hmong	25	Farsi
09	Samoan	26	Czech
10	Ilocano	27	Mien
11	Tagalog	28	Yakama
12	French	29	Salish
13	English	30	Puyallup
14	German	31	Thai
15	American Sign Language	99	Other Language
16	Cantonese		

Where used: Consumer Demographics

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

Definition:

Refer to RCW 71.24.025. This is an indicator of the relative seriousness duration and intensity of the presenting mental disorder of a particular person as well as distinguishing whether the consumer is a member of a targeted group as established by legislative mandate. Priority code is expected for crisis services. Providers may not have enough information about an individual to make a 'chronic' determination, but the provider should have enough information to make a seriously disturbed or seriously emotionally disturbed rating. However if a crisis worker cannot determine a priority of chronic or serious, the priority code should be reported as acute. If a person is determined by the RSN at their sole discretion to be at risk, code them as 'A' acute, otherwise code 'O' for other. See WAC 388-0865-0150 for definitions of adult and child. Currently a child is one who has not reached his/her eighteenth birthday unless Medicaid eligible in which case a child is one who has not reached his/her twenty first birthday. Adults and Children conditional definitions are included below:

Maximum character length: 1

CODE	DEFINITION
A	<u>Acutely Mentally Ill</u> -a condition limited to a short-term severe crisis episode of a mental disorder, grave disability, or presenting a likelihood of serious harm. Not to be coded if the individual meets criteria for "chronic", "serious", or "seriously emotionally disturbed".

C	<p><u>Chronically Mentally Ill Adult</u>-an adult who has a mental disorder and meets at least one of the following criteria: -2 or more inpatient hospitalizations with the last 2 years, -continuous psychiatric hospitalization or residential treatment longer for more than 6 months out the preceding year, -because of mental disorder for more than 1 year, unable to engage in gainful activity. Gainful activity is based on Public Law related to SSI and SSDI regulations for earned income. For WA State this translates to a monetary amount. Refer to SSA Publication No. 05-11015 February 2001</p>
D	<p><u>Seriously Disturbed person</u>-a person who has a mental disorder that causes major impairment in several areas of daily living. If the person is a child, this is a sufficient criterion. If they are an adult they must meet this or at least one of the following criteria : -is gravely disabled or presents a likelihood of serious harm to themselves or others, or to property; -has been on conditional release, or under a less restrictive alternative order at some time during the preceding two years; -has continuing suicidal preoccupation or attempts.</p>
E	<p><u>Severely emotionally disturbed child</u>-is a child who has a mental disorder which is clearly interfering with their functioning in family, school or with peers, and meets one of the following criteria: -has undergone involuntary treatment or out of home placement related to a mental disorder within the last two years; -is currently served by juvenile justice, child-protection/welfare, special education, or developmental disabilities; -is at risk of escalating maladjustment due to: -chronic family dysfunction involving a mentally ill or inadequate caretaker; -changes in custodial adult; -going to, residing in, or returning from out of home placement; -subject to repeated physical abuse or neglect; -drug or alcohol abuse; -homelessness.</p>
O	<p><u>Other</u>-Does not meet the criteria for Acutely mentally ill, Chronically mentally ill, Seriously disturbed, or Severely Emotionally Disturbed child.</p>

Where used: Consumer Periodics

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

Definition:

Identifies a Community Mental Health Program.

Maximum character length: Integer (2)

Code	Definition	Start Date	End Date
1	PACT Program for Assertive Community Treatment	2007-05-01	Open
5	MTFC Multi-Dimensional Treatment Foster Care.	2006-01-01	Open
10	Children’s Evidenced Based Pilot	2007-04-01	Open
11	Jail Services	2005-09-01	Open



Where used: Program Identification

Data Definitions and Values	Chapter 3.2.
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.
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.
Referral Source	Effective Date: 12/06/2009

Definition:

A code representing the referring source for a consumer to a specific Program.

Maximum character length: Integer (2)

Code	Definition
1	Community CD Provider
2	Community MH Agency
3	Crisis Triage
4	Individual Professional Staff
5	Self
6	Employer or Co-worker
7	Family or Friend
8	Hospital ER
9	Community Hospital Medical Unit
10	Community Hospital Psychiatric Unit
11	Law Enforcement Agency
12	MH Evaluation & Treatment Facility
13	Residential Facility
14	Sobering Center or Detox
15	Secure Detox Facility
16	Other
21	Social Service Agency
22	Probation
23	Corrections
24	Court
25	School
26	Tribe
27	State Hospital (WSH, ESH or CSTC)

Where used:

Program Identification

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

Definition:

Unique identifier assigned to each organizational or administrative unit reporting data on the MHD 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 “MHD Intranet”. For a complete list of Reporting Units or to establish a new ID, see instructions on the MHD 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

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 Authorization
 Service Disposition

Data Definitions and Values	Chapter 3.2.
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.
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.
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.
2	The person states they are gay, lesbian, or bisexual.
9	Unknown/Not voluntarily given by person.

Where used: Consumer Demographics

Data Definitions and Values	Chapter 3.2.
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.

HRSA Expected values for Social Security Numbers, when provided, are that they 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.
Subcontractor Reporting Unit ID	Effective Date: 10/01/2009

Definition:

The MHD-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 MHD Intranet.

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

Where used: Co-Occurring Disorder

Data Definitions and Values	Chapter 3.2.
Surname	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.
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
035.05 , 035.06	Consumer Periodics
121.02	Co-Occurring Disorder screening and assessment outcome related
160.02	DMHP Investigation
000.01	Header
162.02	ITA Hearing
060.01	Program Identification transaction to identify a consumers participation specific Community Mental Health programs.
063.01	Service Authorization transaction to capture date of authorization for Community Mental Health Services.
065.01	Service Disposition transaction to record disposition of service authorization.

Where used: Transactions identified in previous tables.

X12N837 EDI Transactions	Chapter 4.0.
Notes on 837P and 837I usage	Effective Date: 10/01/2009

Notes on use of X12N837 transactions for E&T and Outpatient Reporting

PRE ProviderOne Reporting – Historical Information Only

837P data field conversion/map to MHD-CIS Transaction 121.02 (Co-occurring Disorder) data requirements

Note: Prior to submission of encounters to ProviderOne, RSN submission of encounters to CIS include in the NTE segment of the service line, the co-occurring disorder screening and assessment data. RSNs submitting corrections to encounters submitted to CIS should use the 837P transaction that includes this segment.

MHD Data Dictionary Data Name	837 Loop	837 Segment	Industry Name or Alias	Value/Comment
Transaction ID	<2400>	NTE02	Line Note Text	Columns 3-8 Value 121.02
Action Code	<2300>	CLM05-3	Claim Frequency Type Code	Values 1,7,or 8
Co-occurring disorder IDS screening score	<2400>	NTE02	Line Note Text	Column 9
Co-occurring disorder EDS screening score	<2400>	NTE02	Line Note Text	Column 10
Co-occurring disorder SDS screening score	<2400>	NTE02	Line Note Text	Column 11

Co-occurring disorder Assessment Quadrant Value	<2400>	NTE02	Line Note Text	Column 12
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X12N837 EDI Transactions	Chapter 4.0.
	-
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	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

~~**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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X12N837 EDI Transactions	Chapter 4.0.
Provider Type	Effective Date: 07/01/2010

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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