Mental Health Division Consumer Information System (MHD-CIS) Data Dictionary

Effective: January 1, 2000

Department of Social and Health Services
Mental Health Division
Jann Hoppler, Director

PO Box 45320
Olympia Washington 98504-5320
(360) 902-8070
FAX: (360) 902-0809 or 902-7691

This Data Dictionary documents transactions submitted by the Regional Support Networks to the Mental Health Division's Consumer Information System.

(Publish Date: August 13, 1999)

Implementation Schedule

Note: The MHD-CIS database server will be powered down at 5:00 PM on December 30, 1999.
All transactions under the old formats must be submitted before midnight December 29, 1999.
The MHD-CIS database server will be powered up after 8:00 AM on January 3, 2000 when a determination is made that the building power is adequate to operate the database server.
MHD-CIS will start processing new transactions on the morning of January 4, 2000.

Transaction	ID	Comment
Cascade Delete	131.01	Will be placed into production and made available for use after December 31, 1999. This transactions may be used to delete Consumer Ids previously marked as voided under Transaction ID 130.02.
Casecade Merge (Void Consumer ID)	130.02	Currently available. Previously named Void Consumer ID.
Case Manager	100.01	No change to transaction but additional requirements have been identified in the Data Dictionary. All default Case Manager information must be submitted before January 1, 2000.
CDMHP Investigation	160.02	All investigations where the Investigation Date is after December 31, 1999 must use this new transaction.
Consumer Demographics	020.04	This transaction will replace transaction ID 020.03. Submit all demographic information using this new transaction after December 31, 1999.
Consumer Demographics	020.03	Discontinue use after December 31, 1999.
Consumer's Case Manager	011.01	No change, in record format and requirements.
Crisis Investigation	160.01	Use only to complete posting of investigations prior to January 1, 2000. Discontinue use after July 1, 2000.
Current Status	150.02	Discontinue use after December 31, 1999.
Header	000.01	No change, in record format and requirements.
Inpatient Services	070.03	All services will be entered using this new format after December 31, 1999. Corrections to Evaluation and Treatment Center information submitted prior to January 1, 2000 can be accessed and corrected using this transaction.
Inpatient Service	070.02	Discontinue use after December 31, 1999.
Inpatient Service State Hospital	071.02	Discontinue use after December 31, 1999.
ITA Detention	161.01	Use this transaction to document all detentions prior to January 1, 2000. This transaction will be retired on July 1, 2000.
ITA Hearing	162.02	Use this transaction to document hearings where the Hearing Date is after December 31, 1999.
Monthly Case Status	035.04	Use this transaction to document and correct all information after December 31, 1999.
Monthly Case Status	035.02	Discontinue use after December 31, 1999.
Outpatient Service	120.02	No change in layout See changes made to the data element "Service Location".

Last Updated on 8/13/99
By Mental Health Division

	Identifier/Version		
Transaction Name	**Old ID**	**New ID**	**Comments**
Cascade Delete (Full/Partial)		131.01	New Transaction
Cascade Merge	130.02	Same	Transaction name was changed from "Void Consumer ID" to "Cascade Merge."
Case Manager	100.01	Same	No change to format. Additional requirements for default Case Manager record specified.
CDMHP Investigation	160.01	160.02	Revised transaction and changed name from Crisis Investigation to CDMHP Investigation.
Consumer Demographics	020.03	020.04	Revised transaction format. Dropped EPSDT Flag.
Consumer's Case Manager	011.01	Same	Revised name of transaction.
Header	000.01	Same	No change to format. Revised text only.
Inpatient Service	070.02	070.03	Revised transaction format.
Monthly Case Status	035.03	035.04	Revised transaction format. Dropped Income Indicator.
Outpatient Service	120.02	Same	No change to format.
Current Status	150.02	Dropped	
Inpatient Service State Hospital	071.02	Dropped	
ITA Detention	161.01	Dropped	Combined into CDMHP Investigation.

The table above is titled:

1999 Data Dictionary Change
Transaction Summary
July 7, 1999

Last Updated on 7/7/99
By Mental Health Division

Module: MHD CIS Data Dictionary

Date last update: Aug 13 1999

Object: Transaction Detail

Sub Object	Status	Version	ID
Cascade Delete (Full/Partial)	Production	1	10018
Cascade Merge	Production	1.01	10015
Case Manager	Production	1.01	10003
CDMHP Investigation	Production	2	10007
Consumer Demographics	Production	1.01	10006
Consumer's Case Manager	Production	1.01	10005
Header	Production	1.01	10001
Inpatient Service	Production	1.01	10009
ITA Hearing	Production	1	10017
Monthly Case Status	Production	1.01	10012
Outpatient Service	Production	1.01	10013

Status: Production	Version: 1	ID: 10018

Transaction: Cascade Delete (Full/Partial)

Effective Date: 1/1/2000

Definition:
This transaction allows for the mass deletion of records for a given consumer. There are two types of cascade delete. The first will eliminate all information previously reported. This is referred to as a "Full Cascade Delete". The second type will delete that information which pertains to a specific agency. This is referred to as a "Partial Cascade Delete".

Full Cascade Delete: This type of delete will remove all 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 the MHD Chief of Information Services. The RSN Administrator my deligate their authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to the MHD Chief of Information Services. 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 the MHD Chief of Information Services, the RSN will be contacted and a time frame will be coordinate for the actual processing of this transaction.

Partial Cascade Delete: This type of delete will not require prior authorization. It is limited to a single agency as identified by the Reporting Unit ID. Partial delete will delete a specific consumer's records for the following transactions: 1) Consumer's Case Manager; 2) Inpatient Service; and 3) Outpatient Service.

NOTE: There is no action code in this transaction!

• **Transaction ID:**

    Value "131.01"

• **Primary Key:**

    Reporting Unit ID *(RSN ID)*
    Consumer ID *(The ID to be delete)*

• **Body:**

    Reporting Unit ID*(Leave blank or null for a Full Cascade Delete; enter the Agency ID for a Partial Cascade Delete)*

Edits:

1. This transaction will be rejected if the RSN ID and Consumer ID are unknown to the system or if the ID was already processed with a Full Cascade Delete.
2. This transaction will be rejected if the Agency is specified and unknown to the system.

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Status: Production	Version: 1.01	ID: 10015

Transaction: Cascade Merge

Effective Date: 1/1/1998

Definition:
This transaction will void a Consumer ID and bar its use in the future. A Consumer ID is voided when two different identifiers have been established by the Contractor 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)*
    Consumer ID *(The ID to be voided)*

• **Body:**

    Referenced Consumer ID *(Required - The ID for future reference)*

Edits:

1. This transaction will be rejected if the Contractor ID and Consumer ID are unknown to the system or if the ID has already been voided.
2. This transaction will be rejected if the Referenced Consumer ID is voided or is unknown to the system.

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Status: Production	Version: 1.01	ID: 10003

Transaction: Case Manager

Effective Date: 1/1/2000

Definition:
This transaction allows the Regional Support Networks (RSN) to describe how an authorized person accessing the Case Manager Locator System (CMLS) can contact them by telephone when making an inquiry on a person who received a documented outpatient service within the most recent 12 months. The purpose is to provide a telephone number that is answered 24 hours a day, 7 days a week, by someone who can authenticate the caller and place them in contact with either a case manager or a clinician who has information about a specific consumer. The password is used by the RSN to authenticate the caller and is used by the RSN as a safeguard to prevent unauthorized release of information.

This information is used to support the Case Manager Locator System (CMLS). This transaction may be linked to any number of consumers identified by an RSN. *(See Consumer Case Manager Transaction for more details on how to link this transaction to a specific consumer.)*

Minimum Requirements: Each RSN will maintain one Case Manager transaction for each agency providing outpatient services within the most recent 12 months. Each RSN will also maintain a default Case Manager transaction to contact the RSN within any 24 hour

day. The "Case Manager ID" for these default records will be "-AGENCY". The word agency must be in all upper case and be prefixed with a hyphen.

- **Transaction ID:**

    Value "100.01"

- **Action Code:**

    Value:

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

- **Primary Key:**

    Reporting Unit ID *(Agency providing Case Management)*
    Case Manager ID *(Unique ID assigned by the Agency or RSN - see minimum requirements above for default value.)*

- **Body:**

    Case Manager Phone *(Primary)*
    Case Manager Comment *(Primary)*
    Case Manager Phone *(Secondary)*
    Case Manager Comment *(Secondary)*
    Case Manager Password

Notes:
Two sets of telephone numbers and comments are allowed. When the telephone numbers and comments are displayed on the Case Manager Locator System screen, the primary telephone number is aligned with the primary comment; the secondary telephone number is aligned with the secondary comment. The telephone numbers should include the area code. If no area code is given, then someone using the Case Manager Locator System may not be able to contact the RSN if they trying to call from outside the RSN's area code.

Edits:

1.   This transaction will be rejected if the Case Manager Reporting Unit ID is not located in the service area of the Contractor identified in the Header transaction.
2.   The transaction will be rejected if a value is not entered for the Case Manager Password.
3.   The transaction will be rejected if a value is not entered for the Case Manager Primary Phone.

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Status: Production	Version: 2	ID: 10007

Transaction: CDMHP Investigation

Proposed Effective Date: 1/1/2000

Definition:
A designated Community Mental Health Professional (CDMHP) is the only person who can perform an ITA investigation that results in a detention and revocation. This investigation can be initiated by a crisis worker who is not a CDMHP 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 CDMHP investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a CDMHP. Do not report investigative findings of the crisis worker unless the crisis worker is also a CDMHP.

This transaction identifies all investigations by the CDMHP, even if the CDMHP 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 *(Contractor or RSN)*
    Consumer ID
    Investigation Date
    Investigation Start Time

- **Body:**

    Investigation County
    Investigation Outcome
    Reporting Unit ID *(State Hospital, Community Hospital or Freestanding Evaluation and Treatment Center where consumer was placed for inpatient services. Leave blank or null if not placed for inpatient services.)*
    Legal Reason for Detention/Commitment

    Return to Inpatient/Revocation Authority

Note:
This transaction is not used to report "crisis services". These services are reported by using the "Outpatient Service" transaction.

Edits:

1. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the RSN or Contractor.
2. This transaction will be rejected if the Investigation Date is not a valid date or post dated.
3. This transaction will be rejected if the Investigation Outcome indicates the consumer was placed in inpatient and a valid facility (hospital or ET Ctr. was not identified..
4. This transaction will be rejected if the Investigation Outcome data field contains an invalid value.
5. This transaction will be rejected if the Investigation Outcome was for a return to inpatient from LRA and Return to Inpatient/Revocation Authority is not given.
6. If the Legal Reason for Detention/Commitment contains contradictory code values (e.g. AZ) the "Z" will be discarded and a warning will be produced in the exception report.

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Status: Production	Version: 1.01	ID: 10006

Transaction: Consumer Demographics

Effective Date: 1/1/2000

Definition:
The information contained in this record is used to identify a person. Most information stored in the MHD-CIS is aggregated by identifying unique person records. This transaction allows for establishing in the MHD-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: "020.04"

- **Action Code:**

    Value:

        "A" Add
        "C" Change

- **Primary Key:**

        Reporting Unit ID *(Contractor or RSN)*
        Consumer ID

- **Body:**

        Surname
        Given Names
        Gender
        Date of Birth
        Ethnicity
        Hispanic Origin
        Language Code
        County of Residence
        Social Security Number
        Impairment Kind
        Sexual Orientation

Edits:

1. If the Consumer ID has been marked "voided" then the transaction will be rejected.
2. Effective April 1, 1998, only those Consumer Demographic transactions submitted using a Contractor ID will be accepted.
3. The Surname is required. The transaction will be rejected if it is blank or null.
4. The Given Names is required. The transaction will be rejected if it is blank or null.
5. The Gender is required and must be a valid value. A value of "U" for *Unknown* will be used for all invalid codes.
6. The Date of Birth is required. The transaction will not be rejected. The date must be a valid date. This field will be monitored for compliance.
7. A valid Ethnicity code is required. The transaction will reject if this code is not supplied or is invalid.
8. A valid Hispanic Origin code is required. The transaction will reject if this code is not supplied or is invalid.
9. A valid Language Spoken Within the Home code is required. This transaction will be rejected if this code is not supplied or is invalid.
10. A valid County of Residence code is required. This transaction will be rejected if the code is invalid.
11. A valid Social Security Number is required. The transaction will not be rejected if it is absent. This field will be monitored for compliance. It will be submitted for verification against the Social Security Administration files. At the discretion of MHD, the Contractor may be required to verify and correct inaccurate information.
12. A valid Impairment Kind code is required. A value of "Z" will be used if the codes submitted are not valid or the field is blank.
13. A valid Sexual Orientation code is required. This transaction will be rejected if the code submitted is invalid or blank. See definition for consumer's option

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Status: Production	Version: 1.01	ID: 10005

Transaction: Consumer's Case Manager

Proposed Effective Date: 1/1/2000

Definition:
Each consumer identified by a Regional Support Network (RSN) may be assigned to a "Case Manager" for use within the Case Manager Locator System (CMLS). This transaction associates the "Case Manager" with the "Consumer Demographic" transaction. Each consumer identified by a "Consumer Demographic" record may reference one and only one "Case Manager" record; however, each "Case Manager" record may be reference by many "Consumer Demographic" records.

Note: If a consumer has on file, with MHD/CIS, any outpatient services within the past 12 months, then the demographic information will be made available through CMLS. If no Case Manager has been assigned to that consumer by this transaction, then CMLS will try to locate the default Case Manager for the agency that providing the most recent outpatient service. In the event there is no default Case Manager record documented for that agency, then CMLS will use the default Case Manager for the RSN.

- **Transaction ID:**

        Value: "011.01"

- **Action Code:**

    Value:

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

- **Primary Key:**

    Reporting Unit ID *(Contractor ID or RSN ID)*
    Consumer ID

- **Body:**

    Case Manager ID *(Unique ID assigned by the RSN or Agency - must first be recorded with Case Manager transaction)*
    Reporting Unit ID *(Agency providing Case Management)*

Edits:
The "Consumer Demographic" and the "Case Manager" transactions must be submitted, processed and stored in the MHD-CIS prior to submitting this transaction.

1. This transaction will be rejected if the "Consumer Demographic" transaction has not been posted.
2. This transaction will be rejected if the "Case Manager" transaction has not been posted.

Status: Production	Version: 1.01	ID: 10001

Transaction: Header

Proposed Effective Date: 1/1/2000

Definition:
This transaction is an identifier and is the first record that goes in a 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
    Batch Number

Note: This transaction is required as the first record of each batch.

Edit:

1. The whole batch will be rejected if the Batch Number does not match the number in the file name.
2. The whole batch will be rejected if the Submitting Reporting Unit ID does not match the number in the file name.
3. All batches are processed in Batch Number order.

Status: Production	Version: 1.01	ID: 10009

Transaction: Inpatient Service

Effective Date: 1/1/2000

Definition:
This transaction identifies a consumer's stay in a Community Hospital or Evaluation &Treatment Facility.

Note: Enter after the discharge date is known. The Authorization Number and Discharge Diagnoses are not required for freestanding Evaluation and Treatment Centers; however, the transaction must still carry tabs to delimit the fields.

- **Transaction ID:**

    Value: "070.03"

- **Action Code:**

    Value:

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

- **Primary Key:**

    Reporting Unit ID *(RSN ID or Contractor ID)*
    Consumer ID
    Reporting Unit ID *(Community Hospital or Freestanding Evaluation and Treatment Center)*
    Admission Date

- **Body:**

    Discharge Date
    Legal Status
    Authorization Number - *(leave blank or null if reporting information on E&T Center)*
    Discharge Diagnoses *(Primary IDC 9)* - *(leave blank or null if reporting information on E&T Center)*
    Discharge Diagnoses *(Secondary IDC 9)* - *(leave blank or null if reporting information on E&T Center)*

Edits:

1. The transaction will be rejected if the Admission Date is prior to January 1, 1997.
2. The transaction will be rejected if the Community Hospital or Evaluation and Treatment Center is not recognized as a valid Reporting Unit ID.
3. The transaction will be rejected if the RSN ID or Contractor ID is not recognized as a valid Reporting Unit ID.
4. The transaction will be rejected if a Consumer Demographic transaction has not been successfully processed.
5. The transaction will be rejected if the Admission and Discharge Dates are not valid dates.
6. The transaction will be rejected if the Discharge Date is prior to the Admission Date.
7. The transaction will be rejected if the Admission or Discharge Dates are post dated.
8. The transaction will be rejected if the Admission Date is older than 1 year from date of processing by MHD-CIS.
9. The Legal Status must be a valid code.
10. The transaction will be rejected if the Consumer Demographic transaction has been voided.
11. The transaction will be rejected if an Authorization Number is missing and a Community Hospital has been identified.
12. The transaction will be rejected if the Primary Discharge Diagnoses is missing and a Community Hospital has been identified.

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Status: Production	Version: 1	ID: 10017

Transaction: ITA Hearing

Effective Date: 1/1/2000

Definition: This transactions 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 in 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 detain, revoke, conditionally release, or dismiss.

- **Transaction ID:**

     Value "162.02"

- **Action Code:**

     Value

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

- **Primary Key:**

     Reporting Unit ID *(Contractor or RSN)*
     Consumer ID
     Hearing Date

- **Body:**

     Hearing Outcome
     Reporting Unit ID *(Community/State Hospital or Evaluation and Treatment Center number where the consumer was ordered to inpatient; otherwise leave blank or null)*
     Hearing County

Edits:

1. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the RSN or Contractor.
2. This transaction will be rejected if invalid values are found for the Community/State hospital, Evaluation and Treatment Center, Return to Inpatient/Revocation Reason, or Legal Reasons for Detention/Commitment..

References:

REVOCATION - *outpatient Treatment or Care - Conditional Release - Procedures for Revocation* - As provided in RCW 71.05.340 (3) - " If the hospital or facility designated to provide outpatient care, the designated county mental health professional or the secretary determines that a conditionally released person is failing to adhere to the terms and conditions of his or her release, or that substantial deterioration in the person's functioning has occurred, then, upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated county mental health professional or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released.
"

PETITION - *Petition for Initial Detention* - As provided in RCW 71.05.160 - " Any facility receiving a person pursuant to RCW 71.05.150 shall require a petition for initial detention stating the circumstances under which the person's condition was made known and stating that such officer or person has evidence, as a result of his personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm to himself or others, or that he is gravely disabled, and stating the specific facts known to him as a result of his personal observation or investigation, upon which he bases the belief that such person should be detained for the purposes and under the authority of this chapter. "

Petition for Involuntary Treatment or Alternative Treatment - As provided in RCW 71.05.240 - " If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention of such person as determined in RCW 71.05.180, as now or hereafter amended. "

Petition for Additional Confinement - As provided in RCW 71.05.290 - " At any time during a person's fourteen day intensive treatment period, the professional person in charge of a treatment facility or his professional designee or the designated county mental health professional may petition the superior court for an order requiring such person to undergo an additional period of treatment."

Petition for Release - As provided in RCW 71.05.480 - " Nothing contained in this chapter shall prohibit the patient from petitioning by writ of habeas corpus for release."

DETENTION - *Detention of Mentally Disordered Persons for Evaluation and Treatment* - As provided in RCW 71.05.150 - " When a mental health professional designated by the county receives information alleging that a person, as a result of a mental disorder, presents a likelihood of serious harm to others or himself, or is gravely disabled, such mental health professional, after investigation and evaluation of the specific facts alleged, and of the reliability and credibility of the person or persons, if any, providing information to initiate detention, may, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. "

Detention Period for Evaluation and Treatment - As provided in RCW 71.05.180 - " If the evaluation and treatment facility admits the person, it may detain him for evaluation and treatment for a period not to exceed seventy-two hours from the time of acceptance as set forth in RCW 71.05.170. The computation of such seventy-two hour period shall exclude Saturday, Sundays, and holidays. "

COMMITMENT ORDER - *Definitions* - As provided in RCW 71.05.020(5) - " 'Judicial Commitment' means a commitment by a court pursuant to the provisions of this chapter. " (i.e., dangerous to self, others, or gravely disabled).

INVESTIGATION - (The only reference to " investigation" in RCW 71.05 is found in RCW71.05.150 - see *Detention* above).

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Status: Production	Version: 1.01	ID: 10012

Transaction: Monthly Case Status

Effective Date: 1/1/2000

Definition:
The Case Status transaction is required monthly for each consumer who received an outpatient service through the Contractor during the month.

- **Transaction ID:**

    Value "035.04"

- **Action Code:**

    Value

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

- **Primary Key:**

    Reporting Unit ID *(Contractor or RSN)*
    Consumer ID
    Case Status Month (yyyymm) *(Please note that the day is not included)*

- **Body:**

    Title XIX Indicator *(Verified monthly by RSN if outpatient service is provided)*
    Priority Code
    Acute Indicator
    Homeless Indicator *(Verified monthly by RSN if outpatient service is provided)*
    Employment
    Education
    Residential Arrangement Code

Edits:

1. This record becomes fixed after one year. The record can be neither added, changed, nor deleted after one year.
2. This transaction will be valid for information collected on or after January 1, 1998.

3. This transaction will be rejected if the Action Code = "D" for *Delete* and related Outpatient Service information is found.
4. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

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Status: Production	Version: 1.01	ID: 10013

Transaction: Outpatient Service

Effective Date: 1/1/1998

Definition:
This transaction quantifies outpatient services delivered to the consumer.

Note: This transaction replaces Transaction ID 120.01 Service Detail.

• **Transaction ID:**

   Value "120.02"

• **Action Code:**

   Value

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

• **Primary Key:**

      Reporting Unit ID *RSN ID*
      Consumer ID
      Service Date
      Reporting Unit ID (Subcontractor or agency who provided service)
      Service Location
      Face to Face Indicator
      Direct Service Indicator
      Emergency/Crisis Indicator
      Outpatient Service Type

• **Body:**

      Minutes of Service

Edits:

1. This transaction will be valid for outpatient services delivered on or after January 1, 1998.
2. This transaction will be rejected if the Contractor has not successfully submitted a Consumer Demographic transaction.
3. This transaction will be rejected if the Event Date is post dated or the date is not valid or more than 1 year prior to the processing date.
4. This transaction will be rejected if the Reporting Unit ID is not identified as being within the Contractor's area of service.
5. This transaction will be rejected if the Service Location code is not valid.
6. This transaction will be rejected if the Contractor has not successfully submitted a Monthly Case Status transaction.

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1999 Data Dictionary Change				
Data Element Summary				
7-Jul-99				

Grouping	Data Element	Type of Change			Summary of Change
		Sharpen Focus	Discard Element	Add Element	
Client Demographics	Ethnicity	X			Adds "roll-up" codes to be consistent with Census 2000 Codes. Note that Detail codes are not changed pending DSHS policy decisions.
	EPSDT Flag		X		Discarded since compelling fiscal and program reasons for collection are no longer present.
Service & Encounter	Service Location	X			Clarification is provided in modified variable list and notes.
	Status Code		X		Discarded since no longer relevant.
Monthly Status	Employment	X			Focus sharpened by Removing edit notes re individuals younger than 16 and elderly.
	Income Indicator		X		Deleted because business case for collection no longer exists; federal guidelines changes and do not keep pace with RSN requirements.
	Residential Arrangement	X			Provides clarification regarding this element and use in conjunction with Homeless Indicator. Homeless remains a valid code but clarity is provided that this measures the residential situation for the majority of time during the previous 30 days.
	Homeless Indicator	X			Clarifies collection and measurement of this element. This Indicator measures any occurrence during the previous 30 days. Definition is sharpened by dropping "at risk" portion based on Gov. Task Force.
	Priority Code	X			Clarifies element definition and specifies "other" category does not meet other specified definitions.
Inpatient	Authorization Number			X	Creates new element to track inpatient utilization.
	Discharge Diagnoses			X	Adds element to submit ICD-9 Code already collected by hospital and submitted to RSN. Used to answer state and federal data questions.
	Reporting Unit ID	X			Simplifies data set by utilizing single element for all reporting unit Identification numbers.
	State Hospital ID		X		Deleted and incorporated into Reporting Unit ID
ITA	Detention Age Group		X		Delete unused element.
	Detention County		X		Deleted and replaced by Investigation County for clarity.
	Detention Date		X		Deleted and replaced by Investigation Date for clarity.
	Investigation County			X	Replaces Detention County for clarity.
	Investigation Date			X	Replaces Detention Date for clarity.
	Investigation Outcome	X			Clarifies possible Investigation Outcomes and creates analytical power to distinguish among groups as well as tracking implementation of SSB 6214.
	Investigation Start Time	X			Clarifies element to allow for tracking multiple investigations of same person on same day.
	Return to Inpatient- Revocation Authority			X	Provides ability to distinguish legal criteria used for revocation; provides analytical capacity and allows for monitoring implementation of SSB 6214
	Hearing Outcome			X	Provides ability to analyze data by length of commitment.

	Legal Reason for Detention-Commitment Reason			X	Provides ability to identify reason for detention; provides analytical capacity and allows for monitoring implementation of SSB 6214
	Hearing County			X	Provides ability to distinguish between count in which initial detention was made and the county which subsequent hearings are held.
	Hearing Date			X	Provides ability to track when hearing is held; provides analytical capacity and allows for monitoring implementation of SSB 6214
	Reporting Unit ID	X			Simplifies data set by utilizing single element for all reporting unit Identification numbers.
	State Hospital ID		X		Deleted and incorporated into Reporting Unit ID
ITA	Detention Age Group		X		Delete unused element.
	Detention County		X		Deleted and replaced by Investigation County for clarity.
	Detention Date		X		Deleted and replaced by Investigation Date for clarity.
	Investigation County			X	Replaces Detention County for clarity.
	Investigation Date			X	Replaces Detention Date for clarity.
	Investigation Outcome	X			Clarifies possible Investigation Outcomes and creates analytical power to distinguish among groups as well as tracking implementation of SSB 6214.
	Investigation Start Time	X			Clarifies element to allow for tracking multiple investigations of same person on same day.
	Return to Inpatient-Revocation Authority			X	Provides ability to distinguish legal criteria used for revocation; provides analytical capacity and allows for monitoring implementation of SSB 6214
	Hearing Outcome			X	Provides ability to analyze data by length of commitment.
	Legal Reason for Detention-Commitment Reason			X	Provides ability to identify reason for detention; provides analytical capacity and allows for monitoring implementation of SSB 6214
	Hearing County			X	Provides ability to distinguish between count in which initial detention was made and the county which subsequent hearings are held.
	Hearing Date			X	Provides ability to track when hearing is held; provides analytical capacity and allows for monitoring implementation of SSB 6214

Last Updated on 7/7/99
By Mental Health Division

Module: MHD CIS Data Dictionary

Date last update: Aug 13 1999

Object: Data Definitions

Sub Object	Status	Version	ID
Action Code	Production	1.01	101001
Acute Indicator	Production	1.01	101002
Admission Date	Production	1.01	101039
Authorization Number	Production	1	101083
Batch Date	Production	1.01	101003
Batch Number	Production	1.01	101004
Case Manager Comment	Production	1.01	101005
Case Manager ID	Production	1.01	101006
Case Manager Password	Production	1.01	101007
Case Manager Phone	Production	1.01	101008
Case Manager Reporting Unit ID	Production	1.01	101041
Case Status Month	Production	1.01	101043
Consumer ID	Production	1.01	101010
County Code	Production	1.01	101011
County of Residence	Production	1.01	101012
Date of Birth	Production	1.01	101014
Direct Service Indicator	Production	1.01	101049
Discharge Date	Production	1.01	101050
Discharge Diagnoses	Production	1	101085
Education	Production	1.01	101051
Emergency/Crisis Indicator	Production	1.01	101052
Employment	Production	1.01	101053
Ethnicity	Production	1.01	101017
Face to Face Indicator	Production	1.01	101056
Gender	Production	1.01	101019
Given Names	Production	1.01	101020
Hearing County	Production	1	101077
Hearing Date	Production	1	101076
Hearing Outcome	Production	1	101078
Hispanic Origin	Production	1.01	101021
Homeless Indicator	Production	1.01	101057
Impairment Kind	Production	1.01	101022
Investigation County	Production	1.01	101058
Investigation Date	Production	1.01	101059
Investigation Outcome	Production	1.01	101060
Investigation Start Time	Production	1.01	101061
Language Code	Production	1.01	101024
Legal Reasons for Detention/Commitment	Production	1	101088
Legal Status	Production	1.01	101062
Minutes of Service	Production	1.01	101063
Outpatient Service Type	Production	1.01	101064
Priority Code	Production	1.01	101026
Reporting Unit ID	Production	1.01	101027
Residential Arrangement Code	Production	1.01	101066
Return to Inpatient/Revocation Authority	Production	1	101087
Service Date	Production	1.01	101067

Service Location	Production	1.01	101031
Sexual Orientation	Production	1.01	101068
Social Security Number	Production	1.01	101033
Surname	Production	1.01	101071
Title XIX Indicator	Production	1.01	101072
Transaction ID	Production	1.01	101073

Status: Production	Version: 1.01	ID: 101001

DD: Action Code

Effective Date: 1/1/2000

Definition:
Most batch transactions sent to the Regional Support Network/Consumer Information System contain a code which indicates a given action take place. Actions allowed on a given transaction are defined below.

Note:
The Action Code is used in most transactions. The excepts are listed below. These exceptions should not have a "Tab" inserted in the transaction to deliniate the location of an Action Code.
1. Cascade Merge
2. Cascade Delete (Full/Partial)
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 the existing information with the new 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.
D	Delete. If the record as identified by the transaction's primary key does not exists, then inform the Contractor that the MHD/CIS has no record to delete.

Go to index

Status: Production	Version: 1.01	ID: 101002

DD: Acute Indicator

Effective Date: 1/1/2000

Definition:
A flag to indicate if the person receiving the service(s) is experiencing an acute episode. An acute episode is defined as a short-term severe crisis episode. *(see WAC 275-56-015)*

For clarification, acute refers to the person being served, not to the type of service rendered. (See Emergency/Crisis Indicator for type of service rendered.)

Maximum character length: 1

Codes	Definition
1	Person experienced an Acute episode.
0	Person did not experience an Acute episode.

Where used:

Monthly Case Status

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Status: Production	Version: 1.01	ID: 101039

DD: Admission Date

Effective Date: 1/1/2000

Definition:
Date a person was admitted to a facility.

Maximum character length: 8

Format: CCYYMMDD

Where used:

Inpatient Service

Go to index

Status: Production	Version: 1	ID: 101083

DD: Authorization Number

Effective Date: 1/1/2000

Definition:
A code issued by the RSN to authorize a community hospital stay. The community hospital billings contain a 9 character field which identified both the RSN issuing the authorization number and the authorization number.

Maximum character length: 5 (Left zero fill.)

Note:
The community hospital authorization number is 9 characters in length. The first 2 characters are always "88". The last two characters identify the RSN. The middle 5 characters represents the authorization number issued by the RSN.

Where used:

Inpatient Service

Go to index

Status: Production	Version: 1.01	ID: 101003

DD: Batch Date

Effective Date: 1/1/1998

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

Maximum character length: 8

Format: CCYYMMDD

Where used:

Header

Status: Production	Version: 1.01	ID: 101004

DD: Batch Number

Effective Date: 1/1/1998

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

Status: Production	Version: 1.01	ID: 101005

DD: Case Manager Comment

Effective Date: 1/1/2000

Definition:
Free-form field for commenting on the phone numbers (e.g. daytime, nighttime, beeper, etc.) or for entering other case manager information.

This information is stored at the State for the purposes of supporting the Case Manager Locator System.

Maximum character length: 255 Variable Length

Note: Problems have been detected with posting long comments. At this time, please keep comments short while this problem is being resolved.

Where used:

Case Manager

Status: Production	Version: 1.01	ID: 101006

DD: Case Manager ID

Effective Date: 1/1/1998

Definition:
A code established by a Contractor to uniquely identify the case manager or case management team for a given consumer. A case management team may consist of one or more case management staff who share responsibility for the care of a consumer. Case Manager ID can be established only by the Contractor through the RSN/PHP.

Maximum character length: 10 Variable Length

Where used:

Case Manager
Consumer's Case Manager

Go to index

Status: Production	Version: 1.01	ID: 101007

DD: Case Manager Password

Effective Date: 1/1/1998

Definition:
A keyword which identifies that the requester has authority to inquire about a consumer. The password is updated in accordance with the RSN's Policy on Security of Consumer Information. This password is used in the Case Manager Locator System (CMLS) on the MHD-CIS Intranet.

Maximum character length: 30 Variable Length

Where used:

Case Manager

Go to index

Status: Production	Version: 1.01	ID: 101008

DD: Case Manager Phone

Effective Date: 1/1/1998

Definition:
The phone number where the appointed case manager can be reached. It is important the the area code be included so that someone calling from outside a given RSN's area can reach the appropriate contact point. This telephone number will be displayed in the Case Management Locator System exactly as entered.

Maximum character length: 20 Variable Length

Where used:

Case Manager

Go to index

Status: Production	Version: 1.01	ID: 101041

DD: Case Manager Reporting Unit ID

Effective Date: 1/1/1998

Definition:
Agency assigned by the Contractor to provide 24 hour crisis line. (See Reporting Unit IDs published on the MHD Intranet for valid IDs for your RSN.)

Maximum character length: 3 left zero fill

Go to index

Status: Production	Version: 1.01	ID: 101043

DD: Case Status Month

Effective Date: 7/1/1998

Definition:
This identifies the month and year a case status was submitted by a given contractor. The day of the month is not required.

Maximum character length: 6

Format: CCYYMM

Where used:

Monthly Case Status

Go to index

Status: Production	Version: 1.01	ID: 101010

DD: Consumer ID

Effective Date: 7/1/1999

Definition:
The identifier established by a Contractor which uniquely identifies a consumer. Once an Consumer ID has been submitted to the MHD/CIS, it is never deleted. Use this ID on all transactions which require the identification of a consumer.

Maximum character length: 20 Variable Length

Note: A Consumer ID is established in the MHD/CID by submitting an Consumer Demographic transaction.

Where used:

Consumer Demographics
Monthly Case Status
Cascade Delete (Full/Partial)
Cascade Merge
CDMHP Investigation
Consumer's Case Manager
Inpatient Service
ITA Hearing
Outpatient Service

Go to index

Status: Production	Version: 1.01	ID: 101011

DD: County Code

Effective Date: 1/1/1998

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.

Codes	Definition	Codes	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

Where used:

Consumer Demographics (County of Residence)
CDMHP Investigations (Investigation County)
ITA Hearing (Hearing County)

Go to index

Status: Production	Version: 1.01	ID: 101012

DD: County of Residence

Effective Date: 1/1/1998

Definition:
A code indicate in which county a person lives.

Maximum character length: 2 Left zero fill.

Note:
See County Code for values.

Where used:

Consumer Demographics

Go to index

Status: Production	Version: 1.01	ID: 101014

DD: Date of Birth

Effective Date: 1/1/1998

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 type of birth dates are usually attributed to the adult population.

Where used:

Consumer Demographics

Go to index

Status: Production	Version: 1.01	ID: 101049

DD: Direct Service Indicator

Effective Date: 1/1/1998

Definition:
A code to indicate if service was delivered directly to the consumer.

Maximum character length: 1

Codes	Definition
Y	Yes - service delivered directly to the consumer.
N	No - service was not delivered directly to the consumer.

Where used:

Outpatient Service

Go to index

Status: Production	Version: 1.01	ID: 101050

DD: Discharge Date

Effective Date: 1/1/2000

Definition:
Date a person was released from a facility.

Maximum character length: 8

Format: CCYYMMDD

Where used:

Inpatient Service

Go to index

Status: Production	Version: 1	ID: 101085

DD: Discharge Diagnoses

Effective Date: 1/1/2000

Definition:
The ICD-9 diagnoses code reported by the hospital at time of discharge. This can be either the primary or secondary diagnoses depending on the field location within the transaction record. Include the period, "." in the ICD-9 code.

Maximum character length: 7 left justify.

Note: May collect up to two diagnosis codes. (See Transaction Detail)

Where used:

Inpatient Service

Go to index

Status: Production	Version: 1.01	ID: 101051

DD: Education

Effective Date: 1/1/1998

Definition:
Describes if a consumer is in educational and/or training activities. This includes but is not limited to home schooling.

Maximum character length: 1

Code	Definition
1	Full time educational/training activities (average of 12 hours or more per week)
2	Part time educational/training activities (on average less than 12 hours per week)
3	Other educational/training activities
8	Not in educational/training activities
9	Unknown

Where used:

Monthly Case Status

Go to index

Status: Production	Version: 1.01	ID: 101052

DD: Emergency/Crisis Indicator

Effective Date: 1/1/1998

Definition:

A code to indicate if service was delivered under emergency or crisis conditions. Emergency and Crisis are synonymous. Emergency or crisis conditions are conditions which require Crisis Services (see Crisis Services definition below).

Emergency or crisis should not be confused with acuity. Emergency or crisis is describing a service given to a person. Acuity refers to the state of the person receiving services.

Maximum character length: 1

Codes	Definition
Y	Yes - service was for emergency/crisis.
N	No - service was not for emergency/crisis.

Where used:

Outpatient Service

Note:

Crisis Services is defined as follows:

"Crisis Services" means face-to-face evaluation and treatment of mental health emergencies and crises to non-enrolled, as well as enrolled, individuals experiencing a crisis as defined by the WAC. Crisis services shall be available on a 24-hour basis with the goal of stabilizing the person in crisis and providing immediate or short-term treatment and support in the lease restrictive environment available. Crisis services may be provided prior to an intake evaluation.

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Status: Production	Version: 1.01	ID: 101053

DD: Employment

Effective Date: 1/1/2000

Definition:
Employment status for the month.

Guidelines:

This field is required to be reported as part of the Monthly Case Status if any outpatient services are rendered during a month. 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 month service was rendered or at time reported.

Maximum character length: 1

Code	Definition
1	Paid Employment
2	Unpaid Employment
8	Not Employed
9	Unknown/Missing

Where used:

Monthly Case Status

Go to index

Status: Production	Version: 1.01	ID: 101017

DD: Ethnicity

Effective Date: 1/1/2000

Definition:
This code is used to indicate a consumer's primary ethnicity as reported by the consumer. Roll-up codes "010" through "060" may only be used with ITA and Crisis one-time services.

If the client identifies as multiracial, invite the client to select their primary ethnicity. If the client has no choice, select Other Race as primary ethnicity.

Note:
Every person should have both an Ethnicity code and an Hispanic Origin code. This is a Federal requirement, established by the Bureau of the Census. The MHD will maintain the last submitted ethnicity code in the demographic transaction.
At the time of this publication, DSHS has not determined the alternative codes to separate code 699 - Other Asian/Pacific Islanders

Maximum character length: 3 Left zero fill.

Codes	Definition	Codes	Definition
	Roll Up Codes		Detail Codes
010	Caucasian/White	597	American Indian
021	American Indian, Alaska Native	600	Asian Indian
031	Asian	604	Cambodian
040	African-American/Black	605	Chinese
050	Other Race	608	Filipino
060	Unknown/Not Reported	611	Japanese
032	Native Hawaiian	612	Korean
033	Other Pacific Islander	613	Laotian
		618	Thai
		619	Vietnamese
		653	Hawaiian
		655	Samoan
		660	Guamanian
		699	Other Asian/Pacific Islanders
		799	Other Race
		800	White / Caucasian
		870	Black/African American
		935	Eskimo
		941	Aleut
		999	Not Reported/Unknown

Where used:

Consumer Demographics

Go to index

Status: Production	Version: 1.01	ID: 101056

DD: Face to Face Indicator

Effective Date: 7/1/1998

Definition:
A code to indicate if service was delivered face to face with the person receiving the service. This can be a consumer or another person representing the consumer. See Direct Service Indicator to determine if the service was given directly to the consumer.

Maximum character length: 1

Codes	Definition
Y	Yes - service was face to face.
N	No - service was not face to face. This could include telephone contact.

Where used:

Outpatient Service

Go to index

Status: Production	Version: 1.01	ID: 101019

DD: Gender

Effective Date: 7/1/1998

Definition:
A code indicating either Male or Female. Indicate the gender of male or female.

Maximum character length: 1

Codes	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* lumped with the "Male" pupulation.

Where used:

Consumer Demographics

Go to index

Status: Production	Version: 1.01	ID: 101020

DD: Given Names

Effective Date: 1/1/1998

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

Go to index

Status: Production	Version: 1	ID: 101077

DD: Hearing County

Effective Date: 1/1/2000

Definition:
The county where a court hearing was held.

Maximum character length: 2

See County Code for code values. County code "40" for "Unknown" will be rejected.

Where Used:

   ITA Hearing

Go to index

Status: Production	Version: 1	ID: 101076

DD: Hearing Date

Effective Date: 1/1/2000

Definition:
The date of a court hearing.

Maximum character length: 8

Format: (CCYYMMDD)

Where used:

   ITA Hearing

Go to index

Status: Production	Version: 1	ID: 101078

DD: Hearing Outcome

Effective Date: 1/1/2000

Definition: The number of days committed result of a court order.

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

Maximum character length: 1

Code	Meaning
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

Where used:

    ITA Hearing

Go to index

Status: Production	Version: 1.01	ID: 101021

DD: Hispanic Origin

Effective Date: 1/1/1998

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 one-time 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/PHP has conflicting views from their providers, the RSN/PHP will submit the most recent reported..

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

Maximum character length;

Codes	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

Go to index

Status: Production	Version: 1.01	ID: 101057

DD: Homeless Indicator

Effective Date: 1/1/2000

Definition:

Those persons of all ages who lack a fixed, regular and adequate nighttime residence, including persons whose primary nighttime residence is a supervised public or private shelter designated to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for mentally ill), an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings. (Stewart B. McKinney Homeless Assistance Act (Public Law 100-77)

Note: Each person will have a Residential Arrangement Code and a Homeless Indicator. The Residential Arrangement measures the "most frequent" living arrangement for the month while the Homeless Indicator measures whether the homeless definition was met "at any point during the month." Therefore, a person may be coded as having a Residential Arrangement for the majority of the month but also be coded "yes" on the homeless indicator if they met the definition for one or more days that month.

Maximum Length: 1

Codes	Definition
Y	Yes - this person meets the definition of homeless.
N	No - this person does not meet the definition of homeless.
U	The status is unknown or not reported.

Where used:

Monthly Case Status

Go to index

Status: Production	Version: 1.01	ID: 101022

DD: Impairment Kind

Effective Date: 1/1/1998

Definition:
The set of codes which identifies an individual's disability, in addition to the mental disorder for which they are being treated. These disabilities are in addition to mental health. 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 all applicable disability codes.

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

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.

Codes	Definition
A	Limits development or intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome
B	Sensory or communication.; i.e., major visual disability (does not include wearing glasses) or auditory disability.
C	Physical, i.e., 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 such as loss of driver's license or arrests.
X	Other - Medical or physical disabilities not listed above.
Y	Unknown
Z	None - No disability

Where used:

    Consumer Demographics

Go to index

Status: Production	Version: 1.01	ID: 101058

DD: Investigation County

Effective Date: 1/1/2000

Definition:
A code to indicate the county a person was investigated under the Involuntary Treatment Act.

Maximum character length: 2 Left zero fill.

See County Code for values.

Where used:

    CDMHP Investigation

Go to index

Status: Production	Version: 1.01	ID: 101059

DD: Investigation Date

Effective Date: 1/1/2000

Definition:
Date of an investigation under the Involuntary Treatment Act.

Maximum character length: 8

Format: CCYYMMDD

Where used:

    CDMHP Investigation

Go to index

Status: Production	Version: 1.01	ID: 101060

DD: Investigation Outcome

Effective Date: 1/1/2000

Definition:
A code indicating the outcome to a person investigated.

Maximum character length: 1

Code	Definition
1	Detention (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
6	Referred to non-mental health community resources.
9	Other

Note: 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" or "3" for referral to a facility for either voluntary inpatient or outpatient mental health services.

Where used:

CDMHP Investigation

Go to index

Status: Production	Version: 1.01	ID: 101061

DD: Investigation Start Time

Effective Date: 1/1/2000

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:

CDMHP Investigation

Go to index

Status: Production	Version: 1.01	ID: 101024

DD: Language Code

Effective Date: 1/1/1998

Definition:
This code identifies language spoken in the home or 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

Go to index

Status: Production	Version: 1	ID: 101088

DD: Legal Reasons for Detention/Commitment

Effective Date: 1/1/2000

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 over 13 and over (Children under 13 may not be detained through ITA process). If more than one reason applies, select all that apply.

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

Maximum character length: 4

Code	Meaning
A	Dangerous to self
B	Dangerous to others
C	Gravely disabled.
D	Dangerous to property
Z	NA-person was not detained.

Where used:

CDMHP Investigation

Status: Production	Version: 1.01	ID: 101062

DD: Legal Status

Effective Date: 1/1/2000

Definition:
A code indicating the legal status of a person upon entering a facility. If a person changes the legal status during the admission, use only the status at time of admission.

Maximum character length: 1

Format	Definition
V	Voluntary
I	Involuntary (Committed via ITA or courts)

Where used:

Inpatient Service

Status: Production	Version: 1.01	ID: 101063

DD: Minutes of Service

Effective Date: 1/1/1998

Definition:
The number of minutes a specific service was provided..

Maximum character length: 5 Variable Length

Where used:

Outpatient Service

Status: Production	Version: 1.01	ID: 101064

DD: Outpatient Service Type

Effective Date: 1/1/1998

Definition:
A code to indicate the category of outpatient service delivered.

Maximum character length: 1

Codes	Definition
1	Individual
2	Group
3	Day Treatment
4	Medication Management

Guidelines:

If a service is related to Day Treatment or Medication Management, use the codes as indicated. As guidelines for determining Individual Vs. Group using the following guidelines:

- If service is being provided at one time to a group of consumers then use the code for "Group".
- If service is being provided to a group of people related to a single consumer or directly to a single consumer, use the code of "Individual".
- If the service is being provided to a group of people related to a multiple consumers, use the code for "Group".

Where used:

Outpatient Service

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Status: Production	Version: 1.01	ID: 101026

DD: Priority Code

Effective Date: 1/1/2000

Definition:
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. Adults and Children definitions are included below:

ADULTS:

Code value 1: *Chronically mentally ill* (Adult): Meets at least one of the following criteria:

a. Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
b. Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
c. Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. See RCW71.24.025 (5)(a)(b)(c).

Code value 2: *Seriously disturbed* (Adult): Meets at least one of the following criteria:

a. Gravely disabled or presents likelihood of serious harm to self or others, or to the property of others, as a result of a mental disorder as defined by chapter 71.05 (RCW ;
b. On conditional release status, or under a less restrictive alternative order some time in the past 2 years from an evaluation and treatment facility or a state mental health hospital;
c. Exhibits suicidal preoccupation or attempts (See RCW71.24.025 (17)(a)(b)(c).
d. A person, who is determined by the RSN at their sole discretion to be at risk of becoming acutely or serious(ly) mentally ill. See RCW 71.24.025 (1) and/or (17).

Code value 3: *Other* (Adult): An Adult persons who does not meet the criteria for Code value 1 or Code value 2 , but who meets the criteria for RSN determination of medical necessity.

Maximum character length: 1

Codes	Definition
1	*Chronically mentally ill* (adult)
2	*Seriously disturbed* (adult)
3	*Other* Not a member of priority populations as defined above (1,2)

CHILDREN

Code value 1: *Severely Emotionally Disturbed* (Child):

Severely Emotionally Disturbed (Children): (RCW 71.24.025 (6)

A child who has been determined by the regional support network to be experiencing a mental disorder as defined by RCW 71.34, including those that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers AND meets at least one of the following criteria:

a) has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

b) has undergone involuntary treatment under chapter 71.34 RCW with the last two years;

c) is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

d) is at risk of escalating maladjustment due to:

       i) chronic family dysfunction involving a mentally ill or inadequate caretaker;

       ii) changes in custodial adult;

       iii) going to, residing in or returning from any placement outside of the home (e.g. psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility);

       iv) subject to repeated physical abuse or neglect;

       v) drug or alcohol abuse

       vi) homelessness.

Code value 2: *Seriously Disturbed* (Child):

A child who

  a. meets the description of Serious (Adult) (Code 2) above, **OR**
  b. is a child diagnosed by a Mental Health Professional as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

Code value 3: *Other* (Child)::

Not a member of a priority population as defined above.

Maximum character length: 1

Codes	Definition
1	Severely Emotionally Disturbed (children)
2	Seriously Disturbed
3 .	*Other* Not a member of priority populations as defined above (1,2)

Where used:

Monthly Case Status

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| Status: Production | Version: 1.01 | ID: 101027 |

DD: Reporting Unit ID

Effective Date: 1/1/2000

Definition: Unique identifier assigned to each unit reporting data on the MHD CIS System.

Maximum character length: 3 Left zero fill.

Note: This code is assigned by MHD to identify Reporting Unit. Since this list may change as Reporting Units are added or deleted over time, codes are kept on the MHD Intranet. For a complete list of centers or to establish a new ID, see instructions on the MHD Intranet.

Where used:

> Header
> Cascade Delete (Full/Partial)
> Cascade Merge
> Case Manager
> CDMHP Investigation
> Consumer Demographics
> Consumer's Case Manager
> Inpatient Service
> Outpatient Service
> ITA Hearing
> Monthly Case Status

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| Status: Production | Version: 1.01 | ID: 101066 |

DD: Residential Arrangement Code

Effective Date: 1/1/2000

Definition:

This is a code describing the consumer's current residential situation.

Choose the code that best fits the client's most typical--i.e., most frequent--living arrangement for the previous 30 days. This code should be updated when a change occurs, or at least every 180 days the case manager should review and update this item.

Note: Each person will have a Residential Arrangement Code and a Homeless Indicator. The Residential Arrangement measures the "most frequent" living arrangement for the month while the Homeless Indicator measures whether the homeless definition was met "at any point during the month." Therefore, a person may be coded as having a Residential Arrangement for the majority of the month but also be coded "yes" on the homeless indicator if they met the definition for one or more days that month.

Maximum character length: 3 Left zero fill.

Codes	Definitions
Facility Based	
010	Adult Residential Treatment Facility (ARTF) - Long Term Rehabilitation Facility (LTRF) or Residential Treatment Facility (RTF)
020	Nursing Facility - Long-Term Adaptive (LTA)
030	Child Group Home
040	Congregate Care Facility (CCF) - Supervised Living
050	Jail/Juvenile Correctional Facility
060	Interim Placement; i.e., Planned, short term facility placement (30 days or less) such as Crisis or Respite.
Home Like	
110	Adult Family Home
120	Foster Home
Other	
310	Own Home - By choice. If the consumer is living with friends, parents, or relatives, by choice, but does not actually own the home, it is also considered "Own Home."
320	Other's home not by choice: e.g., Living with family (includes adult living with parents, elderly living with children) or living with friends. Does NOT include Adult Family Homes, Foster Homes, nor Children (0-17 years) living with parents. The purpose of this code is to identify individuals who are living with family members who are acting in a caretaking capacity.
330	Homeless - Those persons who lack a fixed, regular and adequate nighttime residence, including persons whose primary nighttime residence is a public or private shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
998	Unknown
999	Other

Where used:

Monthly Case Status

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Status: Production	Version: 1	ID: 101087

DD: Return to Inpatient/Revocation Authority

Effective Date: 1/1/2000

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	CDMHP 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).
9	N/A

Where used:

CDMHP Investigation

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Status: Production	Version: 1.01	ID: 101067

DD: Service Date

Effective Date: 1/1/1998

Definition:
Date a service was provided.

Maximum character length: 8

Format: CCYYYYMMDD

Where used:

Outpatient Service

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Status: Production	Version: 1.01	ID: 101031

DD: Service Location

Effective Date: 1/1/2000

Definition:
The code identifying a physical location of staff providing outpatient service.

Notes:

1. Facility and type will be identifiable through other information provided in transaction (e.g., E & T inpatient or psychiatric hospital outpatient).
2. For services via telephone, code location of staff providing service. Telephone contact with consumer will be calculated using the Face-to-Face Indicator (i.e., if location is coded "outpatient facility" and Face-to-Face Indicator is coded "non face-to-face" then service was provided via telephone).

Maximum character length: 1

Codes	Definition
A	Place of Consumer's Residence
B	Place of Consumer's Work
C	Place of Consumer's School
D	General Hospital or Emergency Room
E	Jail or Place of Detention by justice system
F	In Mental Health Outpatient Facility
G	In Inpatient Mental Health Facility (including Community Hospital Psych Unit)
Z	Other Setting in the Community

Where used:

Outpatient Service

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Status: Production	Version: 1.01	ID: 101068

DD: Sexual Orientation

Effective Date: 1/1/1998

Definition:
A code that describes a person's voluntarily stated sexual orientation. This code should not be inferred by the clinician. The information should be collected during assessment, on discharge or upon notification by the person.

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

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Status: Production	Version: 1.01	ID: 101033

DD: Social Security Number

Effective Date: 1/1/2000

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

Maximum character length: 9

SSN Citings for Federal Regulations:
The collection of SSN is required under the following Federal regulations:

- 42CFR433.138
- HCFA Intermediary Manual - Claims Process (Pub. 13-3) INT3 3502 - Health Insurance Claim Number (HICN)
- HCFA Hospital Manual (Pub. 10) HOSPT 304 - Obtaining the Health Insurance Claim Number (HICN)
- HCFA State Medical Manual (All Parts)(Pub. 45) SMM15 15802 - Use and Verification of Social Security Number (SSN)

Where used:

Consumer Demographics

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Status: Production	Version: 1.01	ID: 101071

DD: Surname

Effective Date: 1/1/1998

Definition:
The surname/family/last name of a consumer as provided by an RSN/PHP. 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 our system.

Maximum character length: 30 Variable Length

Where used:

Consumer Demographics

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Status: Production	Version: 1.01	ID: 101072

DD: Title XIX Indicator

Effective Date: 1/1/1998

Definition:
A code to indicate if a person receiving services presented evidence of entitlement to Title XIX benefits. The burden of proof is upon the person receiving the service to present evidence of eligibility. The RSN or their agent may optionally assist the person in establishing such proof.

Maximum character length: 1

Codes	Definition
1	Title XIX Eligible
0	Not Title XIX Eligible

Where used:

Monthly Case Status

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Status: Production	Version: 1.01	ID: 101073

DD: Transaction ID

Effective Date: 1/1/2000

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

Maximum character length: 6

Where used:

Transaction ID	Transaction Title
131.01	Cascade Delete (Full/Partial)
130.02	Cascade Merge
100.01	Case Manager
160.02	CDMHP Investigation
020.04	Consumer Demographics
011.01	Consumer's Case Manager
000.01	Header
070.03	Inpatient Service

162.02	ITA Hearing
035.04	Monthly Case Status
120.02	Outpatient Service

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