

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

**VERSION 3.0**

**Effective: October 17, 2003**

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

For several months, from the fall of 2002 through spring of 2003, the Information System Data Evaluation Committee (ISDEC) formed a small workgroup with a cross section of RSNs represented. This group was formed to address the MHD-CIS Data Dictionary changes required to become compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The Chairperson of the Performance Indicator (PI) workgroup participated in or reviewed the small workgroup's efforts to ensure PI concerns or requirements were met as well.

The work of this small workgroup was presented to the full ISDEC for review and adjustments with the final Data Dictionary document then made available to the RSN Administrators for their review. The last step is approval from MHD Management and the Data Dictionary is then referred to by contract.

## **SUMMARY OF CHANGES**

**Transaction 076.01 Community Hospital Authorization to be phased out of service. Inpatient data to be obtained from MAA reporting.**

**Transaction 075.01 Community Hospital Payment Summary to be phased out of service. RSNs will not pay hospitals directly**

**Transaction 070.04 E&T Inpatient Service to be phased out of service and replaced by HIPAA 837I.**

**Transaction 120.03 Outpatient Service to be phased out of service and replaced by HIPAA 837P.**

These new transactions are compliant with HIPAA regulations. However Trading Partner Agreements between the RSNs and MHD may be used to limit the amount of data required or define technical interface specifications. Trading Partner Agreements are an appendix to this Data Dictionary and are subject to further ISDEC recommended refinement and revision on technical specifications pending full implementation of the HIPAA compliant transactions.

Thanks and appreciation should go to the PI Chairman and ISDEC members for their hard work and cooperation in creating this 2003 MHD-CIS Data Dictionary.

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# Reporting Expectations

Reporting RSNs shall provide to the MHD all data described in the Data Dictionary and HIPAA Trading Partner Agreements for the Mental Health Division Consumer Information System (MHD-CIS), or any successor, incorporated herein by reference. Data shall be submitted within 60 days of the close of each calendar month. Upon the receipt of the data, the MHD will generate an error report. The error report will identify errors and warnings (missing or questionable data values). The reporting RSN shall remedy all data errors within 30 calendar days of the receipt of an error report. The MHD will also monitor the quality of the data throughout the fiscal year. All transactions will be final 180 days after the close of the submission month. Once transactions are final, the reporting RSN shall be liable for any costs associated with additional data processing.

For the following data related to the provision of inpatient services, the conditions in the above paragraph apply, except that this data is not final until 18 months after the close of the submission month.

Comply with HIPAA implementation requirements and standards (e.g., data collection, submission, privacy, and security).

Implement changes made to the MHD data dictionary as required. This version of the Data Dictionary must be implemented by 10/17/03 to meet federal HIPAA regulations. For subsequent versions, the reporting RSN shall have 120 days from the date of published changes to modify their data system.

Ensure that the MHD receives requested information in a manner that will allow for a timely response to inquiries from CMS, the legislature, and other parties about system operations. Such data shall be provided in a time frame developed with the MHD at the time of the request and that takes into consideration the needs of the inquiring party.

RSN reporting of Community Hospital Services paid directly by an RSN have yet to be fully analyzed. It was not expected for this business practice to continue when the initial HIPAA analysis and preparation of this version of the Data Dictionary was done. However, should the practice continue or be adopted by other RSNs, additional work would be necessary to review the 837I and possibly a HIPAA 835 transaction content. In this case, new transaction requirements could be published as part of Trading Partner Agreements. In addition to Inpatient Service information, MHD fiscal will need the equivalent of the following data elements: Amount Paid by Medicare, Authorization Number, Date Paid, Discharge Date, Reimbursement Amount, Total Claim charge, Total Recipient Payment, and Total 3rd Party Reimbursement Amount.

# Implementation Schedule

**Note:** MHD-CIS is planning on processing HIPAA transactions on or before 10/17/03. This will be a phased implementation depending on RSN's ability to send the transaction and MHD's ability to receive and process it. Four transactions are being phased out of service, two of them being replaced by HIPAA Complaint Transactions. Three other transactions may need internal code modification due to HIPAA Implementation; however, these changes should not require change to the transaction format.

Transaction	ID	Comments
Cascade Delete	131.02	Minimum internal change – to reflect new and removed transactions.
Cascade Merge	130.02	No change
Case Manager	100.01	No change.
CDMHP Investigation	160.02	No change.
Clear Month of Service	077.02	Minimal Change. This allows the removal of inpatient and/or outpatient services for a given month so the RSN can resubmit a given month.
Community Hospital Authorization	076.01	To be <b>phased out</b> of use for services authorized after October 17, 2003. RSNs have elected to not report Community Hospital Authorizations. Inpatient Encounter information is to be taken from MAA billing.
Community Hospital Payment Summary	075.01	To be <b>phased out</b> of use after October 17, 2003. This transaction was for RSNs that paid Community Hospitals directly. This is no longer a business practice.
Consumer Demographics	020.05	No changes.
Consumer Periodics	035.06	Minimal change. Diagnosis is now optional in this transaction.
Consumer's Case Manager	011.01	No change.
E&T Inpatient Service	070.04	To be <b>phased out</b> and replaced by HIPAA Compliant 837I.
HIPAA 837 Institutional (E&T Inpatient Service )	837I	<b>New HIPAA Standard Transaction</b> replacing 070.04 Trading Partner Agreements to identify minimum data
HIPAA 837 Professional (Outpatient Service)	837P	<b>New HIPAA Standard Transaction</b> replacing 120.03 Trading Partner Agreements to identify minimum data.
Header	000.01	No change.
Inpatient Services	070.03	Discontinued with the previous Data Dictionary. Available with special MHD/MIS permission for correction of pre 2002 E&T and Inpatient Services.
ITA Hearing	162.02	No change.
Monthly Case Status	035.04	Discontinued for consumers who receive outpatient services after January 1, 2002.
Outpatient Service	120.03	To be <b>phased out</b> and replaced by HIPAA Compliant 837P.

# 2003 Data Dictionary Changes

## Data Element Change Summary

Data Element	Type of Change				Summary of Change
	HIPAA	Sharpen Focus	Discard Element	Add Element	
Admission Date	X				HIPAA 837I
Amount Paid by Medicare	X				HIPAA 837I COB and possibly HIPAA 835 Requirement for inpatient billing information when the RSN pays the community hospital directly.
Authorization Number	X				HIPAA 837I COB and possibly HIPAA 835
Claim Submit Identifier	X				HIPAA 837P and 837I
CPT Code/HCPCS	X				HIPAA 837P and 837I
Date Paid	X				HIPAA 837I COB and possibly HIPAA 835
Diagnosis	X	X			HIPAA 837P, 837I AND optionally used in Consumer Periodics as most recent diagnosis within reporting period.
Discharge Date	X				HIPAA 837I and 835 if needed.
Discharge Disposition	X				To be phased out of service with the Community Hospital Authorization Transaction.
DRG Code	X				To be phased out of service with the Community Hospital Authorization Transaction.
EPSDT Indicator	X				HIPAA 837P
Health Care Service Location	X				HIPAA 837P
Legal Status	X				HIPAA 837I
Minutes of Service	X				HIPAA 837P
Person Identifier Code	X				HIPAA 837P
Provider Number	X				HIPAA 837I COB and possibly HIPAA 835
Reimbursement Amount	X				HIPAA 837I COB and possibly HIPAA 835
RSN at Discharge	X				To be phased out of service with the Community Hospital Authorization Transaction.
Service Date	X				HIPAA 837P and 837I
Total Claim Charge	X				HIPAA 837I COB and possibly HIPAA 835



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Total Recipient Payment	X				HIPAA 837I COB and possibly HIPAA 835
Total Third Party Payment Amount	X				HIPAA 837I COB and possibly HIPAA 835

NOTE: There are a number of Data Elements identified above as related to the HIPAA 837I COB and 835 Transactions. If the business practice of an RSN directly paying for hospital inpatient services rather than submitting claims to Medical Assistance continues or is revised, the 837I and 835 Transaction may be needed. They would replace the Community Hospital Payment Summary Transaction (075.01), which is to be phased out of service. The COB portion of a HIPAA 837I may meet the fiscal data requirements but further will be needed. If necessary, new transaction specifications can be added as part of Trading Partner Agreements.

# MHD-CIS Data Dictionary Transactions

Last update: DRAFT for 2003

Status: Production	Version: 1	ID: 10018
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## 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 may delegate his/her 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 coordinated 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 "131.02"

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

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

### Edits:

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23306	Soft Error: Consumer ID for Contractor has been previously voided. Transaction not posted.

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 10015
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## 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 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*)  
Consumer ID (*The ID to be voided*)

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

### Edits:

Message Number	Message
23008	Error: Primary Key Fields cannot be blank or null. Transaction not posted.
22007	Error: Referenced Consumer ID 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.
23306	Soft Error: Consumer ID for Contractor has been previously voided. Transaction not posted.
23307	Soft Error: Referenced Consumer ID for Contractor has been previously voided. Transaction not posted.
23313	Error: CID and Referenced CID are equal. Transaction not posted.

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 10003
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## 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 - enter 10 digits including Area Code then extension or other)*  
 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:**

Message Number	Message
23100	Soft Error: No Case Manager row found for RUID %s and CaseManagerID%s. Delete not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23003	Error: Reporting Unit ID%s unknown. Transaction not posted.
23038	Error: Case Manager Primary Phone cannot be blank or null. Transaction not posted.
23039	Error: Case Manager Password cannot be blank or null. Transaction not posted.
30037	Warning: Invalid primary phone number - Need full 10 digits including Area Code.

Note % signs above replaced by actual ID values when message sent.

Status: Production	Version: 2	ID: 10007
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## Transaction: CDMHP Investigation

**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. A crisis worker who is not a CDMHP 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 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.

The intent of this transaction is to record CDMHP investigations only. Activities performed by a CDMHP 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 MHD recommended criteria for when a CDMHP activity becomes an 'investigation' is when the decision to investigate has been made and the CDMHP reads the person his/her rights. The trigger is reading the person his/her rights.

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. When Code 5 is used for Investigation Outcome, the Legal Reasons for Detention/Commitment should be codes A-D and not Z.

**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 "HIPAA 837P Outpatient Service" transaction.  
If the Legal Reasons for Detention/Commitment contain contradictory code values (e.g. AZ) the "Z" will be discarded and a warning will be produced in the exception report.

**Edits:**

Message Number	Message
23098	Soft Error: Record does not exist. Delete rejected.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
22172	Warning: Time is invalid. Time should be HHMM and between 0000 and 2399.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30001	Error: Investigation Outcome required. Transaction not processed.
23154	Error: RUID not valid for Inpatient facility. Transaction not posted.
23155	Error: Invalid Return to Inpatient/RevocationAuthority Code.
30038	Error: Invalid Investigation County Code. Transaction not processed.
30039	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200137
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## Transaction: Clear Month of Service

**Effective Date:** 1/1/2002

**Definition:**

This transaction is used to remove all outpatient/inpatient service transactions for a given RSN and month of service. Use this transaction when you intend to resubmit all inpatient or outpatient services for a given month. Please consult with MHD IS staff before submitting this transaction. Special processing will be required to deal with data from HIPAA transactions, which can be reset to initial values but not deleted.

**Transaction ID:** Value: "077.02"

**Primary Key:** Reporting Unit ID (*for the RSN*)  
Month of Service (*CCYYMM*)

**Body:** Type of Service Transaction

*"O" = All OP Service including 837P HIPAA Transactions*

*"ET" = All E&T Service including 837I Transactions*

*"CHA" = All Community Hospital Authorizations: For removing old transactions with Month of Service dates prior to HIPAA implementation*

*"CHB" = All Community Hospital Payment Summary For removing old transactions with Month of Service dates prior to HIPAA implementation)*

**Edits:**

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
30015	Error: Month of Service is invalid date format. Transaction not processed.

<b>Status:</b> Phased Out	<b>Version:</b> 2	<b>ID:</b> 200136
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## Transaction: Community Hospital Authorization (076.01)

**Effective Date:** 10/17/2003 To be phased out of service except for historical data corrections.

**Definition:**

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Used only to make corrections to data submitted prior to HIPAA implementation. See Previous Data Dictionary for data and format requirements.

<b>Status:</b> Phased Out	<b>Version:</b> 2	<b>ID:</b> 200106
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## Transaction: Community Hospital Payment Summary (075.01)

**Effective Date:** 10/17/2003 To be phased out of service except for historical data corrections.

**Definition:**

Used only to make corrections to data submitted prior to HIPAA implementation. See Previous Data Dictionary for data and format requirements.

<b>Status:</b> Production	<b>Version:</b> 1.03	<b>ID:</b> 10006
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## Transaction: Consumer Demographics

**Effective Date:** 1/1/2002

**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: "020.05"

**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  
Race



Ethnicity  
 Hispanic Origin  
 Preferred Language  
 Social Security Number  
 Sexual Orientation

**Edits:**

<b>Message Number</b>	<b>Message</b>
23096	Soft Error: Consumer ID for RSN ID has been voided. Add/Change 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.
23024	Error: Surname is blank or null. Transaction not posted.
23023	Error: Given Name is blank or null. Transaction not posted.
22121	Warning: Date of Birth is blank or null.
22120	Warning: Date of Birth is not valid, should be 8 digits in format CCYYMMDD.
30040	Error: Date of Birth can not be beyond current date. Transaction not posted.
22130	Warning: Gender is invalid, set to 3 - Unknown.
22131	Warning: Gender is blank or null, set to 3 - Unknown.
23026	Error: Ethnicity Code is null or blank. Transaction not posted.
23025	Error: Ethnicity Code is not valid. Transaction not posted.
24725	Warning: Ethnicity Code submitted is no longer in use. Please correct and submit again.
23028	Error: Hispanic Origin code is null or blank. Transaction not posted.
23027	Error: Hispanic Origin code is not valid. Transaction not posted.
23032	Error: Language code is null or blank. Transaction not posted.
23029	Error: Language code is not valid. Transaction not posted.
22000	Warning: Social Security Number is blank.
22001	Warning: Social Security Number is not valid. Set to blank.
23036	Error: Sexual Orientation Code is blank. Transaction not posted.
23035	Error: Sexual Orientation Code is invalid. Transaction not posted.

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 10012
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## Transaction: Consumer Periodics

**Effective Date:** 1/1/2002

**Definition:**

Consumer Periodics are collected at intake, and reported at least every 3 months, or on change. Please note that a warning message will be posted for outpatient service transactions where there does not exist a Consumer Periodics within the last 3 months of service.

**Transaction ID:** Value "035.06"

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

**Primary Key:** Reporting Unit ID (*Contractor or RSN*)  
 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 - OPTIONAL Four occurrences - use ICD9 format  
 This is the predominant mental health diagnosis within the period. It may be different than a specific medical encounter diagnosis as reported using a HIPAA 837 transaction.  
 Use Primary Diagnosis as first entry if provided.  
 Use Secondary Diagnosis as next entry if provided.  
 Use Third and Fourth diagnosis as appropriate.  
 Use tabs to skip optional entry.  
 Impairment Kind  
 Annual Gross Income  
 Number of Dependents  
 GAF - (*Global Assessment of Functioning*)  
 CGAS - (*Children Global Assessment Scale*)  
 DC03 - (*Assessment for Children 5 years of age or younger*)

**Edits:**

Message Number	Message
23092	Error: Contractor ID provided not valid. Transaction not posted

23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30031	Error: CID has been merged or deleted. Transaction not posted.
30014	Error: GAF, CGAS and/or DC03 contain invalid values. Transaction not posted.
30018	Error: Non Numeric Gross Income. (Money field and Nulls are allowed) Transaction not posted.
30019	Error: Non Numeric Number of Dependents. Transaction not posted.
22192	Warning: Impairment Kind codes field is blank or null. Set to Z (None).
30020	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30021	Warning: Priority Code is blank or null. Set to 'O'.
30022	Error: Invalid Priority Code. Transaction not posted.
30023	Warning: Living Situation blank or null. Set to '99' = Unknown.
30024	Error: Invalid Living Situation Code. Transaction not posted.
30025	Warning: Grade is blank or null. Set to '99' = Unknown.
30026	Error: Invalid Grade. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30028	Error: Invalid Education code. Transaction not posted.
30029	Warning: Employment is blank or null. Set to '9' = Unknown.
30030	Error: Invalid Employment code. Transaction not posted.
30034	Warning: Should have at least one non-zero assessment: GAF, CGAS, or DC03.

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 10005
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## Transaction: Consumer's Case Manager

**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 referenced 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 provided 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.

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**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:**

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23314	Error: Case Manager transaction not found for CaseMgrID and CaseMgrRUID. Transaction not posted.
23011	Error: No Consumer Case Manager data found for RUID %s, CID %s. Delete not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.

Note % signs above replaced by actual ID values when message sent.

<b>Status:</b> Phased Out Replaced by HIPAA 837I	<b>Version:</b> 2	<b>ID:</b> 10009
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## Transaction: E&T Inpatient Service (070.04)

**Effective Date:** 10/17/2003 **To be phased out of service except for historical data corrections.**

**Definition:**

Used only to make corrections to data submitted prior to HIPAA implementation. See Previous Data Dictionary for data and format requirements.

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 10001
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## 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 and all batches are processed in Batch Number order.

**Edits:**

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

Note % signs above replaced by actual ID values when message sent.

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 10017
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## Transaction: ITA Hearing

**Effective Date:** 1/1/2000

**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 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:**

Message Number	Message
23098	Soft Error: Record does not exist. Delete rejected.
30005	Error: Invalid RUID for Eval and Treatment Ctr or Hospital. Transaction not processed.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23003	Error: Reporting Unit ID %s unknown. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30003	Error: Hearing Outcome Code is invalid. Transaction not processed.
30004	Error: Invalid Hearing County Code. Transaction not processed.

Note % signs above replaced by actual ID values when message sent.

**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

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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).

<b>Status:</b> Phased Out Replaced by HIPAA 837P	<b>Version:</b> 2	<b>ID:</b> 10013
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## **Transaction: Outpatient Service (120.03)**

**Effective Date:** 10/17/2003 **To be phased out of service except for historical data corrections.**

**Definition:**

Used only to make corrections to data submitted prior to HIPAA implementation. See Previous Data Dictionary for data and format requirements.



# MHD CIS Data Definitions

Last update: DRAFT for 2003

Data Definitions are listed alphabetically below. Those that will be replaced or impacted by HIPAA have been annotated and their definition will not be reproduced here. For HIPAA specific data definitions, refer to the appropriate HIPAA Transaction Implementation Guides.

Sub Object	Status	Version	ID
<u>Action Code</u>	Production	1.01	101001
<u>Admission Date</u> Replaced by HIPAA	HIPAA Definition	1.02	101039
<u>Amount Paid by Medicare</u>	HIPAA Definition	1	200118
<u>Annual Gross Income</u>	Production	1	200123
<u>Authorization Number</u>	HIPAA Definition	1.02	101083
<u>Batch Date</u>	Production	1.01	101003
<u>Batch Number</u>	Production	1.01	101004
<u>Case Manager Comment</u>	Production	1.01	101005
<u>Case Manager ID</u>	Production	1.01	101006
<u>Case Manager Password</u>	Production	1.01	101007
<u>Case Manager Phone</u>	Production	1.01	101008
<u>CGAS</u>	Production	1	200145
<u>Claim Submit Identifier</u> Replaced by HIPAA	HIPAA Definition	1	200140
<u>Consumer ID</u>	Production	1.02	101010
<u>County Code</u>	Production	1.01	101011

<u>County of Residence</u>	Production	1.02	200130
<u>CPT Code Replaced by HIPAA</u>	HIPAA Definition	1	200142
<u>Date of Birth</u>	Production	1.01	101014
<u>Date Paid</u>	HIPAA Definition	1	200110
<u>DC03</u>	Production	1	200147
<u>Diagnosis Replaced by HIPAA except for Consumer Periodics where diagnosis is now optional</u>	Production and HIPAA Definition	1	200131
<u>Discharge Date Replaced by HIPAA</u>	HIPAA Definition	1.02	101050
<u>Discharge Disposition</u>	Phased Out	1	200148
<u>DRG Code</u>	Phased Out	1	200143
<u>Education</u>	Production	1.02	101051
<u>Employment Status</u>	Production	1.02	101053
<u>EPSDT Indicator Replaced by HIPAA</u>	HIPAA Definition	1	200146
<u>Ethnicity</u>	Production	1.02	101017
<u>GAF Score</u>	Production	1	200135
<u>Gender</u>	Production	1.01	101019
<u>Given Names</u>	Production	1.01	101020
<u>Grade Level</u>	Production	1	200128
<u>Health Care Service Location Replaced by HIPAA</u>	HIPAA Definition	1	200126
<u>Hearing County</u>	Production	1	101077
<u>Hearing Date</u>	Production	1	101076
<u>Hearing Outcome</u>	Production	1	101078
<u>Hispanic Origin</u>	Production	1.01	101021

<u>Impairment Kind</u>	Production	1.02	101022
<u>Investigation County</u>	Production	1.01	101058
<u>Investigation Date</u>	Production	1.01	101059
<u>Investigation Outcome</u>	Production	1.01	101060
<u>Investigation Start Time</u>	Production	1.01	101061
<u>Legal Reasons for Detention/Commitment</u>	Production	1	101088
<u>Legal Status Replaced by HIPAA</u>	HIPAA Definition	1.02	101062
<u>Living Situation</u>	Production	1	200129
<u>Minutes of Service Replaced by HIPAA</u>	HIPAA Definition	1.01	101063
<u>Month of Periodic</u>	Production	1	200141
<u>Month of Service</u>	Production	1	200138
<u>Number of Dependents</u>	Production	1	200124
<u>Person Identifier Code Replaced by HIPAA</u>	HIPAA Definition	1.01	101018
<u>Preferred Language</u>	Production	1.02	101024
<u>Priority Code</u>	Production	1.02	101026
<u>Provider Number</u>	HIPAA Definition	1	200109
<u>Race</u>	Production	1	200144
<u>Reimbursement Amount</u>	HIPAA Definition	1	200116
<u>Reporting Unit ID</u>	Production	1.02	101027
<u>Return to Inpatient/Revocation Authority</u>	Production	1	101087
<u>RSN at Discharge</u>	Phased Out	1.01	200149
<u>Service Date Replaced by HIPAA</u>	HIPAA Definition	1.01	101067
<u>Sexual Orientation</u>	Production	1.01	101068

<u>Social Security Number</u>	Production	1.01	101033
<u>Surname</u>	Production	1.01	101071
<u>Total Claim Charge</u>	HIPAA Definition	1	200113
<u>Total Recipient Payment</u>	HIPAA Definition	1	200115
<u>Total Third Party Payment Amount</u>	HIPAA Definition	1	200114
<u>Transaction ID</u>	Production	1.02	101073
<u>Type of Service Transaction</u>	Production	1	200139

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101001
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## DD: Action Code

**Effective Date:** 1/1/2000

**Definition:**

Most batch transactions sent to the Mental Health Division/Consumer Information System 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 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 (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 exist, then inform the Contractor that the MHD-CIS has no record to delete.

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200123
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## DD: Annual Gross Income

**Effective Date:** 1/1/2002

**Definition:**

Average annual family income. Family defined as members who normally share living environment who share income. Does not include income of group home members, other shelter members or inpatient roommates. Use the information available or best estimation in

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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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101003
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## 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101004
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## 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101005
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## 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 purpose 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101006
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## 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 shares 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101007
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## DD: Case Manager Password

**Effective Date:** 1/1/1998

**Definition:**

A keyword that 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101008
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## DD: Case Manager Phone

**Effective Date:** 1/1/1998

**Definition:**

The phone number where the appointed case manager can be reached. It is important that the area code be included so that someone calling from outside a given RSN's area can reach the appropriate contact point. The recommended format is the full ten (10) digit phone number including the area code then any extension if known. This telephone number will be displayed in the Case Management Locator System exactly as entered.

**Maximum character length:** Minimum 10 - 20 Variable Length

**Where used:** Case Manager



<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200145
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## DD: CGAS

**Effective Date:** 1/1/2002

**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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101010
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## DD: Consumer ID

**Effective Date:** 1/1/2002

**Definition:**

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

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**Maximum character length:** 20 Variable Length

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

**Where used:** Consumer Demographics  
Cascade Delete (Full/Partial)  
Cascade Merge  
CDMHP Investigation  
Consumer Periodics  
Consumer's Case Manager  
ITA Hearing

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101011
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## 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).

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)  
 CDMHP Investigations (Investigation County)  
 ITA Hearing (Hearing County)

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 200130
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## DD: County of Residence

**Effective Date:** 1/1/2002

**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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101014
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## 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 types of birth dates are usually attributed to the adult population.

**Where used:** Consumer Demographics

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200147
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## DD: DC03

**Effective Date:** 1/1/2002

**Definition:**

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) is a product of eight years of work by ZERO TO THREE'S multidisciplinary Diagnostic Classification Task Force. The task was to develop the first comprehensive guide to assessment, diagnosis and treatment planning for mental health problems in children, from infants to toddlers. (See <http://www.zerotothree.org>)

Zero to 100 scale describes the child's level of functioning. Complements DSM-IV. Original Source: Zero to Three/ National Center for Clinical Infant Programs, 1994 Current Codes available from the Washington Institute for Mental Illness Research & Training (WIMIRT). Use code 000 for inadequate information.

**Note:** MHD will also use the DC03 for 4 and 5-year-old children. CGAS is used for 6-17 year olds

**Maximum character length:** 3 (left zero fill)

**Where used:** Consumer Periodics

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200131
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## DD: Diagnosis

**Effective Date:** 1/1/2002

**Definition:**

The diagnosis, ICD-9CM format, for most recent or relevant treatment.

**Maximum character length:** 3 to 6 (Or tabbed over if not reported)

**Note:** ICD-9CM may be coded as three digits with no period.

**Where used:** Consumer Periodics

In the Consumer Periodics Transaction, Diagnosis is optional. Up to four diagnosis (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 a HIPAA 837 transaction.

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101051
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## DD: Education

**Effective Date:** 1/1/2002

**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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101053
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## DD: Employment Status

**Effective Date:** 1/1/2002

**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. MHD 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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101017
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## DD: Ethnicity

**Effective Date:** 1/1/2002

**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



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660	Guamanian or Chamorro
655	Samoaan
999	Not reported/Unknown

**Where used:** Consumer Demographics

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<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200135
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## **DD: GAF Score**

**Effective Date:** 1/1/2002

**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

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<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101019
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## 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

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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101020
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## 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

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200128
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## DD: Grade Level

**Effective Date:** 1/1/2002

**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

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 101077
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## 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

Status: Production	Version: 1	ID: 101076
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## 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

Status: Production	Version: 1	ID: 101078
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## DD: Hearing Outcome

**Effective Date:** 1/1/2000

**Definition:**

Code representing the number of days committed as a result of a court order.

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

**Special Note for Codes 7 and 8:** These are court-hearing outcomes based on petitions for revocation filed by the CDMHP. The CDMHP 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 CDMHP's action and returns the person to inpatient for the remainder of their time. The court may also may return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

**Maximum character length:** 1

Code	Definition
0	Dismissed

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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

Status: Production	Version: 1.01	ID: 101021
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## 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:** 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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101022
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## DD: Impairment Kind

**Effective Date:** 1/1/2002

### 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. 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).

**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.**

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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101058
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## DD: Investigation County

**Effective Date:** 1/1/2000

**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:** CDMHP Investigation

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101059
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## 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101060
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## 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 extension
6	Referred to non-mental health community resources.
9	Other.

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

**Where used:** CDMHP Investigation

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101061
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## DD: Investigation Start Time

**Effective Date:** 1/1/2000

**Definition:**

Time of day an investigation was started.



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**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

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 101088
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## **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 13 and over (Children under 13 may not be detained through the ITA process). If more than one reason applies, select all that apply.

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

**Maximum character length: 4**

<b>Code</b>	<b>Definition</b>
A	Dangerous to self
B	Dangerous to others
C	Gravely disabled
D	Dangerous to property
Z	NA-person was not involuntarily detained under ITA

**Where used:** CDMHP Investigation

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200129
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## DD: Living Situation

**Effective Date:** 1/1/2002

**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	<p>Private Residence without support:</p> <p>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.</p>
20	<p>Private Residence receiving support:</p> <p>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.</p>
30	<p>Foster Home:</p> <p>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.</p>
40	<p>24-Hour Residential Care:</p> <p>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.</p>

50	<p><b>Institutional Setting:</b></p> <p>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.</p>
60	<p><b>Jail/Juvenile Correction Facility:</b></p> <p>Individual resides in a Jail and/or Correctional facility with care provided on a 24-hour, 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.</p>
70	<p><b>Homeless/Shelter:</b></p> <p>A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists.</p> <p>A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:</p> <ul style="list-style-type: none"> <li>A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations,</li> <li>B) an institution that provides a temporary residence for individuals intended to be institutionalized, or</li> <li>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).</li> </ul>
80	Other.
99	Unknown: Information on an individual's residence is not available.

**Where used:** Consumer Periodics

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200141
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## DD: Month of Periodic

**Effective Date:** 1/1/2002

**Definition:**

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

**Maximum character length:** 6.

**Where used:** Consumer Periodics

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200138
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## DD: Month of Service

**Effective Date:** 1/1/2002

**Definition:**

The year and month of service. Format: CCYYMM

**Maximum character length:** 6.

**Where used:** Clear Month of Service

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200124
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## DD: Number of Dependents

**Effective Date:** 1/1/2002

**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.

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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

**Where used:** Consumer Periodics

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101024
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## DD: Preferred Language

**Effective Date:** 1/1/2002

**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

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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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101026
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## DD: Priority Code

**Effective Date:** 1/1/2002

**Definition:**

Refer to RCW 71.24.025. 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 can not 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	Acutely Mentally Ill- 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>Chronically Mentally Ill Adult- an adult who has a mental disorder and meets at least one of the following criteria:</p> <ul style="list-style-type: none"> <li>-2 or more inpatient hospitalizations with the last 2 years,</li> <li>-continuous psychiatric hospitalization or residential treatment longer for more than 6 months out the preceding year,</li> <li>-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</li> </ul>
D	<p>Seriously Disturbed person- 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 :</p> <ul style="list-style-type: none"> <li>-is gravely disabled or presents a likelihood of serious harm to themselves or others, or to property;</li> <li>-has been on conditional release, or under a less restrictive alternative order at some time during the preceding two years;</li> <li>-has continuing suicidal preoccupation or attempts.</li> </ul>
E	<p>Severely emotionally disturbed child- 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:</p> <ul style="list-style-type: none"> <li>-has undergone involuntary treatment or out of home placement related to a mental disorder within the last two years;</li> <li>-is currently served by juvenile justice, child-protection/welfare, special education, or developmental disabilities;</li> <li>-is at risk of escalating maladjustment due to: <ul style="list-style-type: none"> <li>-chronic family dysfunction involving a mentally ill or inadequate caretaker;</li> <li>-changes in custodial adult;</li> <li>-going to, residing in, or returning from out of home placement;</li> <li>-subject to repeated physical abuse or neglect;</li> <li>-drug or alcohol abuse;</li> <li>-homelessness.</li> </ul> </li> </ul>
O	<p>Other- Does not meet the criteria for Acutely mentally ill, Chronically mentally ill, Seriously disturbed, or Severely Emotionally Disturbed.</p>

Where used: Consumer Periodics

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200144
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## DD: Race

**Effective Date:** 1/1/2002

**Definition:**

Code indicating the racial or ethnic background of a person as initially defined for reporting under HIPAA regulations on the HIPAA 834 Plan Enrollment form. Since the 834 Transaction is not currently used in the MHD/RSN transaction environment this data element is retained in the MHD Consumer Demographics transaction as a place holder for potential future use. If not entered on a Consumer Demographics Transaction (blank), the value will be calculated from the reported Ethnicity and Hispanic Origin

**NOTE:** The data elements Ethnicity and Hispanic Origin will continue being used to satisfy the other federal (reporting, funding and managed care) requirements until such time as there is a clarification from the competing federal authorities.

**Maximum character length:** 1 (leave blank if not reported)

Codes	Definition
7	Not Provided
A	Asian or Pacific Islander
B	Black
C	Caucasian
H	Hispanic
I	American Indian or Alaskan Native
N	Black (Non-Hispanic)
O	White (Non-Hispanic)

**Where used:** Consumer Demographics



<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101027
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## DD: Reporting Unit ID

**Effective Date:** 1/1/2002

**Definition:**

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

**Maximum character length:** 4 (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  
 Clear Month of Service  
 Cascade Delete (Full/Partial)  
 Cascade Merge  
 Case Manager  
 CDMHP Investigation  
 Consumer Demographics  
 Consumer Periodics  
 Consumer's Case Manager  
 ITA Hearing

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 101087
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## 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) or RCW 71.34 for kids.
9	N/A.

**Where used:** CDMHP Investigation

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101068
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## 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 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

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101033
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## 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 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 be available for mental health consumers.

**Where used:** Consumer Demographics

<b>Status:</b> Production	<b>Version:</b> 1.01	<b>ID:</b> 101071
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## 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

<b>Status:</b> Production	<b>Version:</b> 1.02	<b>ID:</b> 101073
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## DD: Transaction ID

**Effective Date:** 1/1/2002

**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 (Full/Partial)
130.02	Cascade Merge
100.01	Case Manager
160.02	CDMHP Investigation
077.02	Clear Month of Service
076.01	Community Hospital Authorization - May be used until HIPAA transaction implementation. Once phased out of service this transaction would only be used for historical data updates.
075.01	Community Hospital Payment Summary - May be used until HIPAA transaction implementation. Once phased out of service this transaction would only be used for historical data updates.
020.04	Consumer Demographics
035.06	Consumer Periodics
011.01	Consumer's Case Manager
000.01	Header
070.04	ET Inpatient Service - Used until phased out and replaced by HIPAA transactions. Once phased out of service this transaction would only be used for pre-HIPAA historical data updates.
162.02	ITA Hearing
120.03	Outpatient Service - Used until phased out and replaced by HIPAA transaction. Once phased out of service this transaction would only be used for pre-HIPAA historical data updates.

**Where used:** Transactions identified in the previous table.

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 200139
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## DD: Type of Service Transaction

**Effective Date:** 1/1/2002

**Definition:**

Identifies the type of service transactions that are to be removed based on a given month and year.

**Maximum character length:** 3.

Code	Description
O	All OP Services Transactions
ET	All E&T Services Transactions

**Where used:** Clear Month of Service

# MHD-CIS HIPAA Transactions

## Federal Standards – HIPAA Implementation Guides

The National Electronic Data Interchange (ANSI ASC X12N) Transaction Set Implementation Guides for HIPAA has complete specifications for the full HIPAA Transactions which are quite robust in content. The Transaction Guides and their Addendum are the official source for transaction specifications and data definitions. The CIS-MHD Data Dictionary will not attempt to duplicate the information in those guides, rather refer to appropriate sections by the page numbers.

These implementation guides provide standardized data requirements and content for all users of the HIPAA transactions. The purpose of the implementation guide is to expedite the goal of achieving a totally electronic data interchange health encounter/claims processing and payment environment. This implementation guides provides a definitive statement of what data translators must be able to handle. The implementation guides also specify limits and guidance to what a provider (submitter) can place in a transaction. The implementation guides are intended to be compliant with the data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

## Trading Partner Agreements

It is appropriate and prudent for data exchange partners to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements **MUST** be completely described in the Implementation Guides for the standards, and **NOT** modified by specific trading partners. Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system? Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements **NOT**:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide
- Add any additional data elements or segments to this Implementation Guide
- Utilize any code or data values, which are not valid in this Implementation Guide
- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

## Transaction Detail

Two standard MHD/CIS transactions are being replaced by HIPAA Transactions.

Sub Object	Status	Version	ID
HIPAA 837I replacing ET Inpatient Service	New	1	20001
HIPAA 837P replacing Outpatient Service	New	1	20002

Status: Production	Version: 1	ID: 20001
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## HIPAA Transaction: 837 Institutional (E&T)

### Definition:

This transaction identifies a consumer's stay in an Evaluation and Treatment Facility

**Effective Date: 10/17/2003**

**HIPAA FORMAT** – See HIPAA Health Care Claim: Institutional 837 ASC X12N 837 (004010X096), its successors and subsequent HIPAA Transaction Guide Addenda.

- Interchange Control Header
  - Functional Group Header
  - Transaction Set Header
  - Beginning of Hierarchical Transaction
  - Transmission Type Identification
    - <1000A> Submitter Name
    - <1000A> Submitter EDI Contact Information
    - <1000B> Receiver Name
      - <2000A> Billing/Pay-To Provider Hierarchical Level
      - <2010AA> Billing Provider Name
      - <2010AA> Billing Provider Address
      - <2010AA> Billing Provider City/State/ZIP
      - <2010AA> Billing Provider Secondary Identification
      - <2010AA> Billing Provider Contact Information
        - <2000B> Subscriber Hierarchical Level
        - <2000B> Subscriber Information
        - <2010BA> Subscriber Name
        - <2010BA> Subscriber Address
        - <2010BA> Subscriber City/State/ZIP Code
        - <2010BA> Subscriber Demographic Information
        - <2010BC> Payer Name
          - <2300> Claim Level Information
          - <2300> Discharge Hour
          - <2300> Statement Dates
          - <2300> Admission Date/Hour
          - <2300> Institutional Claim Code
          - <2300> Principal, Admitting, E-Code, And Patient Reason For Visit Diagnosis Information
          - <2300> Other Diagnosis Information
          - <2310A> Attending Physician Name
          - <2400> Service Line
          - <2400> Institutional Service Line
- Transaction Set Trailer

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- Functional Group Trailer
- Interchange Control Trailer

**HIPAA TRANSACTION CONTENT** – See HIPAA Health Care Claim: Institutional 837 ASC X12N 837 (004010X096) or its successor, 837 ADDENDA, and MHD/RSN Trading Partner Agreements.

Note: For the purposes of reporting E&T Inpatient Services not all portions of the HIPAA Transaction will be needed. MHD must be able to accept and process a full transaction however many “loops” (HIPAA term for or specific sets of data) will not be acted upon by MHD and therefore are not necessary to use.

**See Appendix A: Trading Partner Agreements**

<b>Status:</b> Production	<b>Version:</b> 1	<b>ID:</b> 20002
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## **HIPAA Transaction: 837 Professional (Outpatient Services)**

**Definition:**

This transaction documents outpatient services for a specific consumer.

**Effective Date:** 10/17/2003

**HIPAA FORMAT** – See HIPAA Health Care Claim: Professional 837 ASC X12N 837 (004010X098) its successors and subsequent HIPAA Transaction Guide Addenda.

- Interchange Control Header
- Functional Group Header
- Transaction Set Header
- Beginning of Hierarchical Transaction
- Transmission Type Identification
  - <1000A> Submitter Name
  - <1000A> Submitter EDI Contact Information
  - <1000B> Receiver Name
    - <2000A> Billing/Pay-To Provider Hierarchical Level
    - <2010AA> Billing Provider Name
    - <2010AA> Billing Provider Address
    - <2010AA> Billing Provider City/State/ZIP
    - <2010AA> Billing Provider Secondary Identification
    - <2010AA> Billing Provider Contact Information
      - <2000B> Subscriber Hierarchical Level
      - <2010BA> Subscriber Name
      - <2010BB> Payer Name
        - <2300> Claim Level Information
        - <2300> Prior Authorization or Referral Number



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- <2300> Medical Record Number
  - <2300> Health Diagnosis Code
  - <2400> Service Line
  - <2400> Professional Service
  - <2400> Date - Service Date
  - <2400> Line Item Control Number
- Transaction Set Trailer
  - Functional Group Trailer
  - Interchange Control Trailer

**HIPAA TRANSACTION CONTENT** – See HIPAA Health Care Claim: Professional 837 ASC X12N 837 (004010X098) or its successor, 837 ADDENDA, and MHD/RSN Trading Partner Agreements.

For the purposes of reporting Outpatient Services not all portions of the HIPAA Transaction will be needed. MHD must be able to accept and process a full transaction however many “loops” (HIPAA term for or specific sets of data) will not be acted upon by MHD and therefore are not necessary to use.

**See Appendix A: Trading Partner Agreements**

