## Memorandum

**Date:** October 22, 1997

**To:** Users of MHD Data Dictionary

**From:** Jack Morris, Chief
Business Technology, MHD

**RE:** REVISION TO THE MHD DATA DICTIONARY DATED 9/11/97

The following page replacements are rendered for the Mental Health Division Consumer Information System (MHD/CIS) Data Dictionary. The data dictionary with these changes is posted on the MHD Intranet server (http://mhdsql.mhd.dshs.wa.gov) under the index "Database".

**SUMMARY OF CHANGES**

Section II:
Page 16: Changed wording: "This transaction identifies an adult ***non-foresnic*** consumer's authorized stay at a State Hospital.".
Page 18: Remove - ITA Hearing Transaction is to be deleted.
Page 19: Revised Transaction: The transaction number has been incremented to 035.03. Data element "Residential Arrangement has been added to the transaction. Data elements "Adults in Independent Living" and "Vocational Rehabilitation Participation" have been removed from the transaction.
Page 23: Remove - Residential Usage Transaction is to be deleted.

Section III:
Page 4: Remove - Adults in Independent Living is to be deleted.
Page 22: Remove - Days Commitment by Court is to be deleted.
Page 23: Remove - Days in Residence is to be deleted.
Page 24: Ignore - Detention Age Group - It will be calculated.
Page 25: Changed wording: "A code to indicate the county a person was

detained ***in*** under the Involuntary Treatment Act."
Page 28: Changed wording: "A code to indicate if service was delivered directly ~~to the consumer or someone related~~ to the consumer."
Page 42: Remove - Hearing County is to be deleted.
Page 43: Remove - Hearing Date is to be deleted.
Page 44: Remove - Hearing Outcome is to be deleted.
Page 52: Changed wording:
For code "2" changed - "~~Referral to hospital/outpatient services~~ ***Referred for Voluntary Mental Health Services***."
For code "9" changed - "~~None/No action taken~~ ***Lack of Mental health follow-up***."
Page 53: Ignore - Investigation Start Time - value will default to blanks.
Page 63-64: Revised wording and scope: See revised note on page 63. See added reference on page 64.
Page 65: Remove - RSN Funded Residential Type is to be deleted.
Page 70: Remove - Service Month is to be deleted.
Page 81: Remove - Vocational Rehabilitation Participation is to be deleted.

All changes will be inclusive as part of the January 1 1997 deliverable per contract terms.

If you have questions about the January 1, 1998 implementation, please contact Bill Gilman at (360) 902-0826, e-mail gilmawd@dshs.wa.gov or me at (360) 902-0792.

Attachments: 7 page replacements

# Mental Health Division
# Consumer Information System (MHD/CIS)

# Data Dictionary

Effective Implementation Date
January 1, 1998

## *Table of Contents*

Section I: Change Summary

Section II: Batch Transaction Formats

Section III: Data Definitions

# Mental Health Division
# Consumer Information System (MHD/CIS)

# Section
# I
# Change Summary

# MHD/CIS Change Summary

## Introduction:

This ***data dictionary*** is identified by reference in contract. This dictionary is divided into 3 parts: the Change Summary, Batch Transaction formats and Data Definitions. This release incorporates published updates: July 18, 1997 and September 3, 1997.

## Changes to Transaction:

On January 1, 1998, the following transactions will no longer be processed by the MHD/CIS.

1. Transaction ID 030.01: Consumer ID
2. Transaction ID 111.01: Residential Situation
3. Transaction ID 140.01: State Funding Source
4. Transaction ID 150.01: Status
5. Transaction ID 210.02: Tier Placement

On January 1, 1998, the following transactions will be replaced to reflect changes in formats:

1. Transaction ID 020.02: Consumer Demographics will be replaced with
   Transaction ID 020.03: Consumer Demographics.
2. Transaction ID 150.01: Status will be replaced with
   Transaction ID 150.02: Current Status

The following transactions will be valid for information associated with service prior to January 1, 1998. These transactions will be retired and will become invalid on April 1, 1998.

1. Transaction ID 035.01: Case Review - The Case Review Month must be prior to January 1998.
2. Transaction ID 010.01: Consumer Cross Reference
3. Transaction ID 070.01: Inpatient Service - The Start Date must be prior to January 1, 1998.
4. Transaction ID 090.01: Priority - The Event Date must be prior to January 1, 1998.
5. Transaction ID 120.01: Service Detail- The Event Date must be prior to January 1, 1998.

Effective April 1, 1998, the following revised transactions will be valid only for Consumers with a unique identifier assigned by a Contractor.

1. Transaction ID 011.01: Consumer Case Manager
2. Transaction ID 020.03: Consumer Demographics
3. Transaction ID 150.02: Current Status

New transaction replacing old transactions where the data is to be collected on consumer served on January 1, 1998 forward.

1. Transaction ID 020.03: **Consumer Demographics** replaces
   Transaction ID 020.02: **Consumer Demographics**
2. Transaction ID 150.02: **Current Status** replaces
   Transaction ID 150.01: **Status**
3. Transaction ID 070.02: **Inpatient Service** replaces
   Transaction ID 070.01: **Inpatient Service**
4. Transaction ID 035.02: **Monthly Case Status** replaces
   Transaction ID 035.01: **Case Review** and
   Transaction ID 090.01: **Priority**
5. Transaction ID 120.02: **Outpatient Service** replaces
   Transaction ID 120.01: **Service Detail**
6. Transaction ID 130.02: **Void Consumer ID** replaces
   Transaction ID 030.01: Consumer ID (Cascade Delete)

The following transactions are new and will be implemented for consumers with ITA related service on or after January 1, 1998.

1. Transaction ID 161.01: ITA Detention
2. Transaction ID 162.01: ITA Hearing
3. Transaction ID 160.01: Crisis Investigation
4. Transaction ID 170.01: Residential Usage

## Changes to Data Definitions:

The following definitions have been dropped or replaced (see related transactions):
1. **Financial Eligibility Identifier**
2. **Person Identification Code**
3. **Service Transaction ID**
4. **Tier Level**
5. **Tier Month**
6. **Start Date**
7. **Case Review Month**
8. **Service Code**
9. **End Date**
10. **Daily Activity Code**
11. **Residential Arrangement Code**
12. **RSN-Financed/Controlled Residential Setting Code**
13. **Event Date**

The following definitions have been redefined:
1. **Admission Date** was added to clarify **Start Date**.
2. **Case Status Month** replaces **Case Review Month**
3. **Contractor ID** was added to clarify **Reporting Unit ID**

4. **Direct Service Indicator** replaces **Service Code**
5. **Discharge Date** was added to clarify **End Date**
6. **Emergency/Crisis Indicator** replaces **Service Code**
7. **Education** replaces **Daily Activity Code**
8. **Employment** replaces **Daily Activity Code**
9. **Face to Face Indicator** replaces **Service Code**
10. **Outpatient Serivce Type** replaces **Service Code**
11. **Gender** has been expanded
12. **RSN Funded Residential Type** replaces **Residential Arrangement Code** and **RSN-Financed/Controlled Residential Setting Code**
13. **Service Date** replaces **Event Date**
14. **Service Location** has been expanded
15. **State Hospital ID** was added to clarify **Reporting Unit ID**

The following definitions have been added:

1. **Adults in Independent Living**
2. **Authorization Date**
3. **Days Commitment by Court**
4. **Days inResidence**
5. **Detention Age Group**
6. **Detention County**
7. **Detention Date**
8. **Detention Location**
9. **EPSDT Flag**
10. **Hearing County**
11. **Hearing Date**
12. **Hearing Outcome**
13. **Homeless Indicator**
14. **Investigtion County**
15. **Investigation Date**
16. **Investigation Outcome**
17. **Investigation Start Time**
18. **Legal Status**
19. **Referenced Consumer ID**
20. **Service Month**
21. **Sexual Orientation**
22. **Vocational Rehabilitation Participation**

## Implementation Schedule:

January 2, 1998:

- Process all baches received by 8:00 A.M. January 2, 1998.
- Install new edits for January 2, 1998. This will discontinue processing old transactions and enforce new rules.
- Archive database and make structural changes.

- Start processing batches received after 8:00 A.M. January 2, 1998 under new formats.

## Discontinued Processes:

- The Variance Report will be discontinued effective January 1, 1998. This report identifies duplication problems.
- Server to Server on-line queries. - All Contractors and their designated sub-contractors will use the MHD Intranet access as required in contract.
- Case Manager Locator Systerm (CMLS) discontinued in telnet mode on January 1, 1998. It will be made available under the MHD Intranet on October 1, 1997.

# Mental Health Division

# Section
# II
# Batch Transaction Formats

## Table of Contents

MHD Batch Transaction Format Definitions ....1
Transaction Process ....2
Header ....4
Case Manager ....5
Case Review ....6
Consumer Case Manager ....7
Consumer Cross Reference ....8
Consumer Demographics ....9
Crisis Investigation ....11
Current Status ....12
Inpatient Service (Old) ....13
Inpatient Service (New) ....14
Inpatient Service State Hospital ....16
ITA Detention ....17
~~ITA Hearing~~ ....18
Monthly Case Status ....19
Outpatient Service ....20
Priority ....22
~~Residential Usage~~ ....23
Service Detail (Old) ....24
Void Consumer ID ....25

## MHD BATCH TRANSACTION FORMAT DEFINITIONS

**Primary Key:** Part of the record used to uniquely identify an instance or occurrence. Used to identify a record in the database. All information requested in the Primary Key for the particular transaction **must be included**.

**Body:** Other information that describes the data being collected.

**Transaction ID:** Identifies the transaction in the batch file.

**Value:** An assigned numerical quantity for the particular transaction.

**Action Code:** Identifies what the transaction code is for - adds, changes, deletes.

| | |
|---|---|
| "A" Add: | If the item already exists, it will change the item. |
| "C" Change: | If the item already exists, it will change; if it does not exist, it will be added. |
| "D" Delete: | If the item does not exist, the system sends back an error message. |

## Transaction Process

The RSN/PHP and State Hospitals report information to the MHD Core Database with transaction submitted within batch files. The bulk of the information is generated and posted once each month.

Each batch file submitted has a sequential number assigned by the submitting agency. All batches are processed in order of this assigned number. Each day, after MHD posts all batches submitted, an Exception Report is generated for each submitting agency. An audit log is kept of all errors and warnings found in each batch.

**Transaction Format:**

The sequence of transaction elements within a transaction is as follows:

Transaction ID Action Code Primary Key Body

Transaction ID and Action Code are each followed by a tab, as is each primary key field and body field is except for the last field in the transaction. The last field in the transaction (whether part of the primary key or the body) is followed only by a linefeed character, or CRLF if the transaction file is created in the MSDOS environment. A few sample transactions follow:

Consumer Cross Reference - Add:
010.01**tab**A**tab**411**tab**23**tab**356091**tab**25**tab**402162**lf**
Consumer ID - Cascade Delete:
030.01**tab**CD**tab**21**tab**359921**lf**
Daily Activity Evaluation - Delete:
040.01**tab**D**tab**3**tab**356091**tab**19760704**tab**07**lf**

The format of the Header transaction is as follows:

000.01**tab**Batch Date**tab**SAID**tab**BatchNumber**lf**

The SAID is a Reporting Unit ID for the submitting RSN. In cases where an agency is subcontracting the reporting task for an RSN, the Reporting Unit ID for the submitting RSN is still used, not the Reporting Unit ID for the agency.

**Transaction Validation and Posting:**

The following rules apply to all transactions unless otherwise noted within the transaction description:

1) If the primary key of the transaction contains any fields which are blank, null or out of range, an error is reported and the transaction is not processed.

2) If the action code specified in the transaction is not one of those listed below for the transaction, an error is reported and that transaction is not processed.

3) If for a delete transaction the record to be deleted cannot be found, an error is reported and the transaction is not processed.

4) If any fields in the transaction are omitted, those fields will be considered to be null.

5) If the primary key already exists an Add transaction (action code A) is treated as a Change transaction (action code C). If the primary key is not found a Change transaction (action code C) is treated as an Add transaction (action code A).

6) When a Change transaction is processed, all fields in the transaction are posted to the database, not just the fields that were changed.

7) Date values must be between 1/1/1850 and 12/31/2099 and must contain no more than the correct number of days for the month (29 for February). Start date must not be greater than End date.

For each Batch File processed, a record is kept of the number of warnings, errors and transactions processed

*Note: Each data item has been annotated with the term "Required" or "Optional" in the body of the transactions. This annotation indicates what the edit program is looking for when validating a transaction. If a field is "Required", then a valid value is expected. If a field is "Optional" then the field may be left blank.* ***All data items in the primary key must contain valid values and may not be left blank.***

| **Transaction:** | **Header** |
|---|---|

**Definition:**

This transaction is an identifier and is the first item 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"

- **Action Code:**

  None.

- **Primary Key:**

  None.

- **Body:**

  Batch Date *(Required)*
  Submitting Reporting Unit ID *(Required)*
  *AKA: Reporting Unit ID*
  Batch Number *(Required)*

**Note: Required transaction as the first record of each batch.**

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

| **Transaction:** | **Case Manager** |
|---|---|

**Definition:**

Information needed to support the Case Manager Locator System (CMLS). This information may be attached to any consumer. *(See Consumer Case Manager Transaction for more details.)*

- **Transaction ID:**

  Value "100.01"

- **Action Code:**

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

- **Primary Key:**

  Case Manager Reporting Unit ID
  AKA Reporting Unit ID
  Case Manager ID

- **Body:**

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

**Edits:**

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

| Transaction: | Case Review |
|---|---|

**Definition:**

The Case Review transaction is required for each consumer at time of intake and at every 180 day review. Case Review may be submitted more frequently. Only one case review will be maintained each month. An agency may submit a case review once each month. If a person receives no service for an extended period which exceeds the 180 days, then no Case Review would be expected until that person resumed their services.

- **Transaction ID:**

  Value "035.01"

- **Action Code:**

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

- **Primary Key:**

  Reporting Unit ID
  Consumer ID
  Case Review Month (yyyymm) *(Please note that the day is not included)*

- **Body:**

  Title XIX Indicator *(Required)*
  Daily Activity Code *(Required)*
  Residential Arrangement Code *(Required*
  EPSDT Certification Level *(Required for children only.)*
  Income Indicator *(Required)*

**Edits**:
1. This transaction is replaced by Transaction ID 035.02, Monthly Case Status. It will generate an error if the Case Review Month is post dated after December 1997.

| **Transaction:** | **Consumer Case Manager** |
|---|---|

**Definition:**

This transaction associates the Case Manager with the consumer. It identifies the Case Manager assigned to the consumer.

- **Transaction ID:**

  Value: "011.01"

- **Action Code:**

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

- **Primary Key:**

  Reporting Unit ID
  AKA: Contractor ID
  Consumer ID

- **Body:**

  Case Manager ID *(Required)*
  Case Manager Reporting Unit ID *(Required)*
  AKA: Reporting Unit ID

**Edits**:
1. On January 1, 1998, this transaction will require a Contractor ID in place of the Reporting Unit ID in the Primary Key. After April 1, 1998, all Consumer Case Manager transaction will be removed where the Reporting Unit ID is a Contractor ID.
2. This transaction will be rejected if the Consumer Demographic transaction has not been posted.
3. This transaction will be rejected if the Case Manager transaction has not been posted.

| Transaction: | Consumer Cross Reference |
|---|---|

**Definition:**

This transaction identifies if a consumer is identified in the system more than once.

- **Transaction ID:**
  Value: "010.01"
- **Action Code:**
  Value: "A" Add
  "D" Delete
- **Primary Key:**
  Identifying Unit ID
  AKA Reporting Unit ID
  Primary Unit ID
  AKA Reporting Unit ID
  Primary Consumer ID
  AKA Consumer ID
  Secondary Unit ID
  AKA Reporting Unit ID
  Secondary Consumer ID
  AKA Consumer ID

- **Body:**
  None

**Edit:**
1. This transaction will be discontinued on April 1, 1998.

Note:

Identifying Unit ID - identifies who is reporting the fact that more than one consumer identification numbers represent the same person.

Primary and Secondary ID - Report the different identifiers for a consumer and associate them as being the same consumer. The order of who is Primary and who is Secondary does not matter.

| Transaction: | Consumer Demographics |
|---|---|

**Definition:**

This transaction identifies the consumer demographics.

- **Transaction ID:**

  Value: "020.03"

- **Action Code:**

  Value: "A" Add
  "C" Change
  "D" Delete (Valid through December 31, 1997)

- **Primary Key:**

  Reporting Unit ID
  AKA: Contractor ID
  Consumer ID

- **Body:**

  Surname *(Required)*
  Given Names *(Required)*
  Gender *(Required)*
  Date of Birth *(Required)*
  Ethnicity *(Required)*
  Hispanic Origin *(Required)*
  Language Code *(Required)*
  County of Residence *(Required)*
  Social Security Number *(Required).*
  Impairment Kind *(Required)*
  Sexual Orientation *(Required)* See edit & definitions for clarification.
  EPSDT Flag *(Required)*

**Edits**:

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

| Transaction: | Crisis Investigation |
|---|---|

**Definition:**

This transaction documents each investigation classified as a crisis and made by a County Designated Mental Health Professional (CDMHP) or crisis worker.

- **Transaction ID:**

  Value "160.01"

- **Action Code:**

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

- **Primary Key:**

  Contractor ID
  Consumer ID
  Investigation Date
  Investigation Start Time (Ignore)

- **Body:**
  Investigation County
  Investigation Outcome

**Edits:**
1. This transaction will be valid for investigations on or after January 1, 1998
2. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

| Transaction: | Current Status |
|---|---|

**Definition:**

This transaction identifies a consumer's classification as to whether he/she is currently registered or enrolled as defined in RCW.

- **Transaction ID:**

  Value "150.02"

- **Action Code:**

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

- **Primary Key:**

  Reporting Unit ID
  AKA: Contractor ID
  Consumer ID

- **Body:**

  Status Code

**Note:** On January 2, 1998, all Status records in the MHD/CIS database will be converted to the current status. The history of these status records will be archived. This new transaction will replace the old transaction effective January 2, 1998. On April 1, 1998, only those Status Transactions where the Status Code applies to a Contractor ID will be considered valid. On this date, all Status Codes attributed for records where the Reporting Unit ID is not the Contractor ID will be removed.

**Edit:**

1. This transaction will be rejected if the Consumer Demographic transaction has not been posted.

| Transaction: | Inpatient Service (Old) |
|---|---|

**Definition:**

This transaction identifies that the consumer is currently in a Community Hospital or E&T, or length of time a consumer spent in the Community Hospital or E&T, if the consumer has been discharged.

- **Transaction ID:**

  Value: "070.01"

- **Action Code:**

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

- **Primary Key:**
  Reporting Unit ID
  Consumer ID
  Start Date*(Required)*

- **Body:**
  End Date*(Optional)*

**Edits:**

1. This transaction will be valid for inpatient stays where the admission date is prior to January 1, 1997.

| Transaction: | Inpatient Service (New) |
|---|---|

**Definition:**

This transaction identifies a consumer's stay in a Community Hospital or Evaluation &Treatment Facility. Enter after the discharge date is known.

**Note:** This transaction can be submitted from two difference sources. The Contractor or Seattle Children's Home may submit this transaction. Seattle Children's Home may only submit transactions where the Reporting Unit ID represents a Community Hospital. The Contractor may submit transactions where the Reporting Unit ID is an Evaluation & Treatment Center.

- **Transaction ID:**

  Value: "070.02"

- **Action Code:**

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

- **Primary Key:**
  Contractor ID
  Consumer ID
  Reporting Unit ID (Community Hospital, E&T)
  Admission Date

- **Body:**
  Discharge Date*(Required)*
  Legal Status*(Required)*

**Edits:**

1. This transaction will be rejected if the Admission Date is prior to January 1, 1997.
2. This transaction will be rejected if the Contractor submits a transaction for a community hospital.
3. This transaction will be rejected if Seattle Children's Home submits a transaction for an Evaluation & Treatment Center.
4. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.
5. The transaction will be rejected if the Reporting Unit ID is not a valid code for a specific Community Hospital or Evaluation and Treatment Center.
6. The transaction will be rejected if the Admission and Discharge Dates are not valid dates.

7. The transaction will be rejected if the Discharge Date is prior or equal to the Admission Date.
8. The transaction will be rejected if the Admission or Discharge Dates are post dated.
9. The transaction will be rejected if the Admission Date is older than 1 year from date of processing by MHD-CIS.
10. The Legal Status must be a valid code.
11. The transaction will be rejected if the Consumer Demographic transaction has been voided.

| Transaction: | Inpatient Service State Hospital |
|---|---|

**Definition:**

This transaction identifies an **adult** non-forensic consumer's authorized stay at a State Hospital.

- **Transaction ID:**

  Value: "071.02"

- **Action Code:**

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

- **Primary Key:**
  Contractor ID
  Consumer ID
  Authorization Date

- **Body:**
  State Hospital ID *(Required)*
  Census Medical Record Number*(Required)*

**Edits:**

1. This transaction will be required for all adult admissions to State Hospitals on or after January 1, 1998.
2. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed.
3. The Authorization Date must not be post dated and must be a valid date.
4. The State Hospital ID must be a valid code for **Western State Hospital** or **Eastern State Hospital**.
5. This transaction will be rejected if the Census Medical Record Number has not been registered by the State Hospital.

| Transaction: | ITA Detention |
|---|---|

**Definition:**

This transaction documents each detention made under the Involuntary Treatment Act.

- **Transaction ID:**

  Value "161.01"

- **Action Code:**

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

- **Primary Key:**

  Contractor ID
  Consumer ID
  Detention Date

- **Body:**
  Detention County
  Detention Age Group (Ignore - will be calculated)
  Detention Location

**Edits:**
1. This transaction will be valid for detentions on or after January 1, 1998
2. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

**Transaction: ITA Hearing**

**Definition:**

This transaction documents each hearing made under the Involuntary Treatment Act. This includes hearings at the State Hospitals.

- **Transaction ID:**

  Value "162.01"

- **Action Code:**

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

- **Primary Key:**

  Contractor ID
  Consumer ID
  Hearing Date

- **Body:**
  Hearing County
  Hearing Outcome
  Days Commitment by Court

**Edits:**
1. This transaction will be valid for hearings on or after January 1, 1998
2. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

| Transaction: | Monthly Case Status |
|---|---|

**Definition:**

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

- **Transaction ID:**

  Value "035.03"

- **Action Code:**

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

- **Primary Key:**

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

- **Body:**

  Title XIX Indicator *(Required)*
  Priority Code *(Required)*
  Acute Indicator*(Required)*
  Income Indicator*(Required)*
  Homeless Indicator*(Required)*
  Employment *(Required)*
  Education *(Required)*
  Residential Arrangement Code *(Required)*

**Edits**:
1. This record become fixed after one year. The record can be neither added, changed, nor deleted after one year.
2. This transaction will be valid for information collected on or after January 1, 1998.
3. This transaction will be rejected if the Action Code = "D" for *Delete* and related Outpatient Service information is found.
4. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

| Transaction: | Outpatient Service |
|---|---|

**Definition:**

This transaction quantifies outpatient services delivered to the consumer.

Note: This transaction replaces Transaction ID 120.01 Service Detail.

- **Transaction ID:**

  Value "120.02"

- **Action Code:**

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

- **Primary Key:**

  Contractor ID
  Consumer ID

  Service Date
  Reporting Unit ID (Subcontractor who provided service)

  Service Location

  Face to Face Indicator
  Direct Service Indicator
  Emergency/Crisis Indicator
  Outpatient Service Type

- **Body:**

  Minutes of Service *(Required)*

**Edits:**

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

5. This transaction will be rejected if the Service Location code is not valid.
6. This transaction will be rejected if the Contractor has not successfully submitted a Monthly Case Status transaction.

| Transaction: | Priority |
|---|---|

**Definition:**

This transaction identifies whether the consumer is a member of a targeted group as established by legislative mandate.

- **Transaction ID:**

  Value: "090.01"

- **Action Code:**

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

- **Primary Key:**

  Reporting Unit ID
  Consumer ID
  Event Date

- **Body:**

  Priority Code *(Required)*

**Edits:**

1. This transaction will be effective for priorities assigned to a consumer prior to January 1, 1998. See Monthly Case Status after December 31, 1997.

**Transaction: Residential Usage**

**Definition:**

This transaction documents each consumer's monthly use of residential bed days in the community which are supported by the Contractor.

- **Transaction ID:**

  Value "170.01"

- **Action Code:**

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

- **Primary Key:**

  Contractor ID
  Consumer ID
  Service Month (YYYYMM)
  RSN Funded Residential Type

- **Body:**
  Days in Residence *(Required)*

**Edits:**

1. This transaction will be valid for consumers using residential bed days on or after January 1, 1998
2. This transaction will be rejected if a Consumer Demographic transaction has not been successfully processed by the Contractor.

| **Transaction:** | **Service Detail (Old)** |
|---|---|

**Definition:**

This transaction identifies services delivered to the consumer.

- **Transaction ID:**

  Value "120.01"

- **Action Code:**

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

- **Primary Key:**

  Reporting Unit ID
  Consumer ID
  Event Date
  Service Transaction ID

- **Body:**

  Service Code *(Required)*
  Service Location *(Required)*
  Acute Indicator *(Required)*
  Minutes of Service *(Required)*

**Note**: This record is retained for 1 year. It is then purged after it is summarized into a monthly service record.

**Edits:**
1. This transaction will be valid for services delivered prior to January 1, 1998

| Transaction: | Void Consumer ID |
|---|---|

**Definition:**

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

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

- **Transaction ID:**

  Value "130.02"

- **Action Code:**

  None

- **Primary Key:**

  Contractor ID
  Consumer ID *(The ID to be voided)*

- **Body:**

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

**Edits:**

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

## Index

Data Field
- *Acute Indicator*, 19, 24
- Admission Date, 14
- Authorization Date, 16
- Batch Date, 4
- Batch Number, 4
- Case Manager Comment, 5
- Case Manager ID, 5, 7
- Case Manager Password, 5
- Case Manager Phone, 5
- Case Manager Reporting Unit ID, 5, 7
- Case Review Month, 6
- Case Status Month, 19
- Census Medical Record Number, 16
- Consumer ID, 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23, 24, 25
- Contractor ID, 7, 9, 11, 12, 14, 16, 17, 18, 19, 20, 23, 25
- County of Residence, 9
- Daily Activity Code, 6
- Date of Birth, 9
- ~~Days Commitment by Court~~, 18
- ~~Days in Residence~~, 23
- Detention Age Group, 17
- Detention County, 17
- Detention Date, 17
- Detention Location, 17
- Direct Service Indicator, 20
- Discharge Date, 14
- *Education*, 19
- Emergent Indicator, 20
- *Employment*, 19
- End Date, 13
- EPSDT Certification Level, 6
- EPSDT Flag, 9
- Ethnicity, 9
- Event Date, 22, 24
- Face to Face Indicator, 20
- Gender, 9
- Given Names, 9
- ~~Hearing County~~, 18
- ~~Hearing Date~~, 18
- ~~Hearing Outcome~~, 18
- Hispanic Origin, 9
- *Homeless Indicator*, 19
- Identifying Unit ID, 8
- Impairment Kind, 9
- *Income Indicator*, 19
- Investigation County, 11
- Investigation Date, 11
- Investigation Outcome, 11
- Investigation Start Time, 11
- Language Code, 9
- Legal Status, 14
- Outpatient Service Type, 20
- Primary Consumer ID, 8
- Primary Unit ID, 8
- Priority Code, 19
- Reporting Unit ID, 4, 5, 6, 7, 8, 9, 12, 13, 14, 20, 22, 24
- Residential Arrangement Code, 6, 19
- ~~RSN Funded Residential Type~~, 23
- Secondary Consumer ID, 8
- Secondary Unit ID, 8
- Service Code, 24
- Service Date, 20
- Service Location, 20, 24
- ~~Service Month~~, 23
- Service Transaction ID, 24
- Sexual Orientation, 9
- Social Security Number, 9
- Start Date, 13
- State Hospital ID, 16
- Status Code, 12
- Submitting Reporting Unit ID, 4
- Surname, 9
- Title XIX Indicator, 6, 19

Transactions
- 000.01 - Header, 4
- 010.01 - Consumer Cross Reference, 8
- 011.01 - Consumer Case Manager, 7
- 020.03 - Consumer Demographics, 9
- 035.01 - Case Review, 6
- 035.03 - Case Status, 19
- 070.01 - Inpatient Service, 13
- 070.02 - Inpatient Service, 14
- 071.02 - Inpatient Service, 16
- 090.01 - Priority, 22
- 100.01 - Reporting Unit Management Locator, 5
- 120.01 - Service Detail, 24
- 120.02 - Outpatient Service, 20
- 130.02 - Void Consumer ID, 25
- 150.02 - Status, 12
- 160.01 - Crisis Investigation, 11
- 161.01 - ITA Detention, 17
- ~~162.01 - ITA Hearings~~, 18
- ~~170.01 - Residential Usage~~, 23

# Mental Health Division
# Consumer Information System (MHD/CIS)

# Section
# III

# Data Definitions

## *Table of Contents*

Action Code....1
Acute Indicator....2
Admission Date....3
~~Adults in Independent Living~~....4
Authorization Date....5
Batch Date....6
Batch Number....7
Case Manager Comment....8
Case Manager ID....9
Case Manager Password....10
Case Manager Phone....11
Case Manager Reporting Unit ID....12
Case Review Month....13
Case Status Month....14
Census Medical Record Number....15
Consumer ID....16
Contractor ID....17
County Code....18
County of Residence....19
Daily Activity Code....20
Date of Birth....21
~~Days Commitment by Court~~....22
~~Days in Residence~~....23
Detention Age Group (Ignore)....24
Detention County....25
Detention Date....26
Detention Location....27
Direct Service Indicator....28
Discharge Date....29
Education....30
Emergency/Crisis Indicator....31
Employment....32
End Date....33
EPSDT Certification Level....34
EPSDT Flag....35
Ethnicity....36
Event Date....38
Face to Face Indicator....39
Gender (Revised)....40
Given Names....41
~~Hearing County~~....42
~~Hearing Date~~....43
~~Hearing Outcome~~....44
Hispanic Origin....45
Homeless Indicator....46
Impairment Kind....47
Income Indicator....48
Investigation County....49
Investigation Date....50
Investigation Outcome....51
Investigation Start Time (Ignore)....52
Legal Status....53
Language Code....54
Minutes of Service....55

Outpatient Service Type....56
Priority Code....57
Referenced Consumer ID....60
Reporting Unit ID....61
Residential Arrangement Code....62
~~RSN Funded Residential Type~~....64
Service Code....65
Service Date....67
Service Location....68
~~Service Month~~....69
Service Transaction ID....70
Sexual Orientation....71
Social Security Number....72
Start Date....73
State Hospital ID....74
Status Code....75
Submitting Reporting Unit ID....76
Surname....77
Title XIX Indicator....78
Transaction ID....79
~~Vocational Rehabilitation Participation~~....80

| Attribute: | Action Code |
|---|---|

**Definition:**

Each batch transaction sent to the Regional Support Network/Consumer Information System contains a code which indicates a given action take place. Actions allowed on a given transaction are defined below.

**Maximum character length:** 2 Variable

| Code | Definition |
|---|---|
| A | Add a Record |
| C | Change a Record |
| D | Delete |

**Where used:**

| Transaction ID | Values Allowed | Transaction Title |
|---|---|---|
| 100.01 | A, C or D | Case Manager |
| 035.01 | A, C or D | Case Review |
| 011.01 | A, C or D | Consumer Case Manager |
| 010.01 | A or D | Consumer Cross Reference |
| 020.03 | A, C or D | Consumer Demographics |
| 150.02 | A or C | Current Status |
| 070.01 | A, C or D | Inpatient Service (Old) |
| 070.02 | A, C or D | Inpatient Service (New) |
| 071.02 | A, C or D | Inpatient Service State Hospital |
| 161.01 | A, C or D | ITA Detention |
| ~~162.01~~ | ~~A, C or D~~ | ~~ITA Hearing~~ |
| 160.01 | A, C or D | Crisis Investigation |
| 035.03 | A, C or D | Monthly Case Status |
| 120.02 | A, C or D | Outpatient Service |
| ~~170.01~~ | ~~A, C or D~~ | ~~Residential Usage~~ |
| 120.01 | A, C or D | Service Detail (Old) |

| Attribute: | Acute Indicator |
|---|---|

**Definition:**

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

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

**Maximum character length:** (1)

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |
| 035.03 | Monthly Case Status |

**Note:**

Please note that acute is use in two different setting.

For services delivered prior to January 1, 1998, a person's acuity is reported with each individual service (see Service Detail, transaction 120.01). In this setting, the Acute Indicator is set to the value "1" if the person experienced an acute episode when the service was delivered.

For services delivered after December 31, 1997, acuity is reported only once per person for a given month outpatient services were delivered (see Monthly Case Status, transaction 035.03).

| Attribute: | Admission Date |
|---|---|

**Definition:**

Date a person was admitted to a facility.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 070.02 | Inpatient Service |

| Attribute: Adults in Independent Living |
|---|

**Definition:**

Is the client living in a house or apartment alone or with one or more others of their own choosing?

**Maximum character length:** 1

| Code | Definition |
|---|---|
| 1 | Yes |
| 2 | No |
| 8 | Not applicable |
| 9 | Unknown or missing |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

| Attribute: | Authorization Date |
|---|---|

**Definition:**

Date an inpatient service was authorized by the Contractor.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 071.02 | Inpatient Service State Hospital |

| Attribute: | Batch Date |
|---|---|

**Definition:**

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

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 000.01 | Header |

| Attribute: | Batch Number |
|---|---|

**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:**

| Transaction ID | Transaction Title |
|---|---|
| 000.01 | Header |

| Attribute: | Case Manager Comment |
|---|---|

**Definition:**

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

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

**Maximum character length:** 255 Variable Length

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 100.01 | Case Manager | Case Manager Primary Comment<br>Case Manager Secondary Comment |

| Attribute: | Case Manager ID |
|---|---|

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

**Maximum character length:** 10 Variable Length

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 100.01 | Case Manager |
| 011.01 | Consumer Case Manager |

| Attribute: | Case Manager Password |
|---|---|

**Definition:**

A keyword which identifies that the requester has authority to inquire about a consumer. The password is updated in accordance with the RSN's Policy on Security of Consumer Information.

**Maximum character length:** 30 Variable Length

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 100.01 | Case Manager |

| Attribute: | Case Manager Phone |
|---|---|

**Definition:**

The phone number where the appointed case manager can be reached.

**Maximum character length:** 20 Variable Length

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 100.01 | Case Manager | Case Manager Primary Phone<br>Case Manager Secondary Phone |

| **Attribute:** | **Case Manager Reporting Unit ID** |
|---|---|

**Definition:**

Agency assigned by the Contractor to provide 24 hour crisis line. (See Reporting Unit ID)

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 100.01 | Case Manager |
| 011.01 | Consumer Case Manager |

| Attribute: | Case Review Month |
|---|---|

**Definition:**

This identifies the month and year a case was last reviewed by a given agency. The day of the month is not required.

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 6

**Format:** YYYYMM

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.01 | Case Review |

| Attribute: | Case Status Month |
|---|---|

**Definition:**

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

**Maximum character length:** 6

**Format:** YYYYMM

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

| Attribute: | Census Medical Record Number |
|---|---|

**Definition:**

This is the State Hospital's Consumer ID.

**Maximum character length:** 6 characters.

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 071.02 | Inpatient Service State Hospital | Census Medical Record Number |

| Attribute: | Consumer ID |
|---|---|

**Definition:**

The identifier established by a Reporting Unit which uniquely identifies a consumer. Consumers are identified by the RSN/PHP, State Hospital and Community Service Office.

**Maximum character length:** 20 Variable Length

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 035.01 | Case Review | Consumer ID |
| 011.01 | Consumer Case Manager | Consumer ID |
| 010.01 | Consumer Cross Reference | Primary Consumer ID<br>Secondary Consumer ID |
| 020.03 | Consumer Demographics | Consumer ID |
| 150.02 | Current Status | Consumer ID |
| 070.01 | Inpatient Service (Old) | Consumer ID |
| 070.02 | Inpatient Service (New) | Consumer ID |
| 071.02 | Inpatient Service State Hospital | Consumer ID |
| 161.01 | ITA Detention | Consumer ID |
| ~~162.01~~ | ~~ITA Hearing~~ | ~~Consumer ID~~ |
| 160.01 | Crisis Investigation | Consumer ID |
| 035.03 | Monthly Case Status | Consumer ID |
| 120.02 | Outpatient Service | Consumer ID |
| ~~170.01~~ | ~~Residential Usage~~ | ~~Consumer ID~~ |
| 120.01 | Service Detail (Old) | Consumer ID |
| 130.02 | Void Consumer ID | Consumer ID<br>Referenced Consumer ID |

| Attribute: | Contractor ID |
|---|---|

**Definition:**

A code established by the Mental Health Division (MHD) which identifies a legal entity under contract to MHD who has the authority to establish a Master Patient Index of people served within their jurisdiction or service area.

**Maximum character length:** 3 Left zero fill.

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 011.01 | Consumer Case Manager | Contractor ID |
| 020.03 | Consumer Demographics | Contractor ID |
| 150.02 | Current Status | Contractor ID |
| 070.02 | Inpatient Service (New) | Contractor ID |
| 071.02 | Inpatient Service State Hospital | Contractor ID |
| 161.01 | ITA Detention | Contractor ID |
| ~~162.01~~ | ~~ITA Hearing~~ | ~~Contractor ID~~ |
| 160.01 | Crisis Investigation | Contractor ID |
| 035.03 | Monthly Case Status | Contractor ID |
| 120.02 | Outpatient Service | Contractor ID |
| ~~170.01~~ | ~~Residential Usage~~ | ~~Contractor ID~~ |
| 130.02 | Void Consumer ID | Contractor ID |

**Valid Codes:** 410 through 429

| Attribute: | County Code |
|---|---|

**Definition:**

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

**Maximum character length:** 2 Left zero fill.

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

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 020.03 | Consumer Demographics | Coded Area of Residence |

| Attribute: | County of Residence |
|---|---|

**Definition:**

A code indicate the county the person lives in.

**Maximum character length:** 2 Left zero fill.

**See County Code for values.**

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 020.03 | Consumer Demographics | Coded Area of Residence |

| Attribute: | Daily Activity Code |
|---|---|

**Definition:**

A code which describes the consumer's primary daily activity. This is an outcome measure. The purpose of this measure is to determine each consumer's primary daily activity. The goal is for consumers to engage in daily activity that is normal for most individuals of their age and culture. See contract terms for application of these codes.

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 2 Left zero fill.

| Codes | Definition |
|---|---|
| | Employment - full-time |
| 01 | Full-time competitive employment outside the mental health center, including self-employment or work on a family farm, Supported Employment Program, where full-time work is considered >= 30 hours per week. |
| 02 | School - currently enrolled full-time >= 6 hours per day or twelve credit hours and an expectation of completion of course work. |
| | Employment - part time |
| 03 | Part-time competitive employment - part-time is defined as < 30 hours per week of scheduled employment outside the mental health center, includes the Supported Employment Program. This does not include occasional lawn-mowing, child-care etc. |
| | School - part time |
| 04 | School - part time or less than six hours per day or 12 credit hours of regular attendance at a formal program of course work at a school or college. |
| 05 | Agency Assisted Employment - Includes sheltered workshop and other agency operated employment where a provider or the RSN is the employer. Examples are where the agency employs the client for jobs such as maintenance, janitorial, landscaping, etc. |
| | Preparation for Employment |
| 06 | Attending skill building classes within a mental health agency or similar setting that are designed to assist individuals in obtaining and/or keeping employment. This does NOT include vocational school/training courses in a formal program of course work at a school or college. |
| | Other normal for Age |
| 07 | Participates in activities (other than codes 1, 2, 3, 4, or 5) that are normal for most individuals of the consumer's age and culture: e.g., Pre-school, retired, caregiver or home-maker, volunteer activity. |

| Attribute: | Date of Birth |
|---|---|

**Definition:**

The date a person was reported born.

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

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year - Defaults to process year if not valid. |
| MM | Month - Defaults to "01" if not valid. |
| DD | Day - Defaults to "01" if not valid. |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| **Attribute:** | **Days Commitment by Court** |
|---|---|

**Definition:**

Days of commitment as order by the court.

**Maximum character length:** length of integer left justified

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 162.01 | ITA Hearing |

| **Attribute:** | **Days in Residence** |
|---|---|

**Definition:**

The total number of days in a specified residence during a month.

**Maximum character length:** length of integer left justified

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 170.01 | Residential Usage |

| Attribute: | Detention Age Group (Ignore) |
|---|---|

**Definition:**

A code indicating the age group a person was detained under the Involuntary Treatment Act.

**Maximum character length:** 1

| Format | Definition |
|---|---|
| A | Adult |
| C | Child |

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 161.01 | ITA Detention | Detention Age Group |

| Attribute: | Detention County |
|---|---|

**Definition:**

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

**Maximum character length:** 2 Left zero fill.

**See County Code for values.**

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 161.01 | ITA Detention | Detention County |

| Attribute: | Detention Date |
|---|---|

**Definition:**

Date of a detention under the Involuntary Treatment Act.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 161.01 | ITA Detention |

| Attribute: | Detention Location |
|---|---|

**Definition:**

A code indicating the location facility type at which the person was detained under the Involuntary Treatment Act.

**Maximum character length:** 1

| Format | Definition |
|---|---|
| 1 | State Hospital |
| 2 | Evaluation and Treatment Center |
| 3 | Community Hospital |
| 9 | Other |

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 161.01 | ITA Detention | Detention Location |

| Attribute: | Direct Service Indicator |
|---|---|

**Definition:**

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

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.02 | Outpatient Service |

| Attribute: | Discharge Date |
|---|---|

**Definition:**

Date a person was released from a facility.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 070.02 | Inpatient Service |

| Attribute: | Education |
|---|---|

**Definition:**

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

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

| Attribute: | Emergency/Crisis Indicator |
|---|---|

**Definition:**

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

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

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.02 | Outpatient Service |

**Note:**

Crisis Services is defined as follows:

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

| Attribute: | Employment |
|---|---|

**Definition:**

Employment status for the month.

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

**Guidelines**:
This field is required to be reported as part of the Monthly Case Status if any outpatient services are rendered during a month. This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the month service was rendered or at time reported. For all consumer who are younger than 16, report employment as "Unknown/Missing". For elderly people who are retired and not employed, report as "Not Employed".

| **Attribute:** | **End Date** |
|---|---|

**Definition:**

This describes the date an event has ended.

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

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 070.01 | Inpatient Service (Old) |

| Attribute: | EPSDT Certification Level |
|---|---|

**Definition:**

This is the level of service determined by the EPSDT Resource Manager the child will initially receive or continue to receive.

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | Level 1 Services. - Short term services. The child was certified for less than 16 hours of services. |
| 2 | Level 2 Services - Long term services. NO TEAM*. The child was certified for more than 15 hours of services. |
| 3 | Level 2 Services - Long term services. WITH TEAM*. The child was certified for more than 15 hours of services. |
| 4 | Not Certified. The child was NOT certified for any services. |

***TEAM is defined as:** Individual Treatment Team -- A child specific team which includes (as appropriate) individuals from education, child welfare, mental health, drug and alcohol, developmental disabilities, juvenile justice, who know and actually work with the child, and the parent or guardian of the child. Individuals from other systems or informal supports may be included at the family's request. The child is to be included, if age thirteen or older; a younger child may be included if the team agrees or the parent requests.

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.01 | Case Review |

| Attribute: | EPSDT Flag |
|---|---|

**Definition:**

This field indicates if a Medicaid eligible child, age 21 and under, was referred to a physician for medical treatment under EPSDT rules.

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| Y | Yes - The child was referred |
| N | No - Not applicable or the child was not referred.. |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Ethnicity |
|---|---|

**Definition:**

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

If the client identifies as multiracial, invite the client to select their primary ethnicity. If the client has no choice, select Other Race as primary ethnicity. If the RSN/PHP receives various views from their providers, then RSN will submit to MHD the most recent received..

*Note that every person should have both an Ethnicity code and an Hispanic Origin code. This is a Federal requirement, established by the Bureau of the Census.*

**Maximum character length:** 3 Left zero fill.

| Codes | Definition | Codes | Definition |
|---|---|---|---|
| **Roll Up Codes** | | **Detail Codes** | |
| 010 | Caucasian/White | 597 | American Indian |
| 020 | Native American | 600 | Asian Indian |
| 030 | Asian Pacific | 604 | Cambodian |
| 040 | Afro-American | 605 | Chinese |
| 050 | Other Race | 608 | Filipino |
| 060 | Unknown/Not Reported | 611 | Japanese |
| | | 612 | Korean |
| | | 613 | Laotian |
| | | 618 | Thai |
| | | 619 | Vietnamese |
| | | 653 | Hawaiian |
| | | 655 | Samoan |
| | | 660 | Guamanian |
| | | 699 | Other Asian/Pacific Islanders |
| | | 799 | Other Race |
| | | 800 | White / Caucasian |
| | | 870 | Black/African American |
| | | 935 | Eskimo |
| | | 941 | Aleut |
| | | 999 | Not Reported/Unknown |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Event Date |
|---|---|

**Definition:**

This describes the date of an event, including the date a service was provided.

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |

| Attribute: | Face to Face Indicator |
|---|---|

**Definition:**

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

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.02 | Outpatient Service |

| Attribute: | Gender |
|---|---|

**Definition:**

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

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | Female |
| 2 | Male |
| 3 | Unknown |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Given Names |
|---|---|

**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:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| **Attribute:** | **Hearing County** |
|---|---|

**Definition:**

This code indicates the county in which a person's court hearing was held under the Involuntary Treatment Act.

**Maximum character length:** 2 Left zero fill.

**See County Code for values.**

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 162.01 | ITA Hearing | Hearing County |

| **Attribute:** | **Hearing Date** |
|---|---|

**Definition:**

Date of a court hearing under the Involuntary Treatment Act.

**Maximum character length:** 8

**Format:** YYYYMMDD

| **Format** | **Definition** |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| **Transaction ID** | **Transaction Title** |
|---|---|
| 162.01 | ITA Hearing |

| **Attribute:** | **Hearing Outcome** |
|---|---|

**Definition:**

A code indicate the outcome of a person's court hearing held under the Involuntary Treatment Act.

**Maximum character length:** 1 Left zero fill.

| Code | Definition |
|---|---|
| 1 | Inpatient Committed |
| 2 | Less Restrictive Commitment |
| 3 | Dismissed or Released by Court |
| 4 | Conditional Release (RCW 1077) |

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 162.01 | ITA Hearing | Hearing Outcome |

| Attribute: | Hispanic Origin |
|---|---|

**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.

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Homeless Indicator |
|---|---|

Definition:

Those persons of all ages who lack a fixed, regular and adequate nighttime residence, including persons whose primary nighttime residence is a supervised public or private shelter designated to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for mentally ill), an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings. (Stewart B. McKinney Homeless Assistance Act (Public Law 100-77): or is at imminent risk of being homeless such as, individuals or families who have a recent history of homelessness, currently are living "doubled up", or who are otherwise temporally and inadequately housed in a residence which is (12) not their own and (2) who may be high risk of becoming homeless in the future (The Governor's Task Force on Homelessness).

**Maximum Length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

| Attribute: | Impairment Kind |
|---|---|

**Definition:**

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

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

**THE DISABILITY SHOULD HAVE A MAJOR IMPACT ON THE PERSON AND THEIR ABILITY TO FUNCTION IN THE COMMUNITY AND TO PROCURE FOOD, CLOTHING, AND A SAFE PLACE TO LIVE.**

| Codes | Definition |
|---|---|
| A | Limits development or intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome |
| B | Sensory or communication.; i.e., major visual disability (does not include wearing glasses) or auditory disability. |
| C | Physical, i.e., unable to walk without assistance, unable to care for self, chronic illness. |
| D | Alcohol or drug dependence; i.e., dependence on alcohol or drugs which negatively affects the individual's ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems such as loss of driver's license or arrests. |
| X | Other - Medical or physical disabilities not listed above. |
| Y | Unknown |
| Z | None - No disability |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Income Indicator |
|---|---|

**Definition:**

An outcome indicator of family unit economic level based on federal poverty standards. Guidelines periodically distributed by the State Mental Health Division.

Use the information available or your best estimate in determining this element. If the person is on SSI, or is eligible for Washington State medical assistance, assume that the person is below the Federal Poverty definition.

This is an outcome measure.

**Maximum character length:** 1

***NOTE: VALUES 1 AND 2 ARE INCORRECT AND PROVIDING INCORRECT DATA; THEREFORE, VALUE 1 AND 2 WILL NO LONGER BE ACCEPTED AFTER DECEMBER 1, 1993. VALUES 4 AND 5 WILL BE THE CORRECT CODES.***

**RSNs may begin transmitting values 4 and 5 effective August 30, 1993.**

| Codes | Label |
|---|---|
| ~~1~~ | ~~Below federal poverty definition - No regular or routine source of income.~~ |
| ~~2~~ | ~~Above federal poverty definition - No regular or routine source of income~~ |
| 3 | Above federal poverty definition |
| 4 | Below federal poverty definition - With regular or routine source of income, including SSI, GAU, SSA. |
| 5 | Below federal poverty definition - With NO regular or routine source of income. |
| 9 | Unknown |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.01 | Case Review |
| 035.03 | Monthly Case Status |

1997 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Size of family unit | Poverty Guideline |
|---|---|
| 1 | $7,890 |
| 2 | $10,610 |
| 3 | $13,330 |
| 4 | $16,050 |
| 5 | $18,770 |
| 6 | $21,490 |
| 7 | $24,210 |
| 8 | $26,930 |

For family units with more than 8 members, add $2,720 for each additional member.

| Attribute: | Investigation County |
|---|---|

**Definition:**

A code 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:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 160.01 | Crisis Investigation | Investigation County |

| Attribute: | Investigation Date |
|---|---|

**Definition:**

Date of an investigation made under the Involuntary Treatment Act.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 160.01 | Crisis Investigation |

| Attribute: | Investigation Outcome |
|---|---|

**Definition:**

A code indicating the outcome to a person investigated under the Involuntary Treatment Act.

**Maximum character length:** 1

| Format | Definition |
|---|---|
| 1 | Detention |
| 2 | Referred for Voluntary Mental Health Services |
| 9 | Lack of Mental Health follow-up |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 160.01 | Crisis Investigation |

| Attribute: | Investigation Start Time (Ignore) |
|---|---|

**Definition:**

Time of day an investigation was started under the Involuntary Treatment Act.

**Maximum character length:** 4

**Format:** HHMM

| Format | Definition |
|---|---|
| HH | Military hour (00 - 24) |
| MM | Minutes (00 - 59) |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 160.01 | Crisis Investigation |

| Attribute: | Legal Status |
|---|---|

**Definition:**

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

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 070.02 | Inpatient Service |

| Attribute: | Language Code |
|---|---|

**Definition:**

This code identifies language spoken in the home or prefers to receive services.

**Maximum character length:** 2 Left zero fill.

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Minutes of Service |
|---|---|

**Definition:**

The number of minutes a specific service was provided..

**Maximum character length:** 5 Variable Length

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |
| 120.02 | Outpatient Service |

| Attribute: | Outpatient Service Type |
|---|---|

**Definition:**

A code to indicate the category of outpatient service delivered.

**Maximum character length:** 1

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.02 | Outpatient Service |

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

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

| Attribute: | Priority Code |
|---|---|

**Definition:**

An indicator of whether the consumer is a member of a targeted group as established by legislative mandate. Adults and Children definitions are included below:

*ADULTS:*

**Gravely Disabled**
"Gravely Disabled" means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his essential human needs of health or safety, or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety. See RCW 71.05.020.

**Mental Disorder**
"Mental Disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions. See RCW 71.05.020.

**Likelihood of Serious Harm**
"Likelihood of Serious Harm means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self, (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which as caused such harm or which places another person or persons in reasonable fear of sustaining such harm, or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

*ADULTS:*

*Chronic* (Adult):Meets at least one of the following criteria: (a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. See RCW71.24.025 (5). **Code as *Chronic*, Code value 1**.

*Seriously At risk* (Adult): A seriously disturbed person as defined below, who is determined by the RSN at their sole discretion to be at risk of becoming acutely or chronically mentally ill. See RCW 71.24.025 (14). **Code as *Seriously at risk*, Code value 2.**

*Serious* (Adult): A seriously disturbed person. Meets at least one of: gravely disabled or presents likelihood of serious harm to self or others; on conditional release status some time in the past 2 years; has a mental disorder causing major impairment in daily living; suicidal preoccupation. See RCW 71.24.025 (16). **Code as *Other*, Code value 3**.

*Other* (Adult) Persons who do not meet the criteria for Code value 1 or Code value 2.
*CHILDREN*

*Definitions (See RCW 71.34)*

**Mental Disorder**
Any organic, mental or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of 'mental disorder' within the meaning of this section.

**Gravely disabled**
A minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidence by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

**Likelihood of serious harm**
Means either: a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

*Severely Emotionally Disturbed* (Children):
A child who has been determined to be experiencing a mental disorder (including those that result in a behavioral or conduct disorder) that is clearly interfering with the child's functioning in family or school or with peers AND meets at least one of the following criteria:

a) has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
b) has undergone involuntary treatment under chapter 71.34 RCW with the last two years;
c) is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities; OR

d) is at risk of escalating maladjustment due to:
i) chronic family dysfunction involving a mentally ill or inadequate caretaker;
ii) changes in custodial adult;
iii) going to, residing in or returning from any placement outside of the home (e.g. psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or correctional facility);
iv) subject to repeated physical abuse or neglect;
v) drug or alcohol abuse
vi) homelessness.
**Code as *Severely Emotionally Disturbed (children*), Code Value 1.**

*Seriously Disturbed* (Children):
A person who meets the description of Serious (Adult) above OR
is a child diagnosed by a mental health professional as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning. **Code as *Seriously Disturbed (Children)*, Code Value 2.**

*Other* (Children):
Not a member of a priority population as defined above.

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | *Chronic* (adult)/Severely Emotionally Disturbed (children) |
| 2 | *Seriously disturbed* adult and children at risk |
| 3 | *Other.* |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

| **Attribute:** | **Referenced Consumer ID** |
|---|---|

**Definition:**

The ID of a consumer established by a Contractor that will serve to replace an ID used in error. The replaced ID will be voided.

**Maximum character length:** 20

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 130.02 | Void Consumer ID | Referenced Contractor ID |

| **Attribute:** | **Reporting Unit ID** |
|---|---|

**Definition:**

A code established by the Mental Health Division to uniquely identify an organization delivering services to a consumer.

**Maximum character length:** 3 Left zero fill.

**Where used:**

| Transaction ID | Transaction Title | AKA |
|---|---|---|
| 000.01 | Header | Submitting RSN Reporting Unit ID |
| 100.01 | Case Manager | Case Manager Reporting Unit ID |
| 035.01 | Case Review | Reporting Unit ID |
| 035.03 | Monthly Case Status | Contractor ID |
| 011.01 | Consumer Case Manager | Reporting Unit ID<br>Contractor ID<br>Case Manager Reporting Unit ID |
| 010.01 | Consumer Cross Reference | Identifying Unit ID<br>Primary Unit ID<br>Secondary Unit ID |
| 020.03 | Consumer Demographics | Reporting Unit ID<br>Contractor ID |
| 070.01 | Inpatient Service (Old) | Reporting Unit ID |
| 070.02 | Inpatient Service (New) | Reporting Unit ID<br>Contractor ID |
| 161.01 | ITA Detention | Contractor ID |
| ~~162.01~~ | ~~ITA Hearing~~ | ~~Contractor ID~~ |
| 160.01 | Crisis Investigation | Contractor ID |
| 120.01 | Service Detail (Old) | Reporting Unit ID |
| 120.02 | Outpatient Service | Contractor ID<br>Reporting Unit ID |
| ~~170.01~~ | ~~Residential Usage~~ | ~~Contractor ID~~ |
| 150.02 | Current Status | Reporting Unit ID<br>Contractor ID |
| 130.02 | Void Consumer ID | Contractor ID |

| Attribute: | Residential Arrangement Code |
|---|---|

**Definition:**

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

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

Note: This data item is being relocated in a different transaction after December 31, 1997.

**Maximum character length:** 3 Left zero fill.

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

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.01 | Case Review |
| 035.03 | Monthly Case Status |

| **Attribute:** | **RSN Funded Residential Type** |
|---|---|

**Definition:**

The Community Mental Health Programs (WAC 275-57-430) specifies the types of residential facilities regarding least restrictive, stable living situations appropriate to age, culture and residential needs of each consumer. The three levels of care, as appropriate for mentally ill adult consumers are listed below. These three levels of care apply only when the cost of the bed is supplemented by RSN funds.

**Maximum character length:** 2 Left zero fill.

| **Codes** | **Definition** |
|---|---|
| 01 | Adult Family Home - WAC 388-76 |
| 02 | Boarding Home - WAC 246-316-010 |
| 03 | Adult Residential Rehabilitative Facility - WAC 246-325-010 |

**Where used:**

| **Transaction ID** | **Transaction Title** | **AKA** |
|---|---|---|
| 170.01 | Residential Usage | Residential Type |

| Attribute: | Service Code |
|---|---|

**Definition:**

A code which identifies services delivered to the consumer.

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 5 Left zero fill.

| Codes | Definition |
|---|---|
| 02600 | Crisis Services (In Facility) |
| 02610 | Crisis Services (Out Facility) |
| 02630 | Stabilization Services (Out Facility) |
| 02640 | Intake Evaluation (In Facility) |
| 02650 | Intake Evaluation (Out Facility) |
| 02660 | Special Population Evaluation (In Facility) |
| 02670 | Special Population Evaluation (Out Facility) |
| 02680 | Interdiscip. Evaluation (In Facility) |
| 02690 | Interdiscip. Evaluation (Out Facility) |
| 02700 | Psycholog. Assessment (In Facility) |
| 02710 | Psycholog. Assessment (Out Facility) |
| 02720 | Med. Mgt. Individual (In Facility) |
| 02730 | Med. Mgt. Individual (Out Facility) |
| 02740 | Med. Mgt. Group (In Facility) |
| 02750 | Med. Mgt. Group (Out Facility) |
| 02760 | Individual Treatment Services (In Facility) |
| 02770 | Individual Treatment Services (Out Facility) |
| 02780 | Group Treatment Services (In Facility) |
| 02790 | Group Treatment Services (Out Facility) |
| 02800 | Adult Day Tx. (In Facility) |
| 02810 | Adult Day Tx. (Out Facility) |
| 02820 | Adult Acute Diversion (In Facility) |
| 02830 | Adult Acute Diversion (Out Facility) |
| 02840 | Child and Adolescent Day Tx (In Facility) |
| 02850 | Child and adolescent Day Tx (Out Facility) |
| 02860 | Child and Adolescent Acute Diversion (In Facility) |
| 02870 | Child and Adolescent Acute Diversion (Out Facility) |
| 02880 | Family Therapy (In Facility) |
| 02890 | Family Therapy (Out Facility) |
| 02900 | Critical Mental Health Services |
| 03001 | (Other direct services) |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |

| Attribute: | Service Date |
|---|---|

**Definition:**

Date a service was provided.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.02 | Outpatient Service |

| Attribute: | Service Location |
|---|---|

**Definition:**

The code identifying a physical location of outpatient service.

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | Place of Residence |
| 2 | Place of Work/School |
| 3 | In facility - This will include contact of the consumer by telephone. |
| 4 | Hospital or Emergency Room |
| 5 | Jail or Place of Detention |
| 6 | On the Street |
| 9 | Other Community Setting |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |
| 120.02 | Outpatient Service |

| **Attribute:** | **Service Month** |
|---|---|

**Definition:**

The month and year a service was provided.

**Maximum character length:** 6

**Format:** YYYYMM (Y= year, M = month)

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 170.01 | Residential Usage |

| Attribute: | Service Transaction ID |
|---|---|

**Definition:**

A number or identifier that helps to uniquely identify a service contact. This ID is used when reporting individual service records.

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 6

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 120.01 | Service Detail (Old) |

| Attribute: | Sexual Orientation |
|---|---|

**Definition:**

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

**Maximum character length:** 1

| Code | Definition |
|---|---|
| 1 | The person states they are heterosexual |
| 2 | The person states they are gay, lesbian, or bisexual |
| 9 | Unknown/Not voluntarily given by person |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Social Security Number |
|---|---|

**Definition:**

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

**Maximum character length:** 9

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Start Date |
|---|---|

**Definition:**

The date an event began. An event with a Start Date should eventually have an End Date reported.

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

Note: This definition is being replaced and will no longer be in use after December 31, 1997.

**Maximum character length:** 8

**Format:** YYYYMMDD

| Format | Definition |
|---|---|
| YYYY | Year |
| MM | Month |
| DD | Day |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 070.01 | Inpatient Service (Old) |

| Attribute: | State Hospital ID |
|---|---|

**Definition:**

A code that identifies a specific State Hospital.

**Maximum character length:** 3

| Codes | Definition |
|---|---|
| 430 | Child Study and Treatment Center |
| 431 | Western State Hospital |
| 432 | Northern State Hospital (Closed) |
| 433 | Eastern State Hospital |
| 436 | Program for Adaptive Living Skills |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 071.02 | Inpatient Service State Hospital |

| Attribute: | Status Code |
|---|---|

**Definition:**

A code describing a person's classification as enrolled or registered as defined in RCW in each RSN. The sole use of this item is for feed back to the RSN in the Case Management Locator System (CMLS). The term "enrolled" is not the same as stated in contract.

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | **Registered** - Consumers having at least one contact with the mental health system and for whom additional services are planned shall be registered. |
| 2 | **Enrolled** - Registered consumers approved by resource management services for community support or residential services shall be considered enrolled. |
| 9 | **Closed -** Consumer is no longer Registered or Enrolled. |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 150.02 | Current Status |

| Attribute: | Submitting Reporting Unit ID |
|---|---|

**Definition:**

Identifies a Regional Support Network or other assigned agency as identified by MHD who can submit Core Data Information to MHD-CIS.

**Maximum character length:** 3 Fill with leading zeros.

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 000.01 | Header |

| Attribute: | Surname |
|---|---|

**Definition:**

The surname/family/last name of a consumer as provided by an RSN/PHP, State Hospital or Community Service Office. 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:**

| Transaction ID | Transaction Title |
|---|---|
| 020.03 | Consumer Demographics |

| Attribute: | Title XIX Indicator |
|---|---|

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

**Maximum character length:** 1

| Codes | Definition |
|---|---|
| 1 | Title XIX Eligible |
| 0 | Not Title XIX Eligible |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.01 | Case Review |
| 035.03 | Monthly Case Status |

| **Attribute:** | **Transaction ID** |
|---|---|

**Definition:**

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

**Maximum character length:** 6

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 000.01 | Header |
| 100.01 | Case Manager |
| 035.01 | Case Review |
| 035.03 | Monthly Case Status |
| 011.01 | Consumer Case Manager |
| 010.01 | Consumer Cross Reference |
| 020.03 | Consumer Demographics |
| 150.02 | Current Status |
| 070.01 | Inpatient Service (Old) |
| 070.02 | Inpatient Service (New) |
| 071.02 | Inpatient Service State Hospital |
| 061.01 | ITA Detention |
| 062.01 | ITA Hearing |
| 060.01 | Crisis Investigation |
| 120.02 | Outpatient Service |
| 120.01 | Service Detail (Old) |
| ~~170.01~~ | ~~Residential Usage~~ |
| 090.01 | Priority |
| 130.02 | Void Consumer ID |

**Attribute: Vocational Rehabilitation Participation**

**Definition:**

Identifies whether the service recipient is an active Vocational Rehabilitation client. To the best of the contractor's knowledge, is the consumer currently an active recipient of vocational services from the state Division of Vocational Rehabilitation, or any other social service agency which offers employment services.

**Maximum character length:** 1

| Code | Definition |
|---|---|
| 1 | Yes |
| 2 | No |
| 9 | Unknown/Missing |

**Where used:**

| Transaction ID | Transaction Title |
|---|---|
| 035.03 | Monthly Case Status |

**Guidelines**:
This field is required to be reported as part of the Monthly Case Status if any outpatient services are rendered during a month. This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the Vocational Rehabilitation Participation could not be determined during the month service was rendered or at time reported.