

Mississippi Department of Mental Health Manual of Uniform Data Standards

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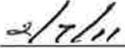
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This manual has been authorized for dissemination by:



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Date

Revisions and Updates

Revisions prior to initial release:

- 01/28/93 Add "Data submissions" section
Add CLIENTS.RCD_TRANS field to core data set, renumber fields
Revise "Data crosswalks" to add information on CLIENTS.RCD_TRANS field
- 02/03/93 Update "DMH program location codes data set"
Revise CLIENTS.LEG_STATUS codes
Add OTH_SOURCE (secondary source) field to CLIENTS data dictionary
Rename EMPLOYEE.PRG_CODE as EMPLOYEE.LOC_CODE
- 03/17/93 Add "Family therapy" to SERVICES data dictionary, revise crosswalks section
Add "Group home - programmatic (child)" to SERVICES data dictionary
Revise wording of definitions within SERVICES data dictionary
Correct field order of ALCOHOL.DIS_STATUS, DIS_REFERER, DIS_REF_OR
- 03/26/93 Revise CLIENTS.EDUCATION codes; revise crosswalks section to match
Revise "Data crosswalks" CSAT section so source of "admission date" (to A&D services) is
ALCOHOL.ENT_DATE instead of CLIENTS.ADM_DATE
Revise "Data crosswalks" section on "Miscellaneous codes" to specify the
CSAT exceptions when coding "other" as response
Revise "Data submissions" text
- 05/14/93 Revise "DMH program location codes data set"
Revise "Introduction" text
Revise "Data submissions" text
Revise "Data crosswalks" text
Add comments for CLIENTS.DSM_1 and DSM_2
Correct description of ALCOHOL.AFT_CARE_1, add comments
Reorder ALCOHOL.AFT_CARE_*, ALCOHOL.VOC_REHAB from discharge/exit
fields to active fields
- 07/14/93 Correct "Data crosswalks" CMHS ID number of Jackson MH Center
- 09/01/93 Revise "Introduction" text
Add microcomputer software standards section
- 09/02/93 Revise "Data validation rules" text
- 09/23/93 Revise definitions of CLIENTS.SPMI and CLIENTS.SEDC

Revisions after initial release:

- 11/01/93 Revise "Services" to conform with POS and Medicaid manual updates:
Revise various service descriptions to conform with POS and Medicaid manual updates:
- Rename "Medical services - nonphysician" as "Nursing services"
 - Rename "Medical services - physician" as "Medication evaluation and monitoring"
 - Rename "Partial hospitalization/psychosocial rehabilitation" as "Psychosocial rehabilitation"
 - Add "Consumer education and support" service
 - Add "Family education and support" service
 - Add "Injection of psychotropic medication" service
- 06/27/95 Correct ALCOHOL.PRIOR_TX, ALCOHOL.PREGNANT, and
ALCOHOL.METHADONE field type to character rather than numeric
- 08/01/96 Add "Data systems requirements" section to "Introduction"
Add explanation of file naming conventions to "Data Submissions" section
Add "Assistive technology" service
Add "Home and community based services - MR/DD waiver" service
Add "Pre-admission screening" service
Revise definition of CLIENTS.LOC_CODE for non-private providers as assigned locally, not by DMH
Revise CLIENTS.COUNTY to include county three letter abbreviation code
Revise inpatient services for psychiatric hospitals
Remove all non-private providers from "DMH program location codes" section
- 11/24/98 Revise "Introduction" text including "Data validation rules" section and
"Data system requirements" section
Revise definitions of "Partial Day" and "Outpatient" services on "Program Element terminology" chart
Revise "Data crosswalks" to comply with 01/30/98 edition of CSAT Treatment Episode Data Set (TEDS) State Instruction Manual
Revise all CSAT related references from Client Data System (CDS) to newer terminology of Treatment Episode Data Set (TEDS)
- 05/15/00 Remove "DMH program location codes" section of manual
Revise "Data Submissions" section of manual to include "Data format conventions for data submissions" information
- Add, rename, and/or revise various CLIENT codes:
- Revise ORG_CODE comments to note organizations may use a separate set of codes to distinguish separately licensed entities within the organization
 - Revise field description "Disability category" to "Treatment category"
 - Revise field description "Primary disability" to "Primary treatment category (if dual)"
 - Revise ADM_REFER and DIS_REFER to include codes for "Nursing home", "Boarding home", "Group home", and "Other social services agency"
 - Revise CLI_STATUS field definition to a numeric width of 2

- Revise CLI_STATUS codes to include respite admissions (new and readmit) as codes "04" and "05"; "Active - medical" as code "06"; "Removed from waiting list" as code "00"; "Discharged - outpatient commitment (SPHs only)" as code "10"
- Revise CLIENTS.LEG_STATUS codes to include "Involuntary - revoked outpatient commitment" as code "6"; "Other legal" as code "7"; and "Treatment ordered" as code "9"
- Revise CLIENTS.DIS_STATUS codes to include "Client eloped" as alternative inpatient definition for code "8"

Add, rename, and/or revise various SERVICE descriptions:

- Add "Aftercare" service (substance abuse)
- Add "Crisis intervention" service
- Add "Crisis residential - children/youth" service
- Add "Psychiatric services - children/youth - acute treatment" service
- Add "Psychiatric services - children/youth - long term" service
- Add "Psychiatric services - crisis stabilization unit" service
- Rename "Intensive outpatient" as "Intensive outpatient - substance abuse"
- Rename "Supervised apartments" as "Supervised housing"
- Revise definition of "Emergency services", "Intensive case management"
- Revise definition of "ICF-MR-Small" (DMH service/program code 152) to "15 or fewer beds" to concur with Medicaid definition
- Revise definition of "Psychiatric services - children/youth - short term"
- Revise definition of "Therapeutic day treatment - children/youth"
- Rename "Crisis residential - adult" to "Intensive residential - adult"
- Rename "Crisis residential - child/youth" to "Intensive residential - child/youth"

Add NRI Oryx sub-section to "Data Crosswalks" section of manual

Add, revise TEDS NRF ID numbers for Regions 7,8,9,12 in "Data Crosswalks" section of manual

Correct CROSSWALK reference: TEDS NUM_PRIOR field crosswalks from DMH ALCOHOL.NUM_PRIOR field

07/28/2008

Revise Introduction 's references to Word Perfect.

Revise A&D / TEDS file submission information to omit reference to media.

Revise "Data submissions" section to more fully describe current file layouts and submission.

Revise Clients section to change Source values and to take out 2nd Source column.

Add Medicaid number, State ID, INTEGRATED_TREATMENT, ACT_TREAT, PROGRAM_CODE, and A&D related fields to Clients database definition.

Revise race codes to separate "Asian" and "Pacific Islanders" and add "Reporting multiple race categories" code.

Add code for "unknown" to Hispanic origin field.

Add additional “type of residence “ codes for categories in URS table 15.

Changed some comments fields to indicate that date must be in YYYYMMDD format.

Add “CHIP” as payment source to CLIENTS.PAYMENT field

Add “unknown” value for VET_STATUS.

Allow “99” as value for PROBLEM_2.

Allow “0” as value for DSM_PRIN if only one DSM diagnosis is reported.

Add comment concerning INPAT, RESID, PARTI, OUTPA, and CASEM SERV fields.

Change name of program element, “Partial Day” to “PSYCHOSOCIAL REHABILITATIVE/Day program options” and program element, “Outpatient” to “PSYCHOTHERAPEUTIC SERVICES/Outpatient”

Change names of A&D “convictions” fields to “arrests” and make corresponding changes to descriptions.

Changed list of A&D drug codes

Add additional A&D discharge fields.

Created new headings within series 100 services to more emphatically distinguish services 151, 152, 153 as not being referred to as “INPATIENT” services.

Changed names of services 151 and 153.

Added “MISCELLANEOUS” group of services (800 series).

Added “HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER) group of services (900 series)

Made changes to service descriptions for services 102, 104, 110, 153, 201, 202, 204, 205, 206, 207, 303, 304, 305, 306, 307, 308, 309, 401, 403, 407, 415, 501, and 502.

Marked services 201, 301, 302, 303, 304, 307, 308, 310, 401, 403, 407, 408, 410, 411, 412, 413, and 501 as superseded.

Added service codes 214, 215, 216, 311, 312, 313, 314, 315, 316, 317, 318, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 504, 505, 506, 507, 508, 602, 704, and 705 to already existing groups.

Deleted service codes 701, 702, and 703.

12/01/2010

Change name of Juvenile Rehabilitation Center to Mississippi Adolescent Center

Revised "Introduction" section to remove Software standards and Federal Data Standards explanation

Added "Program Code" to Program element terminology

Revised "Data Validation" Section to move ENT_DATE and EXT_DATE from ALCOHOL data set to all data sets

Removed "Employee data set" from all applicable sections

Deleted "Service schema" from Client data collection hierarchy

Revised "Data submissions" section to remove tables, renumber data sets and remove CSAT data set.

Revised "File naming conventions for data submissions" section to reflect the 4 required files

Added Codes and updated comments for "Program Codes"

Removed delete as a potential value for RCD_TYPE

Changed "alcohol and drug services client data subset" to reflect new field numbers starting with 62, and changed name of A&D entry data to SA_ENT_DATE

Updated "MS county data set" to reflect changes in CMHC regions

Introduction

Introduction

The *Manual of Uniform Data Standards* is designed to promote consistency in the collection, processing, submission, and reporting of data within the Mississippi Department of Mental Health (DMH). The DMH administers, coordinates, or certifies services delivered at more than 500 sites throughout the state. Collecting electronically based information about the persons served by this complex array of providers requires that all parties share a common set of data standards. This manual is designed to serve as a sourcebook for defining and maintaining these standards.

The DMH *Manual of Uniform Data Standards* is not an all encompassing repository that attempts to catalog every data element collected throughout all programs administered and/or certified by the Mississippi Department of Mental Health. Such a listing would run to many volumes and, in all likelihood, remain perpetually out of date. Rather, the manual has the more practical goals of defining:

- a) Common data elements that the Department of Mental Health requires all programs to collect for agency-wide demographic and statistical reporting,
- b) Data elements either mandated or strongly recommended for collection by federal or other oversight agencies.

Even in the case of these more general standards, changes occur with a high degree of regularity. The objective of this manual has been to obtain a reasonable level of consensus that will facilitate exchanges of information without undue restrictions. Suggestions that can help in improving this process are welcomed. Please address any comments or questions to:

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Key terms

The purpose of a dictionary is to provide an authoritative set of definitions for words and phrases. This manual is intended as a data dictionary for the Department of Mental Health. Besides defining the meaning of data elements such as "Type of residence", it also makes use of other terms in specific ways. One of the difficulties in discussing mental health care is the various meanings which can be attached to words such as "agency", "organization", "facility", "program", "residential", "services" and many others. The following are key terms and their usage within the context of this manual:

An **ORGANIZATION** is an entity which administers services to clients. Regional mental retardation centers, state psychiatric hospitals, and regional community mental health centers are all organizations. Some ICF/MR organizations operate several separate **LICENSE UNITS**. These license units are accredited independent of each other and therefore are viewed as autonomous. The larger state psychiatric hospitals administer multiple distinct service entities, each under separate licensures. These can include: psychiatric services, chemical dependency units, nursing home units, and medical/surgical hospital units. It can be expected that some organizations will find it necessary to distinguish these components separately. Developing an organization model involving these service components, sometimes referred to as **AGENCIES**, is left to the discretion of the organization.

Most larger organizations offer services from multiple locations. **LOCATION CODES** identify the various places where the organization provides services. In some cases there may be more than one location code for a single address. For example, regional mental retardation centers provide 24 hour institutional services for clients on their main campuses. Some centers also operate early intervention programs (EIP) on their main campus. Because the EIP offers a different set of services to a completely different group of clients, it may be identified by its own distinctive location code. Also, in some cases multiple sites may be consolidated under a single location code if, as in the case of supervised apartments, the program is dispersed among a number of physical locations which are subject to frequent change.

Each location may offer one or more **SERVICES** to clients. Services are treatment modalities. *The DMH core services are defined on the basis of the programmatic intent of the service, not the source(s) of funding for that service.* See the "DMH services data set" for a current listing and description of DMH service codes. Since treatment is constantly evolving, new services emerge over time. The DMH administers and certifies services to clients who fall into one or more of three broad **CATEGORIES** of service needs: mental health, mental retardation, and/or substance abuse. Within these broad treatment categories, specific populations are often identified. These include elderly persons, persons with serious mental illness, and homeless persons. From a data systems perspective, however, these groups are demographic subsets of the three primary treatment categories.

MHSIP standards encourage the classification of all services into one of five **PROGRAM ELEMENTS** based primarily on the intensity of treatment: inpatient (24 hr care), residential (overnight services), psychosocial rehabilitative (services typically lasting 3-6 hours, psychotherapeutic (services typically scheduled in increments of one hour or less and usually occurring in a clinical setting), and case management. (See the "Program element terminology" chart in this section for a more detailed description of the five program elements.)

A **CLIENT** is a person receiving services at a location (or from staff operating out of a location). Clients are **ADMITTED** to an organization in order to receive these services. Some organizations are arranged into **PROGRAMS**, usually defined by the treatment category (MH, MR, SA) being

served. Clients **ENTER** into and **EXIT** from these programs during their period of active enrollment in the organization. Regardless of the organizational structure, admitted clients receive one or more **SERVICES** during their enrollment. For example, a client referred to a community mental health center might, after evaluation, enter their "substance abuse" program. Within this program, the client could receive "primary residential treatment" service. The client may then transfer to "transitional residential treatment" and finally be enrolled in "aftercare" to support continued sobriety. It is also possible for a client to be receiving several different treatment services concurrently. For example, persons participating in psychosocial rehabilitative services in a psychotherapeutic program may also be enrolled in a residential program. Movement from one treatment service to another is considered a **TRANSFER**.

When a client is no longer receiving services from the organization, he/she should be **DISCHARGED** from the active client roster. The period encompassed from the time of admission to the time of discharge is considered one **TREATMENT EPISODE**. It is possible for a client to have a case history within any given treatment facility that comprises multiple **TREATMENT EPISODES**.

The DMH core data elements which are associated with the above cited terms are:

ORG_CODE	Organization identifier (assigned by DMH)
LOC_CODE	Location code
Service codes:	
INPAT_SERV	Inpatient service codes
RESID_SERV	Residential service codes
PARTI_SERV	Psychosocial rehabilitative service codes
OUTPA_SERV	Psychotherapeutic service codes
CASEM_SERV	Case management service codes
CLI_ORG_ID	Unique client identifier within organization
SS_NUMBER	Unique client identifier agency-wide
ADM_DATE	Date of admission to organization
ENT_DATE	Date of entry into specific treatment program
EXT_DATE	Date of exit/transfer from specific treatment program
DIS_DATE	Date of discharge from organization

As noted elsewhere in this manual, "program" is an extremely nebulous term when used in mental health and mental retardation settings. This manual uses "services" as a generic term for the treatment modalities listed and described in the "DMH services data set" section.

Conflicting and evolving terminology

Efforts to implement uniform data standards across entities providing mental health, mental retardation, and substance abuse services is bound to invite vigorous debates over differences in the use of terminology. One problem confronting attempts to define terms is the ambiguous way in which many words are used. Consider some of the different uses of the word "program" in a service delivery context: to describe a location ("Our program in Lucedale"), to describe a specific service ("Our psychosocial rehab program"), to describe a related set of services for a specific group of clients ("Our substance abuse program"), or to describe an entire array of services ("Our clinical program"). Absent common agreement on key terminology by all persons involved, data systems will be unable to properly organize and report information.

A second consideration is the ever evolving social perception of words. Social views on the appropriateness or inappropriateness of specific terms take on a strong emotional context. As an example, the use of the terms "idiot", "imbecile", and "moron" in any modern service setting would be considered inappropriate and extremely offensive. Yet these same terms were once routinely used in scientific literature to describe persons with profound, severe, and moderate levels of mental retardation. An underlying concept of broadly classifying persons with mental retardation according to intellectual / functional criteria did not change; what did change were societal attitudes concerning the acceptability of a specific set of words. In the era of mass communications, there has been a drastic compression in the time required for terminology to gain common use, to undergo a rapid shift in connotation, or to fall into social disfavor.

A final difficulty arises from the fact that the fields of mental health, mental retardation, and substance abuse often employ different treatment modalities and use terminology in distinctive or different ways. Clinicians can be extremely reluctant to compromise on terminology which is felt to distinguish a particular service from another. However, persons using this manual are urged to focus their attention more on the fundamental concepts described herein than on the terms used to represent these concepts. This manual is not the vehicle to resolve issues such as what word is most appropriate to describe a person receiving services (consumer, client, patient). Rather, there is a recognition that most modern data systems allow service providers to alter such "labels" to appear on computer screens as they desire.

As noted above, social perceptions about the meaning of words are now subject to rapid change. It is likely that some of the terms used in this manual may come to be viewed in a different context over time. Organizations that perceive any data "label" used in this manual to be unsuitable may request to use alternative terminology for their computer system screens and/or their intake forms. However, the underlying concept and utility of the field must be retained and the data from the field must be downloaded using the standard codes specified in this manual.

The program element classification used in this manual is derived from MHSIP standards. These standards reflect a mental health focus. Since some differences occur across the major service areas, the following table provides a "crosswalk" of program element terminology:

Program element terminology

Program Element	Mental Health	Substance Abuse	Mental Retardation	Program Code
24 Hr intensive client care and treatment provided within a highly structured and closely supervised setting (e.g., hospital, nursing home, ICF/MR).	Inpatient	Inpatient	Residential	1000
Treatment program that involves the client living on premises. The program may involve a concurrent course of treatment or simply provide a place of residence for persons with specific needs.	Residential	Residential	Community-based Residential	2000
Structured programs that clients usually attend on a regular basis and which usually have a duration of 3 or more hours.	Psychosocial rehabilitative	Partial day or Day treatment	Partial day or Day treatment	3000
Services provided to clients usually based upon scheduled appointments and generally having a duration of less than 3 hours. Services may be provided on an individual or group basis, usually in a clinical setting.	Psychotherapeutic	Outpatient	Outpatient	4000
Services that provide individualized attention emphasizing some type of intervention or participation in the natural environment of the client.	Case Management	Case Management and Aftercare	Case Management or Service Coordination	5000

Core data and subsets

The Department of Mental Health provides services to persons with widely varying sets of needs. As a result, the agency anticipates requirements to collect data on persons within various treatment categories. An example is the CSAT TEDS data set mandated for persons enrolled in substance abuse programs.

Given the broad array of persons served, it would be cumbersome and unwieldy if the DMH attempted to incorporate all data items that might conceivably be asked of every treatment population into one universal client data structure. CSAT data requirements on type and frequency of substance use, for example, would probably have little applicability for clients enrolled in mental retardation programs. As an alternative, the Mississippi DMH has established a *core client data set*. The core data includes those basic data items deemed applicable across all treatment services. The core data set will be supplemented, as needs and mandates require, by data subsets designed for specific service populations or treatment programs. Client data under this concept can be viewed as existing in one of four layers:

- Mandated core data set
- Mandated target service populations data subsets
- Shared organizational data subset
- Local organization data subset

A design goal of the DMH is that information systems within organizations treating multiple service populations be able to prompt users for entry of client data subsets when core data indicates the client is a member of one of the targeted groups. Such systems would maintain a relational link between the client information in the core data set and that located in one or more data subsets.

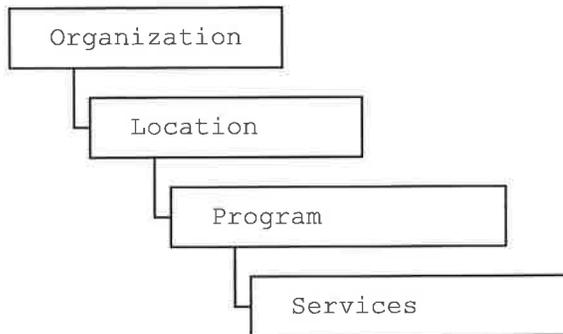
The third layer of data subset allows for items developed by and shared among groups of facilities or treatment programs with a common mission. For example, the community mental health centers might all agree that their client data set include drivers license number and state of issuance, even though this is not mandated at the federal or state level. The DMH encourages facilities to work cooperatively to establish shared data standards for non-mandated data items.

The final layer captures those data items unique to a given organization. It is hoped that information systems will be able to accommodate local needs with minimum effort through the incorporation of user defined fields.

Service schema

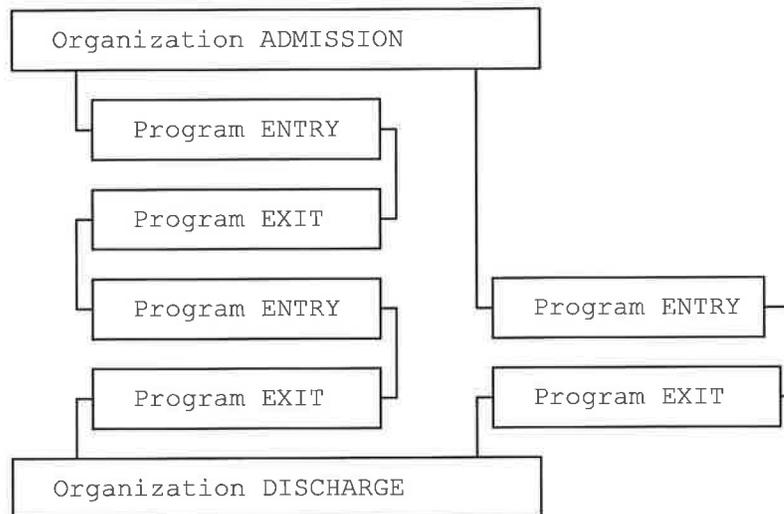
The following schema graphically represent some of the concepts of service delivery and data collection layers described in the preceding text:

1. Organization service delivery hierarchy



This hierarchy depicted above a conceptual model, not a mandated structure. Larger organizations may need to subdivide their organization into distinct administrative entities operating under separate licensure. It could be argued that a specific service LOCATION (Hope Haven, Smallville, MS) may fall under the organizational umbrella of a PROGRAM (Substance Abuse). More often, however, service locations are used to offer more than one program of treatment. Those who experience any major distress over the depicted hierarchy should reconceptualize it as they desire.

2. Client treatment hierarchy



Once a client is ADMITTED into an organization he/she may be enrolled in a number of different programs over the course of treatment. The client can ENTER and EXIT these programs sequentially (one following the other) or simultaneously (one concurrent with the other). When the course of treatment has been concluded, the client is DISCHARGED from the organization.

Data validation rules

The following are rules which are recommended to validate the data entered in certain fields of the DMH data sets. While not mandatory, data validation of the type described will assist in the collection and entry of correct information. During data entry, systems should restrict users to entering only those code values that have been defined for each field.

CLIENTS data set

CLI_ORG_ID Unique client ID within organization: The system (and organization policy) should not permit entry of a client ID number that duplicates the ID of an already active client. It is desirable that systems allow cross checking of previously assigned client ID numbers using various search criteria: name, maiden name, alias (if captured), approximate date (month/year) of previous admission or discharge.

Entry of a preexisting but inactive client ID number should alert the input operator that the number has been previously assigned and bring up key client data for identification purposes.

If an admission record is being created utilizing a previously unassigned client organizational ID, but the client's Social Security number already exists in an inactive record within the system, the discrepancy should be flagged with a caution message at input. (New SS_NUMBER = previous SS_NUMBER but new CLI_ORG_ID <> previous CLI_ORG_ID.)

ADM_DATE Admission date (most recent) to organization: The system should display a caution message if admission date exceeds the current system date by more than 7 days. (Users should not be routinely pre-entering clients into the system over one week in advance of the current date.)

The system should display a caution message if admission date predates the current system date by more than 30 days

SS_NUMBER Client Social Security number: The system should not permit entry of a Social Security number for an active client if a duplicate Social Security number already exists for another active record.

If a Social Security number for a new admission does not match the one recorded for a previous admission, the system should display a caution message at input. (New CLI_ORG_ID = previous CLI_ORG_ID but new SS_NUMBER <> previous SS_NUMBER.)

BIRTH_DATE Birth date of client: Date entered should not exceed current system date or result in an age that is a negative.

HANDICAP_2 Client handicapping condition: Entry should not duplicate entry for HANDICAP_1.

PROBLEM_2 Client problem at admission: Entry should not duplicate entry for PROBLEM_1.

DISAB_DUAL	<p>Primary disability category if dually diagnosed: The system should not permit erroneous combinations with DISAB_CATE field (disability category). (DISAB_CATE = 04 [Dual: MH/MR] but DISAB_DUAL = 3 [primary problem substance abuse]).</p>
INPAT_SERV	<p>Inpatient service code: The service codes entered under each of the five service categories (INPAT_SERV, RESID_SERV, PARTI_SERV, OUTPA_SERV, CASEM_SERV) should be restricted to the valid range for each category.</p>
DIS_DATE	<p>Discharge date: The discharge date should not predate the most recent ADM_DATE (admission date).</p> <p>The system should display a caution message if discharge date exceed currents system date by more than 7 days.</p> <p>The system should display a caution message if discharge date precedes current system date by over 30 days</p>
ENT_DATE	<p>Program entry date: The program entry date should not predate the most recent ADM_DATE (admission date into organization). (A client cannot enter a program within an organization prior to being admitted to the organization.)</p>
EXT_DATE	<p>Program exit date: The program exit date should not exceed the DIS_DATE (discharge date from organization) if discharge from organization has occurred. (A client cannot exit a program within an organization after he/she has already been discharged from the organization.)</p>

Data submissions

There are four data submission standards currently in effect:

1) Mental Health Core Client data set (D)

SOURCE: Mental Health Core Client Data set standards
SCOPE: ACTIVE clients, DISCHARGED clients (within date range)
DUE: Monthly (20 days after end of month)
FORMAT: ASCII comma delimited
ARCHIVE: ACTIVE: Successive (each submission supersedes previous data submissions)
DISCHARGED: Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core active client data set is successive, with each submission replacing the prior submission. Discharge client data is cumulative, with each discharge submission appended to previously submitted discharge records. The combination of a current active data set (superseded by each regular submission), and a cumulative discharge data set provides the foundation for an agency-wide client tracking system.

In the case of the discharge dataset, systems must be capable of selecting records for download according to a discharge date range (DIS_DATE) entered by the user. Only the records for those clients discharged between the two dates entered will be included in the download.

2) Alcohol and Drug Client data subset (A)

SOURCE: Mental Health Core Client data set standards and Alcohol and Drug data subset standards
SCOPE: NEW ADMISSIONS for previous month
TRANSFERS (among A&D services) for previous month
DISCHARGES for previous month
CHANGES for previous month
DELETIONS for previous month
DUE: Monthly (10 working days after end of month)
FORMAT: ASCII comma delimited
ARCHIVE: Cumulative (each month's submission is added to previous data submissions)

Comments: The A&D data set should be drawn from those clients who have a DISAB_CATE = 3 (substance abuse), or those with a DISAB_CATE of 5-7 (dual disability with substance abuse as a component). The A&D data set information must be collected and entered for all persons who have been assigned these DISAB_CATE codes.

At the Central Office level, the A&D database is cumulative. Each month's new admissions, service transfers, and discharges are added into the existing database.

"Transfers" refer to movement of persons enrolled in A&D programs from one treatment modality (service) to another. Both CSAT and DMH A&D require tracking of these changes in service. A listing of DMH and TEDS service codes that constitute a "transfer" can be found in the "Data Crosswalks" section of this manual. The transfer record structure is identical to the DMH A&D

admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Field which must be updated are:

RPT_DATE
RCD_TRANS
INPAT_SERV
RESID_SERV
PARTI_SERV
OUTPA_SERV
CASEM_SERV
ENT_DATE

3) Mental Retardation / Intellectual and Developmental Disabilities Client data set (I)

SOURCE: Mental Retardation / Intellectual and Developmental Disabilities Client data set standards
SCOPE: ACTIVE clients, DISCHARGED clients (within date range)
DUE: Monthly (5 days after end of month)
FORMAT: ASCII comma delimited
ARCHIVE: ACTIVE: Successive (each submission supersedes previous data submissions)
DISCHARGED: Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core active client data set is successive, with each submission replacing the prior submission. Discharge client data is cumulative, with each discharge submission appended to previously submitted discharge records. The combination of a current active data set (superseded by each regular submission), and a cumulative discharge data set provides the foundation for an agency-wide client tracking system.

In the case of the discharge dataset, systems must be capable of selecting records for download according to a discharge date range (DIS_DATE) entered by the user. Only the records for those clients discharged between the two dates entered will be included in the download

4) DMH Services data set (S)

SOURCE: DMH Services Data set standards
SCOPE: SERVICES performed within previous month
DUE: Monthly (20 days after end of month)
FORMAT: ASCII comma delimited

Comments: The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected before submission the next month the services file will continue to increase error rate because of by_id errors. The by_id is the client identifier in the service file. The by_id errors are mainly created because the client record from the "A", "D", or "I" file had erred out and was never corrected so when the service for that client was reported in the "S" file, the system could not find the matching client data. The goal is to have 0% error rate on each file, this way you know all your records have been recorded in the CDR.

File naming conventions for data submissions

The following naming conventions are to be used for files submitted to DMH:

1) The file name must be composed of an eight letter identifier, followed by a period and three letter extension. For all ASCII files the extension must be ".TXT." Refer to the examples listed below.

2) The eight letter file identifier must be composed of four components: a) an initial single letter code indicating the download submission type, b) a three number code identifying the organizational code (ORG_CODE) of the originator, c) a two number code indicating the year of submission, and d) a two number code indicating the month of submission. The initial single character codes are as follows:

- A Alcohol and Drug download (ASCII comma delimited)
- D Mental Health Core Client download (ASCII comma delimited)
- I Mental Retardation / Intellectual and Developmental Disabilities Core Client download (ASCII comma delimited)
- S Services download (ASCII-comma delimited)

Some examples of downloaded file names are:

- A1019901.TXT DMH Alcohol and Drug download ("A") from CMHC Region 1 ("101") submitted in 1999 ("99"), month of January ("01")
- D2010304.TXT DMH Active client core dataset download ("D") from Mississippi State Hospital ("201") submitted in 2003 ("03"), month of April ("04")
- I1120107.TXT DMH Mental Retardation / Intellectual and Developmental Disabilities download ("I") from CMHC Region 12 ("112") submitted in 2001 ("01"), month of July ("07")
- S3020612.TXT DMH Services data set download ("S") from Hudspeth Regional Center ("302") submitted in 2006("06"), month of December ("12")

Date format conventions for data submissions

All applications programs used to collect the data elements defined in this manual must be capable of accepting, storing, and downloading date field information that incorporates a four digit year. The ASCII delimited submissions must generate date information as an 8 digit number arranged in a YYYYMMDD format (e.g., November 28, 2003 should download as 20031128), unless otherwise specified. Traditional DBF (Dbase) files accept for input and display dates in a default MM/DD/YY format. It is necessary for DBase/FoxPro programs to use the environment command SET CENTURY ON in order for DBF files to accept, correctly store, and display a four digit year. Any data submissions to DMH that lack correctly recorded four digit year information will not be accepted.

Data Systems Requirements

It is recommended that all DMH facilities, community mental health centers, and other service providers operating under certification from the Department of Mental Health acquire and maintain data systems capable of meeting client demographic and fiscal management needs.

The following are strongly suggested as minimum criteria for data systems:

- The data system must utilize relational database design technology. Data should be stored in normalized tables and be accessible by third party query and report writing software through Structured Query Language (SQL).
- The data system should be certified and verified as Year 2000 compliant. All date fields should be capable of accepting and processing four digit years (e.g., "03/23/2000"). If the system allows user entry of two digits in a year field (e.g., "98", "03"), the system default century should be clearly displayed.
- The data system should exhibit a high degree of user configurability. Organizations should be able to add user defined fields without programming. It should be possible to alter the screen data field labels to those preferred by the organization without customization of the data system.
- The data system must be capable of collecting all data specified in this manual. It should be possible to add any missing fields in a logical sequence without customization of the data system.
- The data system must have built-in support for a minimum of 3 sets of correlated codes can be established. Such capability will allow organizations to maintain internal codes but also support alternate coding standards with minimal difficulty. Refer to the "Data Crosswalks" section of this manual for specific examples of situations in which data crosswalks are required.
- The data system should have a fiscal component that is consistent with GAAP standards.
- The data system should be capable of supporting unit cost reporting.
- The data system must be capable of crosswalking from internal cost center codes to DMH service codes. This is necessary to produce service enrollment data for the core client demographic download. It is also necessary for organizations to report on the quantity of services rendered without regard to funding source.
- The data system should support the use of both DSM and ICD diagnostic codes. It should allow crosswalks between the two coding systems as required for billing purposes.
- The data system must support electronic billing for Medicaid and Medicare (Part A and Part B).
- In addition to tracking client admissions and discharges, the data system should have the capability to record client enrollments in specific programs / services during the overall treatment episode within the organization (see "Introduction: Key Terms").
- For organizations providing alcohol and drug abuse services, the data system must support the entry and downloading of data mandated by the DMH Division of Alcohol and Drug Abuse. These data requirements are included in the *Manual of Uniform Data Standards*.

- The data system should maintain historical information on selected client demographic data to assist in assessing outcome measures. At a minimum, the following client data should be tracked historically:
 - education
 - marital status
 - living arrangement
 - type of residence
 - employment status
 - primary source of income
 - annual household income
 - diagnoses
- The data system should incorporate as many of the "Data validation rules" listed in this manual as is practical.
- The data system must produce data downloads in the format specified in the "Data submissions" section of this manual. The downloaded files must follow the naming conventions outlined in the "Data submissions" section.

Core client data set

Database: CLIENTS
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
1	Report date: date information was submitted	RPT_DATE	N	8	FN10 CL-29
2	Record transaction type (add, change, delete)	RCD_TRAN	N	1	TEDS AD-01
3	Organization code	ORG_CODE	N	3	FN10 CL-01
4	Program location code	LOC_CODE	N	4	DMH
5	Unique client ID within organization	CLI_ORG_ID	N	9	DMH
6	Client status	CLI_STATUS	N	2	DMH
7	Admission date (most recent) to organization	ADM_DATE	N	8	FN10 CL-04
8	Admission type(primary, collateral, unregistr)	ADM-TYPE	N	1	FN10 CL-02
9	Admission referral category	ADM-REFER	N	2	FN10 CL-21
10	Admission referral organization code (DMH only)	ADM-REF-OR	N	3	DMH
11	Legal status of client at admission	LEG_STATUS	N	1	FN10 CL-13
12	Client last name	LAST_NAME	C	15	DMH
13	Client first name	FIRST_NAME	C	15	DMH
14	Client maiden name (if applicable)	MAID_NAME	C	15	DMH
15	Social Security number (unique client identifier)	SS_NUMBER	N	9	FN10 CL-03
16	Birth date	BIRTH_DATE	N	8	FN10 CL-08
17	Age of client (calculated from birthdate)	AGE	N	3	DMH
18	Sex	SEX	C	1	FN10 CL-07
19	Race	RACE	C	1	FN10 CL-09
20	Hispanic origin	HISPANIC	C	1	FN10 CL-10

Database: CLIENTS
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
21	Education level: last grade completed	EDUCATION	N	2	FN10 CL-R
22	Marital status	MARITAL	C	1	FN10 CL-11
23	County of residence prior to admission	ADM_CNTY	N	2	FN10 CL-14
24	Living arrangement	LIVING_ARR	N	1	FN10 CL-24
25	Type of residence	RESID_ARR	N	2	FN10 CL-23
26	Employment status	EMPLOYMENT	N	2	FN10 CL-R
27	Primary source of household income	INCOME_SRC	N	1	FN10 CL-R
28	Household annual income amount	INCOME_HOU	N	6	FN10 CL-R
29	No. of persons in household dependent on income	INCOME_DEP	N	2	FN10 CL-R
30	Eligibility for SSI/SSDI	ELIG_SSI	N	1	FN10 CL-20
31	Eligibility for Medicaid	ELIG_MCAID	N	1	DMH
32	Expected principal source of payment	PAYMENT	N	2	FN10 CL-25
33	Veterans status	VET_STATUS	C	1	FN10 CL-12
34	Physical impairment (1 of 2)	HANDICAP_1	N	2	FN10 CL-R
35	Physical impairment (2 of 2)	HANDICAP_2	N	2	FN10 CL-R
36	Presenting problem (1 of 2)	PROBLEM_1	N	2	FN10 CL-16
37	Presenting problem (2 of 2)	PROBLEM_2	N	2	FN10 CL-16
38	Treatment category (MH, MR, SA, dual)	DISAB_CATE	N	1	DMH
39	Primary treatment category (if dual)	DISAB_DUAL	N	1	DMH
40	Is client seriously mentally ill? (Y/N)?	SPMI	C	1	FN10 CL-19
41	Is client seriously emotionally disturbed child?	SEDC	C	1	DMH

Database: CLIENTS
Revision date: 07/28/2010

Field	Description	Field Name	Type	Width	Source
42	DSM Axis 1 diagnosis	DSM_1	C	6	FN10 CL-17
43	DSM Axis 2 diagnosis	DSM_2	C	6	FN10 CL-17
44	Is DSM Axis 1 or 2 the principal diagnosis?	DSM_PRIN	N	1	DMH
45	Inpatient service code	INPAT_SERV	N	3	FN10 CL-06
46	Residential service code	RESID_SERV	N	3	FN10 CL-06
47	Partial day service code	PARTI_SERV	N	3	FN10 CL-06
48	Outpatient service code	OUTPA_SERV	N	3	FN10 CL-06
49	Case management service code	CASEM_SERV	N	3	FN10 CL-06
50	Discharge date	DIS_DATE	N	8	FN10 CL-05
51	Discharge status (transfer, adm discontin, dis/ref)	DIS_STATUS	N	1	FN10 CL-26
52	Discharge referral category	DIS_REFER	N	2	FN10 CL-27
53	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3	DMH
54	County of residence upon discharge	DIS_CNTY	N	2	FN10 CL-15
55	Medicaid number	MCAID_NUMBER	N	9	
56	State ID (Generated by CDR upon 1 st submission)	STATE_ID	N	9	
57	Client receives integrated treatment	INTGR_TREAT	C	1	
58	Indicates whether client receives ACT/PACT Assertive Community Treatment	ACT_TREAT	C	1	
59	Program under which client receives treatment	PROGRAM_CODE	C	4	
60	Entry date (most current) into program	ENT_DATE	N	8	
61	Program exit date	EXT_DATE	N	8	

Database: CLIENTS
Revision date: 12/01/2010

1 Report date: date information was submitted

Field name: RPT_DATE **Type:** N **Width:** 8
Source: FN10 CL-29 **2nd source:** TEDS AD-03

Comments: Indicates date of data submission download. Information in this field should be automatically inserted by the program during download. Date must be in YYYYMMDD format.

2 Record transaction type (add, change)

Field name: RCD_TRANS **Type:** N **Width:** 1
Source: TEDS AD-01

Codes: 1 = Add admission record
 2 = Add transfer record (NIDA/DMH A&D)
 3 = Change record (correction)
 4 = Change record (update)

Comments: Indicates the record transaction which should occur at the central repository level. NIDA and DMH A&D standards require posting of transfers from one service to another within an organization. "Changes" indicates either corrections or updates to previously submitted client records. "Delete" indicates an erroneous submitted client record should be erased from the file.

3 Organization code

Field name: ORG_CODE **Type:** N **Width:** 3
Source: FN10 CL-01 **2nd source:** TEDS AD-04

Codes: 101 = CMHC Region 1
 102 = CMHC Region 2
 103 = CMHC Region 3
 104 = CMHC Region 4
 105 = CMHC Region 5
 106 = CMHC Region 6
 107 = CMHC Region 7
 108 = CMHC Region 8
 109 = CMHC Region 9
 110 = CMHC Region 10
 111 = CMHC Region 11
 112 = CMHC Region 12
 113 = CMHC Region 13
 114 = CMHC Region 14
 115 = CMHC Region 15
 201 = Miss. State Hospital
 202 = East Miss. State Hospital
 203 = North Miss. State Hospital
 204 = South Miss. State Hospital
 205 = Central Miss. Residential Center
 206 = Spec. Treatment Facility for E.D.
 301 = North Miss. Regional Center
 302 = Hudspeth Regional Center
 303 = Boswell Regional Center
 304 = Ellisville State School

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305 = South Miss. Regional Center
306 = Mississippi Adolescent Center
700 = Private providers

Comments: Information in this field should be automatically inserted by the software during download. The field denotes the "umbrella" organization code. Individual service sites operated by the organization are identified by their "Program location code" (LOC_CODE). Some organizations may also need to be subdivided into administrative subcomponents based on separate licensures. These entities can be given separate codes as long as the assigned organization code can also be generated. Private providers are assigned organization codes in the 700-999 range.

4 Program location code

Field name: LOC_CODE **Type:** N **Width:** 4
Source: DMH

Codes: (Assigned by each organization and submitted to DMH for review and approval)

Comments: This field is used to identify physical locations from which large multi-site organizations provide services. **Each organization must submit a proposed set of "Program location codes" to DMH for review and approval, using an allowable range from 0001 to 9999.** For DMH purposes, location codes should be limited to physical sites administered by the organization rather than ancillary service delivery sites such as schools, jails, etc. Note that in some cases separate program location codes may be used to identify two very distinct programs sharing a single physical address. Also, when there are a number of service sites for a single program, such as supervised apartments, they may be grouped under a single "Program location code" representing the administrative entity.

5 Unique client ID within organization

Field name: CLI_ORG_ID **Type:** N **Width:** 9
Source: DMH **2nd source:** TEDS AD-05

Comments: The client's "Unique client ID" (CLI_ORG_ID) should be generated within each organization for internal identification of clients. It can be up to 9 digits in length. Every effort should be made to insure the ID remains unique to a single client. The same ID should be reused if and when the client is readmitted to the organization.

6 Client status

Field name: CLI_STATUS **Type:** N **Width:** 2
Source: DMH

Codes: 00 = Removed from waiting list
 01 = Active - new admission
 02 = Active - re-admission
 03 = Active - evaluation only
 04 = Active - respite (new admission)
 05 = Active - respite (re-admission)

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06 = Active - medical
08 = Waiting list only
09 = Discharged
10 = Discharged - outpatient commitment (SPHs)

7 Admission date (most recent) to organization

Field name: ADM_DATE **Type:** N **Width:** 8
Source: FN10 CL-04 **2nd source:** TEDS AD-08

Comments: Date of the most recent admission to the organization. Date must be in YYYYMMDD format.

8 Admission type (primary, collateral, unregistered)

Field name: ADM_TYPE **Type:** N **Width:** 1
Source: FN10 CL-02 **2nd source:** TEDS AD-06

Codes: 1 = Primary
 2 = Collateral
 3 = Unregistered

Comments: Applicable primarily to CMHCs. "Collateral" clients are those receiving services because of problems arising from a relationship with another who is the primary recipient of treatment (i.e., family members participating in therapy with someone with a substance abuse problem). "Unregistered" clients are persons who are receiving services but for whom there is no clinical record.

9 Admission referral category

Field name: ADM_REFER **Type:** N **Width:** 2
Source: FN10 CL-21

Codes: (Source: Virginia, revised)
 01 = DMH psychiatric hospital
 02 = Other MS CMHC
 03 = DMH MR facility
 04 = Private psychiatric hospital
 05 = Other MH care provider
 06 = Other MR care provider
 07 = Other A&D care provider
 08 = General hospital/other health care provider
 09 = Self
 10 = Family/friend
 11 = School/educational agency
 12 = Employer/EAP
 13 = Police/sheriff
 14 = Court/correctional facility
 15 = Probation/parole
 16 = Self help program
 17 = Vocational rehabilitation/job placement
 18 = Nursing home (non-DMH)
 19 = Boarding home
 20 = Group home (non-DMH)
 21 = Other social services agency
 97 = Other

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98 = Unknown
99 = None

Comments: If admission referral source is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) and the identity of the referring organization is known, then "Admission referral organization code" (ADM_REF_OR) should be recorded.

10 Admission referral organization code (DMH only)

Field name: ADM_REF_OR **Type:** N **Width:** 3
Source: DMH

Codes: (See "Organization code")

Comments: Complete this field only if "Admission referral category" (ADM_REFER) entry is 01, 02, or 03.

11 Legal status of client at admission

Field name: LEG_STATUS **Type:** N **Width:** 1
Source: FN10 CL-13

Codes: (Source: Virginia, revised)
1 = Voluntary (referral)
2 = Involuntary - civil - adult psychiatric
3 = Involuntary - civil - adult chemical dep.
4 = Involuntary - youth court
5 = Involuntary - criminal
6 = Involuntary - revoked outpatient commitment
7 = Other legal status
9 = Treatment ordered (condition of probation or parole)

12 Client last name

Field name: LAST_NAME **Type:** C **Width:** 15
Source: DMH

13 Client first name

Field name: FIRST_NAME **Type:** C **Width:** 15
Source: DMH

14 Client maiden name (if applicable)

Field name: MAID_NAME **Type:** C **Width:** 15
Source: DMH

15 Social Security number

Field name: SS_NUMBER **Type:** N **Width:** 9
Source: FN10 CL-03

Comments: Can not be blank.

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16 Birth date

Field name: BIRTH_DATE **Type:** N **Width:** 8
Source: FN10 CL-08 **2nd source:** TEDS AD-12

Comments: Date must be in YYYYMMDD format.

17 Age of client (calculated from birthdate)

Field name: AGE **Type:** N **Width:** 3
Source: DMH

Comments: If information on the client's "Birth date" (BIRTH_DATE) is recorded, there is no need to enter data in this field. Age can be calculated and updated using the birth date.

18 Sex

Field name: SEX **Type:** C **Width:** 1
Source: FN10 CL-07 **2nd source:** TEDS

Codes: F = Female
 M = Male
 U = Unknown

Comments: It is acceptable to use the term "Gender" to identify this field.

19 Race

Field name: RACE **Type:** C **Width:** 1
Source: FN10 CL-09 **2nd source:** TEDS AD-14

Codes: Source: (URS table definitions)
 A = Asian
 B = Black/African American
 I = Native American Indian
 K = Alaskan native (Aleut, Eskimo, Indian)
 M = Reporting multiple race categories
 P = Native Hawaiian or other Pacific Islander
 W = White/Caucasian
 U = Unknown or not available

20 Hispanic origin

Field name: HISPANIC **Type:** C **Width:** 1
Source: FN10 CL-10 **2nd source:** TEDS AD-15

Codes: (Source: North Carolina)
 C = Cuban
 M = Mexican
 P = Puerto Rican
 O = Other Hispanic
 N = Not of Hispanic origin
 U = Unknown or not available

Database: CLIENTS
Revision date: 12/01/2010

Comments: Hispanic origin is not a race, but rather is used to denote persons who identify themselves with Spanish culture or origins.

21 Education level: last grade completed

Field name: EDUCATION **Type:** N **Width:** 2
Source: FN10 CL-R **2nd source:** TEDS AD-16

Codes: (Source: North Carolina, revised)
51 = Preschool/kindergarten
52 = Special education
01 = First grade
..
12 = Twelfth grade
13 = GED
14 = Technical/trade school
15 = Some college, no degree
16 = Associate degree
17 = Bachelors degree
18 = Masters degree
19 = Ph.D.
98 = Unknown
99 = Never attended school

22 Marital status

Field name: MARITAL **Type:** C **Width:** 1
Source: FN10 CL-11 **2nd source:** TEDS: AD-44

Codes: (Source: North Carolina)
S = Single (never married or marriage annulled)
M = Married
P = Separated
D = Divorced
W = Widowed
U = Unknown

23 County of residence prior to admission

Field name: ADM_CNTY **Type:** N **Width:** 2
Source: FN10 CL-14

Codes: (Refer to COUNTY data set for a listing of numeric codes for Miss. counties.)

24 Living arrangement

Field name: LIVING_ARR **Type:** N **Width:** 1
Source: FN10 CL-24

Codes: (Source: Virginia)
1 = Lives alone
2 = Lives w. relatives (nuclear or extended)
3 = Lives w. non-relatives

25 Residential living

Database: CLIENTS
Revision date: 12/01/2010

Field name: RESID_ARR **Type:** N **Width:** 2
Source: FN10 CL-23 **2nd source:** TEDS AD-38

Codes: (Source North Carolina, revised)
01 = Private residence (house, mobile home)
02 = Other independent (rooming house, dorm)
03 = Homeless/Shelter
04 = Institution (psychiatric hospital, MR facility)
05 = Community program (nursing home, group home)
06 = Correctional facility
07 = Other
08 - Foster Home
09 - Residential Care
10 - Crisis Residence
11 - Children's Residential Treatment
99 = Not available/Unknown

26 Employment status

Field name: EMPLOYMENT **Type:** N **Width:** 2
Source: FN10 CL-R **2nd source:** TEDS AD-17

Codes: 01 = Employed - full time (35+ hrs per week)
02 = Employed - part time
03 = Employed - active military duty
04 = Season/migrant worker
05 = Unemployed - seeking work
06 = Unemployed - not seeking work
07 = Homemaker
08 = Student/under 17
09 = Retired
10 = Disabled
11 = Correctional inmate
97 = Other
98 = Unknown

27 Primary source of household income

Field name: INCOME_SRC **Type:** N **Width:** 1
Source: FN10 CL-R

Codes: (Source: Virginia)
1 = Wages/salary
2 = Public assistance
3 = Retirement/pension
4 = Disability income
7 = Other
8 = Unknown
9 = None

28 Household annual income amount

Field name: INCOME_HOU **Type:** N **Width:** 6
Source: FN10 CL-R

Database: CLIENTS
Revision date: 12/01/2010

Comments: This field captures the client's household income. Some program data subsets (e.g., alcohol and drug treatment) mandate an additional data field recording the client's individual income.

29 No. of persons in household dependent on income

Field name: INCOME_DEP **Type:** N **Width:** 2
Source: FN10 CL-R

Comments: Indicate the number of persons who are dependent upon the "Household annual income amount"

30 Eligibility for SSI/SSDI

Field name: ELIG_SSI **Type:** N **Width:** 1
Source: FN10 CL-20

Codes: (Source: Virginia)
1 = Eligible and receiving payments
2 = Eligible but not receiving payments
3 = Potentially eligible (under review)
4 = Determined as ineligible
8 = Unknown
9 = Not applicable

31 Eligible for Medicaid

Field name: ELIG_MCAID **Type:** N **Width:** 1
Source: DMH

Codes: (Source: Virginia)
1 = Eligible and receiving payments
2 = Eligible but not receiving payments
3 = Potentially eligible (under review)
4 = Determined as ineligible
8 = Unknown
9 = Not applicable

32 Expected principal source of payment

Field name: PAYMENT **Type:** N **Width:** 2
Source: FN10 CL-25 **2nd source:** TEDSAD-41

Codes: 01 = None (organization absorbs cost)
02 = Personal resources
03 = Service contract
04 = Blue Cross/Blue Shield
05 = CHAMPUS
06 = Other commercial health insurance
07 = Medicare (Title XVII)
08 = Medicaid (Title XIX)
09 = VA (Veteran's Administration)
10 = Workmen's compensation
11 = Other public (government) sources
12 = CHIP (Childrens Health Ins Prg)
97 = Other source of payment
98 = Unknown

Database: CLIENTS
Revision date: 12/01/2010

33 Veterans status

Field name: VET_STATUS **Type:** C **Width:** 1
Source: FN10 CL-12 **2nd source:** TEDS AD-37

Codes: Y = Yes
 N = No
 U = Unknown

34 Physical impairment (1 of 2)

Field name: HANDICAP_1 **Type:** N **Width:** 2
Source: FN10 CL-R

Codes: (Source: Virginia, revised)
 01 = Deafness and blindness
 02 = Deafness/severe hearing loss
 03 = Blind/severe vision loss
 04 = Nonambulatory
 05 = Ambulatory only w. assistive device
 06 = Unable to communicate w. verbal speech
 07 = Traumatic brain injury
 08 = Major medical condition
 97 = Other
 98 = Unknown
 99 = Not applicable

Comments: The "physical impairments" fields (HANDICAP_x) should be used to indicate physical conditions that may need to be taken into consideration when planning treatment. It is recommended that local data systems have the additional capacity to record specific client medical conditions using International Classification of Diseases (ICD) codes.

35 Physical impairment (2 of 2)

Field name: HANDICAP_2 **Type:** N **Width:** 2
Source: FN10 CL-R

Codes: (See "Physical impairment [1 of 2]" codes)

36 Presenting problem (1 of 2)

Field name: PROBLEM_1 **Type:** N **Width:** 2
Source: FN10 CL-16

Codes: CMHC Presenting problems:
 01 = Marital/family problems
 02 = Social/interpersonal (other than family)
 03 = Coping w. daily roles
 04 = Medical/somatic
 05 = Communication disorders
 06 = Depression/mood disorder
 07 = Attempt/threaten/danger of suicide
 08 = Alcohol
 09 = Drugs

Database: CLIENTS
Revision date: 12/01/2010

- 10 = Eating disorder
- 11 = Thought disorder
- 12 = Abuse/assault/rape victim
- 13 = Abuse/assault/rape perpetrator
- 14 = Involvement w. criminal justice system
- 15 = Runaway behavior
- 97 = Other
- 98 = Unknown

Comments: Presenting problems allow clinicians to indicate suspected problem areas at intake, prior to the determination of DSM diagnosis. Different sets of presenting problems are permitted for different service settings (CMHCs, State psychiatric Hospitals, ICF/MRs).

37 Presenting problem (2 of 2)

Field name: PROBLEM_2 **Type:** N **Width:** 2
Source: FN10 CL-16

Codes: (See "Presenting problem [1 of 2]" codes) If there is only one presenting problem, PROBLEM_2 should be coded as "99".

38 Treatment category (MH, MR, SA, dual)

Field name: DISAB_CATE **Type:** N **Width:** 1
Source: DMH

- Codes:**
- 1 = Mental health
 - 2 = Mental retardation/developmental disability
 - 3 = Substance abuse
 - 4 = MH/MR (Dual diagnosis)
 - 5 = MH/SA (Dual diagnosis)
 - 6 = MR/SA (Dual diagnosis)
 - 7 = MH/MR/SA (Dual diagnosis)
 - 8 = Unknown (Dual diagnosis)

Comments: This field indicates the client's treatment category or multiple treatment categories if the client is dually diagnosed. In cases of multiple treatment categories, the primary focus of treatment is indicated in the "Primary treatment" (DISAB_DUAL) field.

39 Primary treatment category (if dual)

Field name: DISAB_DUAL **Type:** N **Width:** 1
Source: DMH

- Codes:**
- 1 = Mental health
 - 2 = Mental retardation
 - 3 = Substance abuse

Comments: An entry in this field is required if the client's "Treatment category" (DISAB_CATE) is coded as 04-07 (dually diagnosed). This field indicates the treatment category that is considered the primary focus of treatment in cases where a client is indicated as dually diagnosed.

40 Is client seriously mentally ill (Y/N)?

Database: CLIENTS
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If only one DSM diagnosis is reported, DSM_PRIN may be coded as 0.

45 Inpatient service code

Field name: INPAT_SERV **Type:** N **Width:** 3
Source: FN10 CL-06 **2nd source:** TEDS AD-09

Codes: (Refer to SERVICES data set)

Comments: This field and the next four (RESID_SERV, PARTI_SERV, OUTPA_SERV, and CASEM_SERV) are designed to capture the specific services currently being received by the client. These services are grouped into five basic areas: inpatient, residential, partial day, outpatient, and case management. If a client does not receive services in one or more of these areas, the field is left blank. A complete listing of DMH core service codes is listed in the SERVICES dataset. Integrated systems must be designed so that the information in these five fields are automatically derived from current (90 day) service ticket data. If a client should receive more than one type of service in a given area, the service code should reflect the greater level of activity.

46 Residential service code

Field name: RESID_SERV **Type:** N **Width:** 3
Source: FN10 CL-06 **2nd source:** TEDS AD-09

Comments: (See Inpatient service code" comments)

47 Partial day service code

Field name: PARTI_SERV **Type:** N **Width:** 3
Source: FN10 CL-06 **2nd source:** TEDS AD-09

Comments: (See Inpatient service code" comments)

48 Outpatient service code

Field name: OUTPA_SERV **Type:** N **Width:** 3
Source: FN10 CL-06 **2nd source:** TEDS AD-09

Comments: (See Inpatient service code" comments)

49 Case management service code

Field name: CASEM_SERV **Type:** N **Width:** 3
Source: FN10 CL-06 **2nd source:** TEDS AD-09

Comments: (See Inpatient service code" comments)

50 Discharge date

Field name: DIS_DATE **Type:** N **Width:** 8
Source: FN10 CL-05

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Revision date: 12/01/2010

Comments: "Discharge date" (DIS_DATE) indicates the date the client is formally Discharged from the organization. Do NOT use this field if the client is merely transferring from one program to another within the Organization.

51 Discharge status (transfer, adm discontin, dis/ref)

Field name: DIS_STATUS **Type:** N **Width:** 1
Source: FN10 CL-26

Codes: 1 = Evaluation only
 2 = Treatment completed
 3 = Therapist terminated treatment
 4 = Client referred elsewhere
 5 = Client terminated treatment
 6 = Client moved from region
 7 = Client deceased
 8 = No contact with client within specified time frame /client eloped

52 Discharge referral category

Field name: DIS_REFER **Type:** N **Width:** 2
Source: FN10 CL-27

Codes: (Source: Virginia, revised)
 01 = DMH psychiatric hospital
 02 = Other MS CMHC
 03 = DMH MR facility
 04 = Private psychiatric hospital
 05 = Other MH care provider
 06 = Other MR care provider
 07 = Other A&D care provider
 08 = General hospital/other health care provider
 09 = Self
 10 = Family/friend
 11 = School/educational agency
 12 = Employer/EAP
 13 = Police/sheriff
 14 = Court/correctional facility
 15 = Probation/parole
 16 = Self help program
 17 = Vocational rehabilitation/job placement
 18 = Nursing home (non-DMH)
 19 = Boarding home
 20 = Group home (non-DMH)
 21 = Other social services agency
 97 = Other
 98 = Unknown
 99 = None

Comments: If "Discharge referral category" is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) and the identity of the organization to which referred is known, the "Discharge referral organization code" (DIS_REF_OR) should be completed.

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- 53 Discharge referral organization code (DMH only)
Field name: DIS_REF_OR **Type:** N **Width:** 3
Source: DMH

Codes: (See "Organization code")

Comments: Complete this field only if "Discharge referral category"
(DIS_REFERER) entry is 01, 02, or 03.
- 54 County of residence upon discharge

Field name: DIS_CNTY **Type:** N **Width:** 2
Source: FN10 CL-15

Codes: (Refer to COUNTY data set for a listing of numeric codes for
Miss. counties.)
- 55 Medicaid number

Field name: MCAID_NUMBER **Type:** N **Width:** 9
Source:
- 56 State ID

Field Name: STATE_ID **Type:** N **Width:** 9
Source: DMH

Comments: This number is assigned by Centralized Database System and
returned to the provider. It can be used for identifying the client in
subsequent submissions of active client and discharges data rather than
using the social security number.
- 57 Client receives integrated treatment

Field name: INTGR_TREAT **Type:** C **Width:** 1
Source: DMH

Codes: Y = Yes
 N = No
- 58 Receiving ACT/PACT Assertive Community Treatment

Field name: ACT_TREAT **Type:** C **Width:** 1
Source: DMH

Codes: Y = Yes
 N = No
- 59 Program code

Field name: PROGRAM_CODE **Type:** C **Width:** 4
Source: DMH

Codes: 1000, 2000, 3000, 4000, 5000, 8888

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Comments: Program under which client receives treatment. A client can be admitted to an organization, enter a program within that organization, exit that program, enter a different program, etc. all within the range of dates from his admission into and discharge from the organization. If a client receives treatment in 100-199 services code, program code = 1000; if service code 200-299, then program code = 2000; if service code 300-399, then program code = 3000; if service code 400-499, then program code = 4000; if service code 500-599, then program code = 5000; if service code 600-916, then program code = 8888.

60 Entry date (most current) into program; if service code 200-299, then program code = 2000

Field name: ENT_DATE **Type:** N **Width:** 8
Source: NIDA AD-08

Comments: Captures entry date to a specific program area. Compare with "Admission date to organization" (ADM_DATE) which captures date of admission to parent organization. NIDA: "The day when the client receives his or her first direct treatment or recovery service."

61 Exit date from program

Field name: EXT_DATE **Type:** N **Width:** 8
Source:

Comments: Captures exit date from a specific program area.

Alcohol and drug services client data subset

Database: ALCOHOL
Revision date: 07/28/2008

Field	Description	Field Name	Type	Width	Source	2 nd Source
62	Entry date (most current) into program	SA_ENT_DATE	N	8	NIDA AD-08	DT_ADMIS
63	Days client waited to begin treatment	DAYS_WAIT	N	3	NIDA-AD-45	O_TIME_WT
64	Number of prior treatment episodes	NUM_PRIOR	N	1	NIDA-AD-10	NUM_PRIOR
65	Prior treatment in facility in last year	PRIOR_TX	C	1	DMH A&D	
66	State of residence	STATE	C	2	NIDA-AD-02	STATE_CODE
67	Client monthly income amount	INCOME_PER	N	5	DMH A&D	
68	Health insurance (1 of 2)	INSURAN_1	N	2	NIDA-AD_40	O_HLTH_INS
69	Health insurance (2 of 2)	INSURAN_2	N	2	NIDA-AD_40	O_HLTH_INS
70	Is client pregnant at time of admission (Y/N)?	PREGNANT	C	1	NIDA-AD-36	O_PREGRANT
71	Psychiatric problem in addition to A&D(Y/N)?	PSYCHIAT	C	1	NIDA-AD-35	O_PSYCHIAT
72	Number of arrests in last 30 days	ARRESTS	N	2	DMH A&D	
73	Type of arrests (1 of 3)	TYPE_ARR_1	N	2	DMH A&D	
74	Type of arrests (2 of 3)	TYPE_ARR_2	N	2	DMH A&D	
75	Type of arrests (3 of 3)	TYPE_ARR_3	N	2	DMH A&D	
76	DUI offender	DUI	N	1	DMH A&D	
77	Criminal justice referral	JUS_REFER	N	2	NIDA-AD-43	OCRIM_JUS
78	Use of Methodone as part of treatment (Y/N)?	METHADONE	C	1	NIDA-AD-30	METHADONE
79	Substance problem code (1 of 3)	SUB_CODE_1	N	2	NIDA-AD-18	SUB_CODE_1
80	Substance problem code (2 of 3)	SUB_CODE_2	N	2	NIDA-AD-22	SUB_CODE_2
81	Substance problem code (3 of 3)	SUB_CODE_3	N	2	NIDA-AD-26	SUB_CODE_3
82	Detailed drug code (1 of 3)	DETAIL_1	N	4	NIDA-AD-31	O_DETAIL_1

Database: ALCOHOL

Revision date: 07/28/2008

Field	Description	Field Name	Type	Width	Source	2 nd Source
83	Detailed drug code (2 of 3)	DETAIL_2	N	4	NIDA-AD-32	O_DETAIL_2
84	Detailed drug code (3 of 3)	DETAIL_3	N	4	NIDA-AD-33	O_DETAIL_3
85	Usual route of administration (1 of 3)	RT_ADMIN_1	N	2	NIDA-AD-19	RT_ADMIN_1
86	Usual route of administration (2 of 3)	RT_ADMIN_2	N	2	NIDA-AD-23	RT_ADMIN_2
87	Usual route of administration (3 of 3)	RT_ADMIN_3	N	2	NIDA-AD-27	RT_ADMIN_3
88	Frequency of use (1 of 3)	FREQ_USE_1	N	2	NIDA-AD-20	FREQ_USE_1
89	Frequency of use (2 of 3)	FREQ_USE_2	N	2	NIDA-AD-24	FREQ_USE_2
90	Frequency of use (3 of 3)	FREQ_USE_3	N	2	NIDA-AD-28	FREQ_USE_3
91	Age of first use of substance (1 of 3)	FRST_USE_1	N	2	NIDA-AD-21	FRST_USE_1
92	Age of first use of substance (2 of 3)	FRST_USE_2	N	2	NIDA-AD-25	FRST_USE_2
93	Age of first use of substance (3 of 3)	FRST_USE_3	N	2	NIDA-AD-29	FRST_USE_3
94	Services associated with after care (1 of 3)	AFT_CARE_1	N	2	DMH A&D	
95	Services associated with after care (2 of 3)	AFT_CARE_2	N	2	DMH A&D	
96	Services associated with after care (3 of 3)	AFT_CARE_3	N	2	DMH A&D	
97	Vocational rehabilitation status	VOC_REHAB	N	1	DMH A&D	
98	Program exit date	SA_EXT_DATE	N	8	NIDA-DS	
99	Discharge date from organization	SA_DIS_DATE	N	8	NIMH CL-05	
100	County of residence upon discharge	SA_DIS_CNTY	N	2	NIMH CL-15	
101	Discharge status (transfer, adm discontin, dis/ref)	SA_DIS_STATUS	N	1	NIMH CL-26	
102	Discharge referral category	SA_DIS_REFER	N	2	NIMH CL-27	
103	Discharge referral org. code (DMH only)	SA_DIS_REF_OR	N	3	DMH	

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Revision date: 07/28/2008

Field	Description	Field Name	Type	Width	Source	2 nd Source
104	Has client drug involvement improved (Y/N)?	DRUG_IMPRO	C	1	NIDA-DS	
105	Has client dysfunctional level improved (Y/N)?	DYSF_IMPRO	C	1	NIDA-DS	
106	Has client dependency level improved (Y/N)?	DEPE_IMPRO	C	1	NIDA-DS	
107	Program exit substance abuse problem code 1	EXT_SUB_1	N	2	NIDA-DS	
108	Program exit substance abuse problem code 2	EXT_SUB_2	N	2	NIDA-DS	
109	Program exit substance abuse problem code 3	EXT_SUB_3	N	2	NIDA-DS	
110	Program exit frequency of use (1 of 3)	EXT_FREQ_1	N	1	NIDA-DS	
111	Program exit frequency of use (2 of 3)	EXT_FREQ_2	N	1	NIDA-DS	
112	Program exit frequency of use (3 of 3)	EXT_FREQ_3	N	1	NIDA-DS	
113	Living arrangement at discharge	DIS_LIVING	N	1	DMH A&D	NIDA DIS 23
114	Type of residence at discharge	DIS_RESID	N	2	DMH A&D	
115	Education at discharge	DIS_EDUC	N	2	DMH A&D	
116	Employment at discharge	DIS_EMPLOY	N	2	DMH A&D	NIDA DIS 24
117	No. of arrests in the last 30 days at discharge	DIS_ARRESTS	N	2	DMH A&D	NIDA DIS 26
118	Type of arrests I at discharge (1 of 3)	DIS_TYPARR1	N	2	DMH A&D	
119	Type of arrests II at discharge (2 of 3)	DIS_TYPARR2	N	2	DMH A&D	
120	Type of arrests III at discharge (3 of 3)	DIS_TYPARR3	N	2	DMH A&D	

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62 Entry date (most current) into program

Field name: SA_ENT_DATE **Type:** N **Width:** 8
Source: NIDA AD-08

Comments: Captures entry date to a specific program area. Compare with "Admission date to organization" (ADM_DATE) which captures date of admission to parent organization. NIDA: "The day when the client receives his or her first direct treatment or recovery service."

63 Days client waited to begin treatment

Field name: DAYS_WAIT **Type:** N **Width:** 3
Source: NIDA AD-45

Comments: NIDA: "Indicates the number of days from the first contact or request for services until the client was admitted and the first clinical service was provided."

64 Number of prior treatment episodes

Field name: NUM_PRIOR **Type:** N **Width:** 1
Source: NIDA AD-10

Codes:
0 = None
1 = 1 previous episode
2 = 2 previous episodes
...
5 = 5 or more previous episodes
8 = Unknown

Comments: NIDA: "Indicates the number of previous treatments the client has received in any drug or alcohol program. Changes in service for the same episode should NOT be counted as separate prior episodes. It is preferred that the number of prior treatments be a self reporting field and is collected at the time of client intake."

65 Prior treatment in facility in last year (Y/N)?

Field name: PRIOR_TX **Type:** C **Width:** 1
Source: DMH A&D

Codes:
Y = Yes
N = No
U = Unknown

66 State of residence

Field name: STATE **Type:** C **Width:** 2
Source: NIDA AD-02

Codes: (Refer to STATES data set for two character postal abbreviation for states)

67 Client monthly income amount

Field name: INCOME_PER **Type:** N **Width:** 5

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Source: DMH A&D

Comments: Enter client's average monthly income. Compare with "Household annual income amount" (CLIENT.INCOME_HOU) which captures the annual income for the household of which the client is a member.

68 Health insurance (1 of 2)

Field name: INSURAN_1 Type: N Width: 2
Source: NIDA AD-40

Codes: 01 = Private insurance
02 = Blue Cross/Blue Shield
03 = Medicare
04 = Medicaid
05 = Health Maintenance Organization (HMO)
97 = Other (e.g., CHAMPUS)
98 = Unknown
99 = None

Comments: NIDA requires information on specific client health insurance as separate from expected source of payment.

69 Health insurance (2 of 2)

Field name: INSURAN_2 Type: N Width: 2
Source: NIDA AD-40

Codes: (See "Health insurance [1 of 2]" codes)

70 Is client pregnant at time of admission(Y/N)?

Field name: PREGNANT Type: C Width: 1

Codes: Y = Yes
N = No
U = Unknown

71 Psychiatric problems in addition to A&D (Y/N)?

Field name: PSYCHIAT Type: C Width: 1
Source: NIDA AD-35

Codes: Y = Yes
N = No
U = Unknown

72 Number of arrests in last 30 days

Field name: ARRESTS Type: N Width: 2
Source: DMH A&D

Comments: Enter the number of arrests the client has received in the 30 days prior to beginning of treatment.

73 Type of arrests (1 of 3)

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- Field name: TYP_ARR_1 Type: N Width: 2
Source: DMH A&D
- Codes: 01 = None
 02 = Public drunkenness
 03 = DUI
 04 = Drug violation
 05 = Other A&D offense
 06 = Other - A&D related
 07 = Other - not A&D related
 98 = Unknown
- 74 Type of arrests (2 of 3)
- Field Name: TYP_ARR_2 Type: N Width: 2
Source: DMH A&D
- Codes: (See "Type of arrest [1 of 3]" codes)
- 75 Type of arrests (3 of 3)
- Field name: TYP_ARR_3 Type: N Width: 2
Source: DMH A&D
- Codes: (See "Type of arrest [1 of 3]" codes)
- 76 DUI offender
- Field name: DUI Type: N Width: 1
Source: DMH A&D
- Codes: 1 = First time DUI
 2 = 2 or more DUI, assessed
 3 = 2 or more DUI, not assessed
 9 = Not applicable
- 77 Criminal justice referral
- Field name: JUS_REFER Type: N Width: 2
Source: NIDA AD-43
- Codes: 01 = State/federal court
 02 = Formal adjudication process (other than state/federal)
 03 = Probation/parole
 04 = Other legal entity
 05 = Diversionary program
 06 = Prison
 07 = DUI/DWI
 97 = Other
 98 = Unknown
 99 = Not applicable
- 78 Use of Methodone as part of treatment
- Field name: METHADONE Type: C Width: 1
Source: NIDA AD-30
- Codes: Y = Yes

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N = No
U = Unknown

79 Substance problem code (1 of 3)

Field name: SUB_CODE_1 **Type:** N **Width:** 2
Source: NIDA AD-18

Codes: 01 = None
02 = Alcohol
03 = Cocaine/crack
04 = Marijuana/Hashish
05 = Heroin
06 = Non-prescription methadone
07 = Other opiates and synthetics
08 = PCP (Phencyclidine)
09 = Other hallucinogens
10 = Methamphetamine
11 = Other amphetamines
12 = Other stimulants
13 = Benzodiazepine
14 = Other tranquilizers
15 = Barbiturates
16 = Other sedatives or hypnotics
17 = Inhalants
18 = Over-the-counter
97 = Other
98 = Unknown
99 = Not available

80 Substance problem code (2 of 3)

Field name: SUB_CODE_2 **Type:** N **Width:** 2
Source: NIDA AD-22

Codes: (See "Substance problem code [1 of 3]")

81 Substance problem code (3 of 3)

Field name: SUB_CODE_3 **Type:** N **Width:** 2
Source: NIDA AD-26

Codes: (See "Substance problem code [1 of 3]")

82 Detailed drug code (1 of 3)

Field name: DETAIL_1 **Type:** N **Width:** 4
Source: NIDA AD-31

Codes: 0201 = Alcohol
0301 = Crack
0302 = Other cocaine
0401 = Marijuana/hashish
0501 = Heroin/morphine
0601 = Methadone
0701 = Codeine
0702 = Propoxyphene (Darvon)

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0703 = Oxycodone (Oxycontin)
0704 = Meperidine Demerol)
0705 = Hydromorphone (Dilaudid)
0706 = Other narcotic analgesics
0707 = Pentazocine (Talwin)
0708 = Hydrocodone (Vicodin)
0709 = tramadol (Ultram)
0801 = PCP or PCP combinations
0901 = LSD
0902 = Other hallucinogens
1001 = Methamphetamine/speed
1101 = Amphetamine
1102 = Methylphenidate
1103 = Methylenedioxymethamphetamine (MDMA, Ecstasy)
1109 = Other amphetamines
1201 = Other stimulants
1202 = Methylphenidate (Ritalin)
1301 = Alprazolam (Xanax)
1302 = Chlordiazepoxide (Librium)
1303 = Clorzepate (Tranxene)
1304 = Diazepam (Valium)
1305 = Flurazepam (Dalmane)
1306 = Lorazepam (Ativan)
1307 = Triazolam (Halcion)
1308 = Other benzodiazepines
1309 = Flunitrazepam (Rohypnol)
1310 = Clonazepam (Klonopin, Rivotril)
1401 = Meprobamate (Miltown)
1402 = Other benzodiazepines
1403 = Other tranquilizer
1501 = Phenobarbital
1502 = Secobarbital/amobarbital (Tuinal)
1503 = Secobarbital (Seconal)
1509 = Other barbiturate sedatives
1601 = Ethchlorvynol (Placidyl)
1602 = Glutethimide (Doriden)
1603 = Methaqualone
1604 = Other non-barbiturate sedatives
1605 = Other sedatives
1701 = Aerosols
1702 = Nitrites
1703 = Other inhalants
1704 = Solvents
1705 = Anesthetics
1801 = Diphenhydramine
1809 = Other over-the-counter
2001 = Diphenylhydantoin/Phenytoin (Dilantin)
2002 = Other drugs
2003 = GHB/GBL (Gamma-hydroxybutyrate, gamma-butylolactone)
2004 = Ketamine (Special K)
9998 = Unknown
9999 = Not available

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Field name: DETAIL_2 Type: N Width: 4
Source: NIDA AD-32

Codes: (See "Detailed drug code [1 of 3]")

84 Detailed drug code (3 of 3)

Field name: DETAIL_3 Type: N Width: 4
Source: NIDA AD-33

Codes: (See "Detailed drug code [1 of 3]")

85 Usual route of administration (1 of 3)

Field name: RT_ADMIN_1 Type: N Width: 2
Source: NIDA AD-19

Codes: 1 = Oral
 2 = Smoking
 3 = Inhalation
 4 = Injection
 5 = Suppositories
 7 = Other
 8 = Unknown
 9 = Not applicable

86 Usual route of administration (2 of 3)

Field name: RT_ADMIN_2 Type: N Width: 2
Source: NIDA AD-23

Codes: (See "Usual route of administration [1 of 3]" codes)

87 Usual route of administration (3 of 3)

Field name: RT_ADMIN_3 Type: N Width: 2
Source: NIDA AD-27

Codes: (See "Usual route of administration [1 of 3]" codes)

88 Frequency of use (1 of 3)

Field name: FREQ_USE_1 Type: N Width: 2
Source: NIDA AD-20

Codes: 1 = No use in past month
 2 = 1-3 times past month
 3 = 1-2 times/wk past month
 4 = 3-6 times/wk past month
 5 = Daily past month
 6 = 2-3 times daily past month
 7 = 3+ times daily past month
 8 = Unknown
 9 = Not applicable

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89 Frequency of use (2 of 3)

Field name: FREQ_USE_2 **Type:** N **Width:** 2
Source: NIDA AD-24

Codes: (See "Frequency of use [1 of 3]" codes)

90 Frequency of use (3 of 3)

Field name: FREQ_USE_3 **Type:** N **Width:** 2
Source: NIDA AD-28

Codes: (See "Frequency of use [1 of 3]" codes)

91 Age of first use of substance (1 of 3)

Field name: FRST_USE_1 **Type:** N **Width:** 2
Source: NIDA AD-21

Comments: NIDA: "For drugs other than alcohol, this field identifies the first use of the substance... For alcohol, this field records the age of first intoxication."

92 Age of first use of substance (2 of 3)

Field name: FRST_USE_2 **Type:** N **Width:** 2
Source: NIDA AD-25

93 Age of first use of substance (3 of 3)

Field name: FRST_USE_3 **Type:** N **Width:** 2
Source: NIDA AD-29

94 Services associated with after care (1 of 3)

Field name: AFT_CARE_1 **Type:** N **Width:** 2
Source: DMH A&D

Codes: 01 = Individual counseling
02 = Group counseling
03 = Family counseling
04 = Alcoholics Anonymous
05 = Education
06 = Transitional residential treatment
07 = Employment
08 = Medical
09 = Other mental health center
10 = Legal
97 = Other
98 = Unknown
99 = None/Not applicable

Comments: Indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.

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95 Services associated with after care (2 of 3)

Field name: AFT_CARE_2 **Type:** N **Width:** 2
Source: DMH A&D

Codes: (See "Services associated with after care [1 of 3]" codes)

Comments: (See comments under "Services associated with after care [1 of 3]")

96 Services associated with after care (3 of 3)

Field name: AFT_CARE_3 **Type:** N **Width:** 2
Source: DMH A&D

Codes: (See "Services associated with after care [1 of 3]" codes)

Comments: (See comments under "Services associated with after care [1 of 3]")

97 Vocational rehabilitation status

Field name: VOC_REHAB **Type:** N **Width:** 1
Source: DMH A&D

Codes: 1 = Client receives employment related VR services ONLY
2 = Client receives maintenance support ONLY (Transitional residential treatment)
3 = Client receives BOTH employment related services and maintenance support
8 = Unknown
9 = Not applicable (client receives no VR services)

Comments: A client may receive services through the Mississippi Department of Vocational Rehabilitation Services. Employment related services include training and job placement. Clients may also receive maintenance support payments while residing in transitional residential treatment programs. Update as necessary during enrollment in treatment services.

98 Program exit date

Field name: SA_EXT_DATE **Type:** N **Width:** 8
Source: NIDA DS

Comments: "Program exit date" (EXT_DATE) indicates the date the client leaves a specific program. In organizations operating a single program this is the same as organization "Discharge date." In larger organizations, however, a client may exit from one program and enter another program without being discharged from the overall organization.

99 Discharge date from organization

Field name: SA_DIS_DATE **Type:** N **Width:** 8
Source: FN10 CL-05

Comments: "Discharge date from organization" (DIS_DATE) indicates the date the client is formally discharged from the organization. Do NOT use this

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field if the client is merely transferring from one program to another within the organization. Same information as contained in CLIENTS data set "Discharge date" (CLIENTS.DIS_DATE).

100 County of residence upon discharge

Field name: SA_DIS_CNTY **Type:** N **Width:** 2
Source: FN10 CL-15

Codes: (Refer to COUNTY data set for a listing of numerical codes for Miss. counties.)

Comments: Same information as contained in CLIENTS data set "County of residence upon discharge" (CLIENTS.DIS_CNTY).

101 Discharge status (transfer, adm discontin, dis/ref)

Field name: SA_DIS_STAT **Type:** N **Width:** 1
Source: FN10 CL-26

Codes: 1 = Evaluation only
2 = Treatment completed
3 = Therapist terminated treatment
4 = Client referred elsewhere
5 = Client terminated treatment
6 = Client moved from region
7 = Client deceased
8 = No contact with client within specified time frame

Comments: Same information as contained in CLIENTS data set "Discharge status" (CLIENTS.DIS_STATUS).

102 Discharge referral category

Field name: SA_DIS_REFERER **Type:** N **Width:** 2
Source: FN10 CL-27

Codes: 01 = DMH psychiatric hospital
02 = Other MS CMHC
03 = DMH MR facility
04 = Private psychiatric hospital
05 = Other MH care provider
06 = Other MR care provider
07 = Other A&D care provider
08 = General hospital/other health care provider
09 = Self
10 = Family/friend
11 = School/educational agency
12 = Employer/EAP
13 = Police/sheriff
14 = Court/correctional facility
15 = Probation/parole
16 = Self help program
17 = Vocational rehabilitation/ job placement
97 = Other
98 = Unknown

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Comments: Same information as contained in CLIENTS data set "Discharge referral category" (CLIENTS.DIS_REFER).

103 Discharge referral organization code (DMH only)

Field name: SA_DIS_REF_OR **Type:** N **Width:** 3
Source: DMH

Codes: (Refer to CLIENTS dataset "Organization code")

Comments: Complete this field only if "Discharge referral category" (DIS_REFER) entry is 01, 02, or 03. Same information as contained in CLIENTS data set "Discharge referral organization code" (CLIENTS.DIS_REF_OR).

104 Has client drug involvement improved(Y/N)?

Field name: DRUG_IMPRO **Type:** C **Width:** 1
Source: NIDA_DS

Codes: Y = Yes
N = No
U = Unknown

105 Has client dysfunctional level improved (Y/N)?

Field name: DYSF_IMPRO **Type:** C **Width:** 1
Source: NIDA_DS

Codes: Y = Yes
N = No
U = Unknown

106 Has client dependency level improved (Y/N)?

Field name: DEPE_IMPROV **Type:** C **Width:** 1
Source: NIDA_DS

Codes: Y = Yes
N = No
U = Unknown

107 Program exit substance abuse problem code (1 of 3)

Field name: EXT_SUB_1 **Type:** N **Width:** 2
Source: NIDA_DS

Codes: (See "Substance problem code [1 of 3]")

108 Program exit substance abuse problem code (2 of 3)

Field name: EXT_SUB_2 **Type:** N **Width:** 2
Source: NIDA_DS

Codes: (See "Substance problem code [1 of 3]")

109 Program exit substance abuse problem code (3 of 3)

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- Field name:** EXT_SUB_3 **Type:** N **Width:** 2
Source: NIDA DS
- Codes:** (See "Substance problem code [1 of 3]")
- 110 Program exit frequency of use (1 of 3)
- Field name:** EXT_FREQ_1 **Type:** N **Width:** 1
Source: NIDA DS
- Codes:** (See "Frequency of use [1 of 3]" codes)
- 111 Program exit frequency of use (2 of 3)
- Field name:** EXT_FREQ_2 **Type:** N **Width:** 1
Source: NIDA DS
- Codes:** (See "Frequency of use [1 of 3]" codes)
- 112 Program exit frequency of use (3 of 3)
- Field name:** EXT_FREQ_3 **Type:** N **Width:** 1
Source: NIDA DS
- Codes:** (See "Frequency of use [1 of 3]" codes)
- 113 Living arrangement at discharge
- Field name:** DIS_LIVING **Type:** N **Width:** 1
Source: NIDA DS
- Codes:** (Source: Virginia)
1 = Lives alone
2 = Lives w. relatives (nuclear or extended)
3 = Lives w. non-relatives
- 114 Type of residence at discharge
- Field name:** DIS_RESID **Type:** N **Width:** 2
Source: DMH A&D
- Codes:** (Source North Carolina, revised)
01 = Private residence (house, mobile home)
02 = Other independent (rooming house, dorm)
03 = Homeless/Shelter
04 = Institution (psychiatric hospital, MR facility)
05 = Community program (nursing home, group home)
06 = Correctional facility
07 = Other
08 - Foster Home
09 - Residential Care
10 - Crisis Residence
11 - Children's Residential Treatment
99 = Not available/Unknown

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115 Education at discharge

Field name: DIS_EDUC **Type:** N **Width:** 2
Source: DMH A&D

Codes: (Source: North Carolina, revised)
51 = Preschool/kindergarten
52 = Special education
01 = First grade
..
12 = Twelfth grade
13 = GED
14 = Technical/trade school
15 = Some college, no degree
16 = Associate degree
17 = Bachelors degree
18 = Masters degree
19 = Ph.D.
98 = Unknown
99 = Never attended school

116 Employment at discharge

Field name: DIS_EMPL **Type:** N **Width:** 2
Source: DMH A&D

Codes: 01 = Employed - full time (35+ hrs per week)
02 = Employed - part time
03 = Employed - active military duty
04 = Season/migrant worker
05 = Unemployed - seeking work
06 = Unemployed - not seeking work
07 = Homemaker
08 = Student/under 17
09 = Retired
10 = Disabled
11 = Correctional inmate
97 = Other
98 = Unknown

117 No. of arrests in the last 30 days at discharge

Field name: DIS_ARREST **Type:** N **Width:** 2
Source: DMH A&D

Comments: Enter the number of arrests the client has received in the 30 days prior to discharge from treatment.

118 Type of arrests I at discharge (1 of 3)

Field name: DIS_TYPAR1 **Type:** N **Width:** 2
Source: DMH A&D

Codes: 01 = None
02 = Public drunkenness

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- 03 = DUI
- 04 = Drug violation
- 05 = Other A&D offense
- 06 = Other - A&D related
- 07 = Other - not A&D related

119 Type of arrests II at discharge (2 of 3)

Field name: DIS_TYPAR2 Type: N Width: 2
Source: DMH A&D

Codes: (See "Type of arrest at discharge [1 of 3]" codes)

120 Type of arrests III at discharge (3 of 3)

Field name: DIS_TYPAP3 Type: N Width: 2
Source: DMH A&D

Codes: (See "Type of arrest at discharge [1 of 3]" codes)

DMH services data set

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Code Service MH MR SA CY

INPATIENT (1000)

101	Psychiatric services – acute treatment	X			X
102	Psychiatric services – intermediate	X			
103	Psychiatric services – continuing treatment	X			
104	Psychiatric services – continued medical treatment	X			
105	Psychiatric services – children/youth – acute treatment	X			X
106	Psychiatric services – children/youth – long term	X			X
110	Psychiatric services – crisis stabilization unit	X		X	
111	Chemical dependency unit			X	
112	Mental illness / chemical addiction treatment (MICA)	X		X	
121	Forensics	X			
122	Nursing facility	X			
123	Medical surgical hospital	X			

RESIDENTIAL FACILITY FOR PERSONS WITH MENTAL RETARDATION

151	Intermediate care facility – mental retardation (ICF/MR) - large		X		
152	Intermediate care facility – mental retardation – small		X		
153	Other Residential Services for Persons with MR		X		

OTHER INPATIENT

161	Community hospital	X			X
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RESIDENTIAL (2000)

201	Group home – programmatic (superseded by 215).			X	
202	Group hone – nonprogrammatic (adult)	X			
203	Halfway house	X			
204	Supervised housing	X			
205	Supported living	X	X		
206	Primary residential treatment.				X
207	Transitional residential treatment				X
208	Therapeutic foster care.	X			X
209	Sponsored placement				
210	In-home respite	X			X
211	Group home – programmatic (child)				X
212	Intensive residential treatment – children/youth	X			X
213	Intensive residential treatment – adult	X			
214	Retirement Living – MR/DD			X	
215	Supervised Living – Group homes and apartments			X	
216	Supported Housing.	X			

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Code	Service	MH	MR	SA	CY
PSYCHOSOCIAL REHABILITATIVE/Day program options (3000)					
301	Acute partial hospitalization (superseded by 313)	X			
302	Psychosocial rehabilitation (superseded by 314)	X			X
303	Work activity/sheltered workshop (superseded by 315)	X	X		
304	Supported employment – individual (superseded by 316).	X	X		
305	Supported employment – group	X	X		
306	Transitional employment	X			
307	Day health and rehabilitative services (superseded by 317)	X	X		
308	Alternative day support (superseded by 317).	X	X		
309	Therapeutic day treatment – substance abuse			X	
310	Therapeutic day treatment – children/youth (superseded by 318)				X
311	Adult Day Center Services	X			
312	Psychosocial Rehabilitation (elderly)	X			
313	Acute partial hospitalization	X			X
314	Psychosocial rehabilitation – Clubhouse	X			
315	Work activity/sheltered workshop	X	X		
316	Employment Services	X	X		
317	Day Support Services	X	X		
318	Day treatment (child)	X	X		X
PSYCHOTHERAPEUTIC SERVICES/Outpatient (4000)					
401	Individual therapy (superseded by 426)	X	X	X	X
402	Family therapy	X	X	X	X
403	Group therapy (superseded by 427)	X	X	X	X
404	Evaluation only	X	X	X	X
405	Intensive outpatient – substance abuse			X	
406	Medication evaluation and monitoring	X	X	X	X
407	Nursing services (superseded by 428)	X	X	X	X
408	Early intervention (superseded by 429)		X		X
409	Consumer education and support.	X			
410	Family education and support (superseded by 430)	X			
411	Injection of psychotropic medication (superseded by 431)	X			X
412	Home and community based services – MR/DD waiver (superseded by 900 series codes).		X		
413	Pre-evaluation screening (superseded by 432)	X			
414	Assistive technology	X	X		
415	Crisis intervention	X	X	X	X
416	Intake/Biopsychosocial Assessment	X	X	X	X
417	Treatment Plan Review.	X	X	X	X
418	Multi-family Group Therapy	X	X	X	X
419	Peer Support	X			X
420	Intensive Outpatient – substance abuse			X	

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Code	Service	MH	MR	SA	CY
421	Assertive Community Treatment	X			
422	Family Psycho-Education	X			X
423	Illness Management/Recovery	X			
424	Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)	X		X	
425	Medication Management	X			
426	Individual therapy	X	X	X	X
427	Group therapy	X	X	X	X
428	Nursing Assessment	X	X	X	X
429	Early intervention		X		X
430	Family education and support	X			X
431	Medication Injection	X			X
432	Pre-evaluation screening	X			X
CASE MANAGEMENT (5000)					
501	Case management (superseded by 507 and 508)	X	X	X	X
502	Intensive case management.	X	X	X	X
503	Aftercare – substance abuse			X	
504	MIMS	X	X	X	
505	School Based Services		X	X	
506	Individual Therapy Support	X	X	X	
507	Case management	X		X	X
508	Case management for MR/DD		X		
EMERGENCY (8888)					
601	Emergency services	X	X	X	X
602	Mobile Crisis Services	X	X	X	X
CONSULT/EDUC/PREV (8888)					
704	Alcohol & Drug Prevention			X	
705	Prevention (Children/Youth)				X
MISCELLANEOUS (8888)					
801	Staffing	X			
802	No shows / cancellations	X			
803	PATH Grant service	X			
804	Making a plan (MAP) Team Review meeting	X	X	X	X
HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER) (8888)					
901	Support Coordination		X		
902	Attendant Care		X		
903	In-Home Nursing Respite Services		X		
904	In-Home Companion Respite Services		X		

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Code	Service	MH	MR	SA	CY
905	Community Respite.				X
906	ICF-MR Respite				X
907	Supervised Residential Habilitation				X
908	Supported Residential Habilitation				X
909	Day Habilitation				X
910	Prevocational Services				X
911	Supported Employment				X
912	Behavior Support/Intervention				X
913	Occupational Therapy				X
914	Speech/Language Therapy				X
915	Physical Therapy.				X
916	Specialized Medical Equipment and Supplies				X

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INPATIENT (1000)

101	Psychiatric services – acute treatment Short term psychiatric inpatient services for persons with serious mental illness who have been legally committed to the treatment facility. The goal of “Acute treatment” is to stabilize the patient in an inpatient environment using medication and supportive treatments within 15-90 days from time of admission. Do NOT use for crisis stabilization services (refer to “Psychiatric services – crisis stabilization unit”).	X	X
102	Psychiatric services – intermediate Psychiatric inpatient services for persons with serious mental illness who are not ready for discharge after receiving services in an “Acute treatment” psychiatric service unit. Intermediate treatment is intended to offer up to six months additional treatment in order to rehabilitate the individual for return to the community.	X	
103	Psychiatric services – continuing treatment Long term psychiatric inpatient services for persons with serious mental illness who have previously been treated in “Acute treatment” and/or “Intermediate treatment” psychiatric service units.	X	
104	Psychiatric services – continued medical treatment Long term psychiatric inpatient services primarily for elderly and/or chronically ill persons who require extensive medical attention in addition to psychiatric treatment. Do NOT use for placements in licensed nursing facility units (refer to “Nursing facility”).	X	
105	Psychiatric services – children/youth – acute treatment Short term psychiatric inpatient services for children and youth (ages 4 – 18) who have had a significant debilitating episode which has impaired daily functioning. The goal of acute treatment is to stabilize the child or youth through various modalities of treatment (medication, individual therapy, family therapy, other support therapies).	X	X
106	Psychiatric services – children/youth – long term Long-term psychiatric inpatient services (up to 10 months) for children and youth who continue to have significant difficulty coping, interacting, or functioning following delivery of acute treatment services. The goal of long-term treatment is to rehabilitate the child or youth through various modalities including milieu, individual, group, and	X	X

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Code	Service	MH	MR	SA	CY
110	<p>family therapies. An educational component of long-term treatment involves assessment and continuing education.</p> <p>Psychiatric services – crisis stabilization unit</p> <p>Short term intensive inpatient treatment services for persons experiencing a psychiatric crisis. These persons do not have to be under legal commitment to receive treatment. Crisis stabilization units generally comprise approximately 16 inpatient beds and are administered by the state psychiatric hospitals. The goal of treatment is to stabilize the individual through medication and other interventions. Do NOT use for intensive treatment residential units administered by community mental health centers (refer to “Intensive residential treatment”).</p>	X		X	
111	<p>Chemical dependency unit</p> <p>Short term inpatient treatment services for persons with serious substance abuse problems that are provided within a psychiatric hospital setting. Enrollment is generally limited to less than 30 days.</p>				X
112	<p>Mental illness / chemical addiction treatment (MICA)</p> <p>An inpatient treatment service that treats persons who exhibit both serious mental illness and a significant level of chemical addiction. The service is designed to treat both conditions concurrently rather than focusing on one or the other condition as primary.</p>	X		X	
121	<p>Forensics</p> <p>Specialized inpatient unit for persons being evaluated to determine legal sanity or for person adjudicated to be legally insane.</p>	X			
122	<p>Nursing facility</p> <p>Institutional continuous care services for medically fragile persons who require 24 hour a day nursing care. Units are licensed as Nursing Facility beds.</p>	X			
123	<p>Medical surgical hospital</p> <p>Used to denote a licensed medical hospital operated within the structure of a DMH facility. Currently, the only medical surgical hospital is housed on the grounds of Mississippi State Hospital. This facility provides acute medical and surgical care to patients from MSH and other facilities operated by the Department of Mental Health. The hospital also provides lab, outpatient, and x-ray services.</p>	X			

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Code Service MH MR SA CY

RESIDENTIAL FACILITY FOR PERSONS WITH MENTAL RETARDATION

- 151 Intermediate care facility – mental retardation (ICF/MR) - large X
 Continuous care services for persons with mental retardation that operate under Medicaid ICF/MR licensure.
- 152 Intermediate care facility – mental retardation – small X
 Continuous care services for persons with mental retardation that operate under Medicaid ICF/MR licensure. The “Small” designation denotes stand alone units consisting of 15 or fewer beds usually located in a community setting.
- 153 Other Residential Services for Persons with MR X
 Continuous care services for persons with mental retardation other than those licensed as ICF/MR. Residential programs such as group homes and supervised apartment do NOT belong in this category.

OTHER INPATIENT

- 161 Community hospital X X
 Inpatient services contracted with local community hospitals for intensive 24 hour psychiatric or substance abuse detoxification treatment.

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Code	Service	MH	MR	SA	CY
RESIDENTIAL (2000)					
201	Group home – programmatic (superseded by 215) Residential program designed to serve persons with mental retardation in a non-institutional, non-ICF/MR setting. Up to 12 individuals share living arrangements in a community setting with 24 hour supervision. Individuals receiving services receive training in basic living skills.				X
202	Group home – nonprogrammatic (adult) Residential program designed to serve adults with serious mental illness. Up to 12 individuals share living arrangements in a community setting with 24 hour supervision. Program is designed to help individuals receiving services to achieve their highest level of independence				X
203	Halfway house Residential program designed to serve adults with serious mental illness. The aim is to facilitate a transition between inpatient and outpatient services. Program emphasizes development of basic social and living skills. Length of stay is limited to six months or less. Do NOT use for residential substance abuse programs (refer to “ Primary residential treatment” and “Transitional residential treatment”).				X
204	Supervised housing Residential programs which offer housing for three or fewer individuals in a single living unit. Individuals receiving services function with a greater degree of independence than in group home programs. Supervisory staff in most cases live in close proximity to the supervised housing unit(s). Contracts between individuals receiving services and supervisory staff take place several times a week.				X
205	Supported living Residential program designed to provide individuals receiving services with some assistance while allowing them to maintain an independent residential arrangement. “Supportive living” programs differ from “Supervised housing” in that supervisory staff may not live in close proximity to the residence and contacts with individuals receiving services occur on a weekly or less frequent basis.			X	X
206	Primary residential treatment An intensive residential program designed to facilitate a person’s abstinence from alcohol and/or drug use. Duration is usually limited to 30 days or less. Treatment				X

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Code	Service	MH	MR	SA	CY
207	<p>services must include scheduled group and individual therapy, along with additional family counseling, educational, and vocational services. This service is different from “Halfway house” services in that it provides a structured program intended solely for substance abusers.</p> <p>Transitional residential treatment</p> <p>A residential program designed to maintain a person’s abstinence from alcohol and/or drug use. Duration is usually between 30 and 90 days. The program is an intermediate stage between intensive inpatient or primary treatment programs and re-entry into the community. Treatment services must include availability of individual and group therapy, along with additional family counseling, educational, and vocational services. Sometimes referred to as “Three quarter way house.”</p>			X	
208	<p>Therapeutic foster care</p> <p>Homes in which foster parents provide children and/or youth having behavioral and/or emotional needs with treatment and support.</p>	X			X
209	<p>Sponsored placement</p> <p>Not in current use.</p>				
210	<p>In-home respite</p> <p>The planned delivery of services to children and youth in the home environment as a means of providing a temporary respite for parents or other primary caregivers.</p>	X			X
211	<p>Group home – programmatic (child)</p> <p>Residential program designed to serve children and adolescents under age 18 with behavioral, conduct, or emotional disorders in a non-institutional, non ICF/MR setting. Up to 8 children and adolescents share living arrangements under 24 hour supervision. Therapeutic and training activities are provided in the residential setting.</p>				X
212	<p>Intensive residential treatment – children/youth</p> <p>Residential services designed to service children and youth in need of intensive residential treatment for up to 14 days. The community-based service setting provides intensive mental health assessment and treatment. Follow-up outreach and aftercare services are provided as an adjunct to this service. Do NOT use for child inpatient crisis units (refer to “Psychiatric services – children/youth”).</p>	X			X
213	<p>Intensive residential treatment – adult</p> <p>Time limited intensive residential services designed to service adults having a severe mental health episode that, if not addressed, would likely result in the need for inpatient</p>	X			

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- care. The community-based service setting provides intensive mental health assessment and treatment. Follow-up outreach and aftercare services are provided as an adjunct to this service. Do NOT use for inpatient crisis stabilization units operated by state psychiatric hospitals (refer to "Psychiatric services – crisis stabilization unit").
- 214 Retirement Living – MR/DD X
Retirement living for individuals 55 or older with mental retardation/developmental disabilities for whom habilitation planning is no longer appropriate. Retirement living can be either supervised or supported living depending on the level of support needed by the individual.
- 215 Supervised Living – Group homes and apartments X
Residential program designed to serve persons with mental retardation in a non-institutional, non-ICF/MR setting. Staff are on site 24 hours a day and are able to respond to call for assistance in less than five minutes. Individuals receive training in basic living skills.
- 216 Supported Housing X
Supported Housing Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain individuals receiving services are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist individuals receiving services to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

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Code	Service	MH	MR	SA	CY
PSYCHOSOCIAL REHABILITATIVE/Day program options (3000)					
301	Acute partial hospitalization (superseded by 313) A structured non-residential treatment program for persons with serious mental disorders who require coordinated, intensive, and multidisciplinary treatment for which regular outpatient services are not sufficient	X			
302	Psychosocial rehabilitation (superseded by 314) Services are designed to alleviate psychiatric decompensation, confusion, anxiety, and feelings of low self-worth, isolation, and withdrawal. Activities include reality orientation, social adaption, physical coordination, daily living skills, effective management of time and resources, task completion, and activities to incorporate the individual into independent community living.	X		X	
303	Work activity/sheltered workshop (superseded by 315) A program which provides remunerative employment in a specialized setting for persons who cannot be readily integrated into the competitive labor market.	X	X		
304	Supported employment – individual (superseded by 316) A program which provides training and support necessary to maintain a person in paid employment for an average of 20 or more hours per week in an integrated work setting.	X	X		
305	Supported employment – group A program which provides training and support necessary to maintain individuals in paid employment for an average of 20 or more hours per week in an integrated work setting. Individuals are part of a small work group.	X	X		
306	Transitional employment A program offering competitive, part-time, non-permanent work in an integrated work setting for individuals with serious mental illness. (#of Teps)	X			
307	Day health and rehabilitative services (superseded by 317) A program which provides activities, support, and transportation to individuals to improve the person’s condition or maintain an optimal level of functioning.	X	X		
308	Alternative day support (superseded by 317) Programs not specifically defined under other “PSYCHOSOCIAL REHABILITATIVE/Day program options” services, which assist individuals in locating day support activities, or assist the person in maintaining an independent day support arrangement.	X	X		
309	Therapeutic day treatment – substance abuse An intensive treatment program serving individuals with				X

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Code	Service	MH	MR	SA	CY
310	<p>substance abuse problems who are not enrolled in residential programs. Provides coordinated, multidisciplinary treatment.</p> <p>Therapeutic day treatment – children/youth (superseded by 318) An intensive treatment program serving children and youth most at risk of serious emotional disturbance to provide an alternative to more intensive residential treatment. The service includes, but is not limited to, treatment in the areas of functional living skills, socialization and social skills, problem solving, conflict resolution, self-esteem enhancement, and anger/impulse control. Services are provided a minimum of 2 hours per day and 2 days per week. Services take place in a group setting comprising from 5-9 individuals.</p>				X
311	<p>Adult Day Center Services</p> <p>Adult Day Centers provide a structured environment for individuals with Alzheimer’s disease and related dementia. In addition, respite, counseling, education and training are provided for family members and/or other caregivers of individuals with Alzheimer’s disease of other dementia.</p>		X		
312	<p>Psychosocial Rehabilitation (elderly)</p> <p>Elderly Psychosocial Rehabilitation is a program of structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities in the program are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feeling of low self-worth.</p>		X		
313	<p>Acute partial hospitalization</p> <p>A program that provides medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. The program is designed to provide an alternative to inpatient hospitalization or serve as a bridge from inpatient to</p>	X			X

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Code	Service	MH	MR	SA	CY
314	<p>outpatient treatment.</p> <p>Psychosocial rehabilitation – Clubhouse</p> <p>A community support service for people with serious mental illness which consists of a network of services that help the service recipient develop the potential to live independently and/or become employed. Services are designed to support and enhance individual functioning. Program activities aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion, as well as to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self worth.</p>	X			
315	<p>Work activity/sheltered workshop</p> <p>A program which provides opportunities for the acquisition of necessary work and living skills as well as remunerative employment for individuals receiving services. Services are directed towards increasing productivity, self-sufficiency and community integration.</p>	X	X		
316	<p>Employment Services</p> <p>A program which provides an individual with training and support services necessary to achieve and maintain competitive employment.</p>	X	X		
317	<p>Day Support Services</p> <p>Programs of structured activities designed to support and enhance the functioning of individuals who are able to live fairly independently in the community through the regular provision of structured therapeutic support. Program activities aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion, as well as to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self worth. The activities provided must include, at a minimum, the following: group therapy, individual therapy, social skills training, and training in the use of leisure-time activities. The program is the least intensive psychosocial rehabilitative service available.</p>	X	X		
318	<p>Day treatment (child)</p> <p>An intensive treatment program serving children and youth with serious emotional disturbances or MR/DD to provide an alternative to more intensive residential treatment. The service includes, but is not limited to, treatment in the areas</p>	X	X		X

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of functional living skills, socialization and social skills,
problem solving, conflict resolution, self-esteem
enhancement, and anger/impulse control.

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Code	Service	MH	MR	SA	CY
PSYCHOTHERAPEUTIC SERVICES/Outpatient (4000)					
401	Individual therapy (superseded by 426) Therapy sessions consisting of an individual receiving services and therapist interacting on an individual, one-on-one basis. Individual therapy includes physician prescribed assessment, treatment planning, evaluation, and one-to-one therapy.	X	X	X	X
402	Family therapy Therapy sessions consisting of several persons from a single family and one on one therapists interacting on a group basis.	X	X	X	X
403	Group therapy (superseded by 427) Face-to-face therapy sessions consisting of a group of four (4) or more individuals receiving services, which is designed to address the needs of several persons at the same time. Individuals receiving services interact with one or more therapists on a group basis.	X	X	X	X
404	Evaluation only Provision of psychological and physical evaluation services for a person who is seeking an evaluation only without an intent to become a regular client. Do NOT use for persons receiving a pre-evaluation screening (refer to “Pre-evaluation screening”).	X	X	X	X
405	Intensive outpatient – substance abuse A 15 week intensive outpatient program for persons with substance abuse problems who do not require residential treatment or detoxification. Do NOT use for persons receiving crisis services (refer to “Crisis intervention” and “Intensive case management”).				X
406	Medication evaluation and monitoring Medication evaluations and medication monitoring performed by a psychiatrist or physician to determine the therapeutic effects of medication prescribed to persons for mental health purposes.	X	X	X	X
407	Nursing services (superseded by 428) Physician prescribed services necessary for the support and rehabilitation of the individual receiving services. Activities include assessment of extrapyramidal syndromes, and education of the individual receiving services and family.	X	X	X	X
408	Early intervention (superseded by 429) Educational, physical, speech and other therapy services provided to children at risk of developmental delays or physical impairments.		X		X

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Code	Service	MH	MR	SA	CY
409	Consumer education and support A support and learning group service for persons with serious mental illness. The focus of the group is on education and development of peer support. Designed primarily for persons with schizophrenia.	X			
410	Family education and support (superseded by 430) A support and learning group service for families of persons with mental illness. The focus of the service is on education and the development of peer support. Designed primarily for families with a member having schizophrenia.	X			
411	Injection of psychotropic medication (superseded by 431) Injection of psychotropic medication prescribed by a physician with the purpose of restoring, maintaining, or improving a person's role performance and/or mental health status.	X		X	
412	Home and community based services – MR/DD waiver (superseded by 900 series codes) A program for Medicaid eligible persons with mental retardation that offers home and/or community based support services as an alternative to institutional placement. "Home and community based services" waiver is an umbrella term for a wide variety of specific services that may be provided to the individual: physical therapy, speech therapy, nursing, etc.		X		
413	Pre-evaluation screening (superseded by 432) A component of the mental health civil commitment process whereby information is gathered by community mental health centers to assist Chancery Courts in making a determination as to whether a formal commitment examination should be conducted.	X			
414	Assistive technology A program designed to enhance capabilities of persons with disabilities through the use of technology. Assistive technology includes the use of mechanical and electronic devices in areas including, but not limited to, self-help and communications.	X	X		
415	Crisis intervention Face-to-face intervention services available after daily office hours, over weekends, and during holidays to provide assessment and treatment for persons in psychiatric crisis. Intended for cases in which any delay in treatment would be clinically inappropriate. "Crisis intervention" can involve the individual receiving services and/or collaterals as needed and necessary to respond to the situation.	X	X	X	X

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Code	Service	MH	MR	SA	CY
416	Intake/Biopsychosocial Assessment The securing, from the individual and/or collateral, of the individual's family background, educational/vocational achievement, presenting problem(s), problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information in order to determine the nature of the individual's or the family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment.	X	X	X	X
417	Treatment Plan Review The process through which a group of clinical staff meets to discuss the individuals presenting symptoms/problems, share their diagnostic impressions, and initiate/update a plan of treatment that includes goals, objectives and treatment strategies. Whenever possible, the individual and/or his/her family members participate in this process.	X	X	X	X
418	Multi-family Group Therapy Psychotherapy that takes place between a mental health therapist and family members of at least two different individuals, with or without the presence of those individuals, directed towards the reduction/resolution of identified mental health problems so that the individuals and/or their families may function more independently and completely in daily life.	X	X	X	X
419	Peer Support Peer support services involve individuals who have experienced illness first-hand and parents of children who have experienced illness using their experience to support others facing similar issues. Peer Support Services are structured and scheduled activities that promote community socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills.	X			X
420	Intensive Outpatient – substance abuse An intensive outpatient program for youth with substance abuse problems who do not require residential placement or detoxification.				X
421	Assertive Community Treatment A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of	X			

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	persons receiving services. In this approach, normally used with persons with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings.			
422	<p>Family Psycho-Education</p> <p>Family Psycho-Education is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psycho-Education programs may either be multi-family or single-family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem solving skills</p>	X		X
423	<p>Illness Management/Recovery</p> <p>Illness Self-Management (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, “behavioral tailoring” to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.</p>	X		
424	<p>Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)</p> <p>Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the</p>	X		X

Code Service MH MR SA CY

clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

425	<p>Medication Management</p> <p>In the SAMHSA toolkit on medication management, there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-based medication management approaches are the following:</p> <ol style="list-style-type: none"> 1. Utilization of a systematic plan for medication management 2. Objective measures of outcome are produced 3. Documentation is thorough and clear 4. Consumers and practitioners share in the decision-making 	X				
426	<p>Individual therapy</p> <p>One-on-one psychotherapy that takes place between a mental health therapist and an individual. Individual therapy includes physician prescribed assessment, treatment planning, evaluation, and one-to-one therapy.</p>	X	X	X	X	
427	<p>Group therapy</p> <p>Psychotherapy that takes place between a mental health therapist and at least two (2) but not more than eight (8) children or at least two (2) but not more than twelve (12) adults at the same time. Possibilities include, but are not limited to, groups that focus on relaxation training, anger management and/or conflict resolution, social skills training, and self esteem enhancement.</p>	X	X	X	X	
428	<p>Nursing Assessment</p> <p>Takes place between a registered nurse and an individual receiving services for the purpose of extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact and providing education to the individual and the family about the illness and the course of available</p>	X	X	X	X	

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Code	Service	MH	MR	SA	CY
429	<p>treatment.</p> <p>Early intervention Supports for children with mental retardation/developmental disabilities that provide opportunities to promote the developmental growth of the children in cognitive, physical, social/emotional, communication, and adaptive function areas.</p>		X		X
430	<p>Family education and support For individuals with mental illness or children/youth with serious emotional disturbances to achieve the best possible outcome through the active involvement of family members or parents in treatment. These programs may be either multi-family or single-family focused. Characteristics of the programs include the provision of emotional support, education, and resources during periods of crisis, and problem-solving skills.</p>	X			X
431	<p>Medication Injection Is the process of a licensed practical nurse, registered nurse, physician, or nurse practitioner injecting an individual with prescribed psychotropic medication for the purpose of restoring, maintaining, or improving a person's role performance and/or mental health status.</p>	X			X
432	<p>Pre-evaluation screening Includes screenings and examinations to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment, and to assess, plan for, and link individuals with appropriate services.</p>	X			X

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CASE MANAGEMENT (5000)

501	<p>Case management (superseded by 507 and 508) A program characterized by individualized attention emphasizing some type of intervention or participation in the natural environment of the person receiving services. Services designed to assist individuals receiving services and their families in locating and accessing educational, therapeutic, vocational or other programs. Do NOT use for persons receiving substance abuse aftercare services (refer to "Aftercare").</p>	X	X	X	X
502	<p>Intensive case management A specialized form of case management services designed to offer intensive support to persons during periods of psychiatric emergency or crisis. The primary goal of "Intensive case management" is to assist the person in obtaining services to help forestall the need for psychiatric inpatient placement. The program differs from "Case management" in the intensity and frequency of services, and the utilization of a much lower staff-to-client ratio.</p>	X	X	X	X
503	<p>Aftercare – substance abuse Aftercare is a service for persons receiving treatment for substance abuse. Its purpose is to offer continuing support for individuals who have completed primary substance abuse treatment. The goals are to maintain sobriety and to achieve vocational, family, and personal adjustment. Persons enrolled in aftercare meet on a regularly scheduled basis to offer mutual support. It is recommended that persons who complete primary treatment remain in aftercare services for a minimum of two years.</p>			X	
504	<p>MIMS Intensive case management services with a therapeutic focus. Activities may include symptom evaluation/monitoring, crisis intervention, provision/enhancement of environmental supports, and other services directed towards helping the individual live successfully in the community. MIMS are distinguished from traditional case management services by the higher level of professional expertise/skill of the provider, required by the most complex mental health needs of the individual, of these services. MIMS may be provided in any appropriate community setting. MIMS may also be provided to SED and MR/DD children or SPMI and MR/DD adults.</p>	X	X	X	

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Code	Service	MH	MR	SA	CY
505	<p>School Based Services School-based treatment and support interventions designed to identify children with emotional/behavioral disturbances or children with MR/DD. These services assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed or MR/DD children, adolescents, and their families with the school.</p>		X	X	
506	<p>Individual Therapy Support The provision of one-on-one supervision of the individual during a period of extreme crisis in which hospitalization would be necessary without this service. The service may be provided in the individual's home, school, or any other setting that is a part of the individual's environment. This provides therapeutic support during times when the individual is unable to participate in regular treatment activities. The focus is to reduce/eliminate acute symptoms.</p>	X	X	X	
507	<p>Case management Includes activities for the purpose of locating services other than services provided by your organization, linking the person/patient with these services, monitoring the person's/patient's receipt of these services on behalf of the person/patient. Case Management can be provided by an individual or a team; may include both face-to-face and telephone contact with the person/patient as well as contact with other services providers.</p>	X		X	X
508	<p>Case management for MR/DD Case management assists persons with mental retardation/developmental disabilities in gaining access to needed social, medical, educational, and other services. Service components include: outreach, intake and needs assessment, emergency/crisis intervention, information and referral, service planning, service coordination, and follow-along.</p>		X		

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Code Service MH MR SA CY

EMERGENCY (8888)

601 Emergency services X X X X

Primarily used to denote afterhours telephone counseling and referral services. Crisis situations that cannot be readily resolved through "Emergency services" should be assigned to "Intensive case management" and/or "Crisis intervention" services.

602 Mobile Crisis Services X X X X

A crisis response service that involves immediate face-to-face encounter(s) at sites in the community other than the provider's service location. This service is for individuals who are experiencing a significant emotional crisis and may be in imminent danger of harming self or others.

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Code Service

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CONSULT/EDUC/PREV (8888)

704 Alcohol & Drug Prevention

X

705 Prevention (Children/Youth)

X

Prevention services include those programs that target vulnerable at-risk groups with the intent to prevent the occurrence and/or emotional problems. Services and/or programs intervene as early as possible and are designed to target a specific group of children (Abused or neglected children, teen parents, children from one parent homes, young children, etc.).

Database: SERVICES
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Code Service MH MR SA CY

MISCELLANEOUS (8888)

801	Staffing	X				
802	No shows / cancellations	X				
803	PATH Grant service	X				
804	Making a plan (MAP) Team Review meeting	X	X	X	X	

MAP Teams are local interagency teams that provide a wide array of community services, support, and resources to children/youth with emotional or behavioral disturbances that are at risk of inappropriate inpatient placement.

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Code Service

MH MR SA CY

HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER)
 (8888)

- | | | |
|-----|--|---|
| 901 | <p>Support Coordination
 Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.</p> | X |
| 902 | <p>Attendant Care
 Attendant Care services are provided to meet daily living needs and to ensure adequate support for optimal functioning at home or in the community. Services assist eligible individuals with activities such as bathing, meal preparation, eating, dressing, shopping, leisure activities, light housekeeping, and community integration activities.</p> | X |
| 903 | <p>In-Home Nursing Respite Services
 Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care; individual requires services of a nurse in the absence of the primary caregiver.</p> | X |
| 904 | <p>In-Home Companion Respite Services
 Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care; provided by a certified nurses' aid or direct care worker.</p> | X |
| 905 | <p>Community Respite
 Respite care provided in a community setting (facility approved by the state which is not a private residence) is designed to provide families/care givers an avenue of receiving respite while the recipient is in a setting other than his/her home; provides the individual with a place to participate in scheduled activities which address individual preferences/requirements to ensure the health and safety of the individual. Community respite is not provided overnight and cannot be provided in a private residence.</p> | X |
| 906 | <p>ICF-MR Respite
 Respite care is also offered in licensed ICF/MR settings on a limited basis, base on the number of available beds.</p> | X |
| 907 | <p>Supervised Residential Habilitation
 Services which provide assistance with acquisition, retention, or improvement in skills related to activities of</p> | X |

Code Service MH MR SA CY

daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Staff is on-site 24 hours per day, seven days per week. No more than three (3) individuals may live together in an apartment or house, regardless of whether all three are eligible for HCBS-MR/DD Waiver services. The staff:recipient ratio is 1:6.

908 Supported Residential Habilitation X

Supported Residential Habilitation will provide staff as needed to support the individual living independently in the community. Staff must be on call 24 hours per day but need not be on-site 24 hours per day. The maximum number of hours of supported Residential Habilitation that can be provided is seven (7) hours per week, depending on the needs of the individual. The staff recipient ratio is 1:10.

909 Day Habilitation X

Services which provide assistance with acquisition, retention, or improvement in self help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. The maximum amount of Day Habilitation services a person may receive is 30 hours per week. Day Habilitation services are available only to those individuals who are no longer eligible for services from the school system – generally ages 21 and up.

910 Prevocational Services X

These services are designed to promote vocational skill development with the eventual outcome being employment in a workplace in the community, with or without support. Activities generally are not primarily directed at teaching job specific skills, but at broader skills which can be used in a variety of work settings (examples: increasing attention span, improving gross and fine motor skills, etc.). Services can be center based or community based. If individuals participate in any form of activity in which they are paid for their work, the program must be a certified Work Activity Center.

911 Supported Employment X

This service consists of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting.

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Code	Service	MH	MR	SA	CY
	Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training.				
912	Behavior Support/Intervention These services provide behavioral support/intervention services for individuals who exhibit behavior problems that cause them not to be able to benefit from other services being provided or cause them to be so disruptive in their environment(s) that there is imminent danger of removal or dismissal.				X
913	Occupational Therapy These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.				X
914	Speech/Language Therapy These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.				X
915	Physical Therapy These services will be provided under the state plan until the individual reaches his/her maximum health care goal. The increased scope of waiver services is they are available in settings not covered under regular state plan services and the goal is to provide maintenance of the person's acquired level of skill when remediation is no longer feasible.				X
916	Specialized Medical Equipment and Supplies Includes only disposable briefs, under pads and catheters for people over the age of 21.				X

States data set

Database: STATES

Revision Date: 04/12/99

Abbr State

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

MS county data set

Database: COUNTY
Revision date: 12/01/2010

County	Abbr	Cnty #	FIPS #	SPH region	MR Region	CMHC region
Adams	ADA	01	28001	201	304	111
Alcorn	ALC	02	28003	203	301	104
Amite	AMI	03	28005	201	304	111
Attala	ATT	04	28007	201	302	106
Benton	BEN	05	28009	203	301	103
Bolivar	BOL	06	28011	201	302	105
Calhoun	CAL	07	28013	203	301	102
Carroll	CAR	08	28015	201	302	106
Chickasaw	CHI	09	28017	203	301	103
Choctaw	CHO	10	28019	202	302	107
Claiborne	CLB	11	28021	201	304	111
Clarke	CLK	12	28023	202	304	110
Clay	CLY	13	28025	202	302	107
Coahoma	COA	14	28027	201	301	101
Copiah	COP	15	28029	201	304	108
Covington	COV	16	28031	204	304	112
De Soto	DES	17	28033	203	301	104
Forrest	FOR	18	28035	204	304	112
Franklin	FRA	19	28037	201	304	111
George	GEO	20	28039	202	305	114
Greene	GRE	21	28041	204	304	112
Grenada	GRN	22	28043	201	301	106
Hancock	HAN	23	28045	201	305	113
Harrison	HAR	24	28047	201	305	113
Hinds	HIN	25	28049	201	302	109
Holmes	HOL	26	28051	201	302	106
Humphreys	HUM	27	28053	201	302	106
Issaquena	ISS	28	28055	201	302	105
Itawamba	ITA	29	28057	201	301	103
Jackson	JAC	30	28059	202	305	114
Jasper	JAS	31	28061	202	304	110
Jefferson	JFN	32	28063	201	304	111
Jefferson Davis	JFV	33	28065	204	304	112
Jones	JON	34	28067	204	304	112
Kemper	KEM	35	28069	202	304	110
Lafayette	LAF	36	28071	203	301	102
Lamar	LAM	37	28073	204	304	112
Lauderdale	LAU	38	28075	202	304	110
Lawrence	LAW	39	28077	201	304	111
Leake	LEA	40	28079	202	302	110
Lee	LEE	41	28081	203	301	103
Leflore	LEF	42	28083	201	302	106
Lincoln	LIN	43	28085	201	304	108
Lowndes	LOW	44	28087	202	304	107
Madison	MAD	45	28089	201	302	108
Marion	MAN	46	28091	204	304	112
Marshall	MAS	47	28093	203	301	102
Monroe	MOR	48	28095	203	301	103
Montgomery	MOT	49	28097	201	302	106
Neshoba	NES	50	28099	202	304	110
Newton	NEW	51	28101	202	304	110
Noxubee	NOX	52	28103	202	304	107
Oktibbeha	OKT	53	28105	202	302	107

Database: COUNTY
Revision date: 12/01/2010

County	Abbr	Cnty #	FIPS #	SPH region	MR Region	CMHC region
Panola	PAN	54	28107	203	301	102
Pearl River	PEA	55	28109	201	305	113
Perry	PER	56	28111	204	304	112
Pike	PIK	57	28113	201	304	111
Pontotoc	PON	58	28115	203	301	103
Prentiss	PRE	59	28117	203	301	104
Quitman	QUI	60	28119	201	301	101
Rankin	RAN	61	28121	201	302	108
Scott	SCO	62	28123	202	302	110
Sharkey	SHA	63	28125	201	302	105
Simpson	SIM	64	28127	201	304	108
Smith	SMI	65	28129	202	304	110
Stone	STO	66	28131	201	305	113
Sunflower	SUN	67	28133	201	302	106
Tallahatchie	TAL	68	28135	201	301	101
Tate	TAT	69	28137	203	301	102
Tippah	TIP	70	28139	203	301	104
Tishomingo	TIS	71	28141	203	301	104
Tunica	TUN	72	28143	201	301	101
Union	UNI	73	28145	203	301	103
Walthall	WAL	74	28147	201	304	111
Warren	WAR	75	28149	201	302	115
Washington	WAS	76	28151	201	302	105
Wayne	WAY	77	28153	204	304	112
Webster	WEB	78	28155	202	302	107
Wilkinson	WIL	79	28157	201	304	111
Winston	WIN	80	28159	202	304	107
Yalobusha	YAL	81	28161	203	301	102
Yazoo	YAZ	82	28163	201	302	115
Unknown		98				
Out of state		99				

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Data crosswalks

Data crosswalks - I (A&D TEDS)

This section specifies the crosswalks necessary to translate the DMH coding conventions into other formats, most notably those mandated by the Center for Substance Abuse Treatment Episode Data Set (TEDS) and NRI Behavioral Healthcare Performance Measurement System (part of the JCAHO Oryx initiative). Quoted comments come from three sources:

FN-10	<i>Data Standards for Mental Health Decision Support Systems</i> -- Center for Mental Health Services, 1989
TEDS	<i>Treatment Episode Data Set (TEDS): State Instruction Manual</i> -- Center for Substance Abuse Treatment, January 30, 1998
NRI	<i>NRI Behavioral Healthcare Performance Measurement System Implementation Guide</i> Version 3.0 -- NASMHPD Research Institute, March 15, 1999

The first portion of this section deals with the TEDS dataset:

Two tables detail the fields within the DMH core client dataset and/or DMH alcohol and drug data (DMH A&D) subset from which MHSIP and TEDS data elements can be derived. Additional crosswalk information is provided concerning the following data items:

- 1) Miscellaneous codes
- 2) TEDS date fields
- 3) Reporting date
- 4) Record type
- 5) Organization identifier
- 6) Client identifier
- 7) Admission type (Co-dependent, collateral, unregistered)
- 8) Client status
- 9) Services
- 10) Referral source
- 11) Sex
- 12) Race
- 13) Hispanic/Ethnicity
- 14) Education
- 15) Marital status
- 16) Employment status
- 17) SPMI/other psychiatric problem
- 18) Type of resident/living arrangement
- 19) Income source
- 20) Payment source

Revision date: 07/28/2008

MHSIP cross reference: location of MHSIP recommended data elements within DMH core client dataset:

MHSIP client dataset	DMH equivalent (Core client dataset)	Comments
01 Organization ID	03 Organization code	Software must allow crosswalks among DMH organization code, MHSIP, and TEDS (NFR ID) codes
02 Client status	08 Admission type	See crosswalks text
03 Unique client ID	05 Client organiz. ID 56 State Unique ID	See crosswalks text
04 Admission date	07 Admission date	
05 Discharge date	50 Discharge date	
06 Program element	45 Inpatient service 46 Residential service 47 Partial day service 48 Outpatient service 49 Case mgt service	
07 Sex	18 Sex	
08 Birth date	16 Birth date	
09 Race	19 Race	
10 Hispanic	20 Hispanic	
11 Marital status	22 Marital status	
12 Veteran status	33 Veteran status	
13 Legal status	11 Legal status	
14 Prior residence	23 Admission county	
15 Current residence	N/A	Maintained locally w. current address information
16 Presenting problems	36 Pres. problem (1) 37 Pres. problem (2)	
17 Diagnosis	42 DSM axis 1 43 DSM axis 2 44 Principal DSM diagnosis	
18 Severity	N/A	No current standard DMH measure. May be captured locally as DSM axis 5.
19 Chronicity	40 Is client SPMI?	
20 Eligibility for SSI	30 Eligibility for SSI	

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MHSIP client dataset	DMH equivalent (Core client dataset)	Comments
21 Adm. referral	09 Adm. ref. category	
22 Treatment history	N/A	Local programs may maintain client treatment histories as part of their data system.
23 Residential arrang.	25 Type of resident	
24 Living arrangements	24 Living arrangements	
25 Payment source	32 Payment source	
26 Discont. status	51 Discont. status	
27 Discont. referral source	52 Discont. referral source	
28 Current care provider	N/A	Captured locally as part of service events
29 Date of report	01 Report date	Generated by software upon download

Revision date: 07/28/2008

TEDS cross reference: Location of mandated TEDS CDS data elements within DMH core client dataset (CORE) and DMH alcohol and drug client subset (ALCO):

TEDS client dataset	DMH equivalent (Core client and Alcohol datasets)	Comments
01 System transaction type (add, change, delete)	02 CORE: Record type	DMH "record type" field also indicates whether record is for a service transfer (see TEDS 7, below)
02 State abbreviation	54 ALCO: State	
03 Submit date	01 CORE: Report date	See crosswalks text
04 Provider ID	03 CORE: Organ. ID	Software must allow crosswalks among DMH organization code, MHSIP, and TEDS (NFR ID) codes
05 Client ID	05 CORE: Client org. ID	Client SS number should NOT be used
06 Collateral	08 CORE: Adm. type	See crosswalks text
07 Client trans. type (admit, transfer)	02 CORE: Record type	See comments for TEDS 1, above
08 Admission date	50 ALCO: Entry date	TEDS: "The day when the client receives his or her first direct treatment..."
09 Services	45 CORE: Inpatient 46 CORE: Residential 47 CORE: Partial day 48 CORE: Outpatient 49 CORE: Case mgt.	See crosswalks text
10 # prior treatments	52 ALCO: # prior treatments	
11 Referral source	09 CORE: Adm. refer.	See crosswalks text
12 Birth date	16 CORE: Birth date	
13 Sex	18 CORE: Sex	See crosswalks text
14 Race	19 CORE: Race	See crosswalks text
15 Ethnicity	20 CORE: Hispanic	See crosswalks text
16 Education	21 CORE: Education	See crosswalks text
17 Employment status	26 CORE: Employment	See crosswalks text
18 Substance (1)	67 ALCO: Substance (1)	Software may extract data from TEDS Drug Detail (1)
19 Route of admn. (1)	73 ALCO: Rt. admn. (1)	
20 Freq. of use (1)	76 ALCO: Freq. (1)	

TEDS client dataset	DMH equivalent (Core client and Alcohol datasets)	Comments
21 Age first use (1)	79 ALCO: Age first (1)	
22 Substance (2)	68 ALCO: Substance (2)	See comment for TEDS data element 18, above
23 Route of admn. (2)	74 ALCO: Rt. admn. (2)	
24 Freq. of use (2)	77 ALCO: Freq. (2)	
25 Age first use (2)	80 ALCO: Age first (2)	
26 Substance (3)	69 ALCO: Substance (3)	See comment for TEDS data element 18, above
27 Route of admn. (3)	75 ALCO: Rt. admn. (3)	
28 Freq. of use (3)	78 ALCO: Freq. (3)	
29 Age first use (3)	81 ALCO: Age first (3)	
30 Methadone planned	66 ALCO: Methadone	
31 Drug detail (1)	70 ALCO: Detail (1)	
32 Drug detail (2)	71 ALCO: Detail (2)	
33 Drug detail (3)	72 ALCO: Detail (3)	
34 DSM criteria	42 CORE: DSM axis 1	
35 Other problems	40 CORE: SPMI	See crosswalks text
36 Pregnant at admn.	58 ALCO: Pregnant	
37 Veteran status	33 CORE: Veteran stat.	Convert from DMH alpha to TEDS numeric value
38 Living arrangement	25 CORE: Resid. arrg.	See crosswalks text
39 Source of income	27 CORE: Income src.	See crosswalks text
40 Health insurance	56 ALCO: Insurance (1)	
41 Payment source	32 CORE: Payment	See crosswalks text
42 Not in labor force	26 CORE: Employment	See crosswalks text
43 Criminal justice	65 ALCO: Crim. justice	
44 Marital status	22 CORE: Marital	See crosswalks text
45 Days waiting	51 ALCO: Days waiting	

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DMH Record type	TEDS 01	TEDS 07
1 ADD - New admission	A	A
2 ADD - Transfer	A	T
3 CHANGE - Correction	C	N/A
4 CHANGE - Update	C	N/A
9 DELETE	D	N/A

- 5) Organizational identifier - Identifies the organization from which the data was received. DMH uses two separate fields: an organization identifier (ORG_CODE) to denote an umbrella organization and a separate program location code (LOC_CODE) to indicate separately located subunits.

DMH: Services are identified by a combination of ORG_CODE and LOC_CODE. ORG_CODE identifies "umbrella" organizations while LOC_CODE identifies specific program sites (each usually with a separate physical address) operated by an organization. All private providers have an ORG_CODE of "700" and are identified by their LOC_CODE.

TEDS: PROV_ID "Entry must contain a valid provider ID that matches the State ID in SAMHSA's National Facility Register (NFR) or a SAMHSA NMFI Provider ID" (TEDS, p D-7). The PROGRAMS database contains a TEDS field to cross reference DMH, TEDS, and MHSIP organization ID numbers.

MHSIP: "The 8-digit [CMHS] master facility number is recommended..." (FN-10, p 132).

Organization	DMH ID	MHSIP ID	TEDS NFR ID
Region 1: Region 1 MH Center	101	280040-00	MS900405
Region 2: Communicare	102	280200-00	MS900496
Region 3: Region 3 MH Center	103	280221-00	MS901494
Region 4: Timber Hills MH Services	104	280043-00	MS301307
Region 5: Delta Community MH Services	105	280060-00	MS900413
Region 6: Life Help	106	280065-00	MS900462
Region 7: Community Counseling Services	107	280213-00	MS900868
Region 8: Region 8 MH Services	108	280035-00	MS100212
Region 9: Hinds Behavioral Health Services	109	280170-01*	MS300119

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Organization	DMH ID	MHSIP ID	TEDS NFR ID
Region 10: Weems Community MH Center	110	280180-00	MS901239
Region 11: Southwest Miss. MH Complex	111	280175-00	MS900504
Region 12: Pine Belt MH Resources	112	280095-00	MS100105
Region 13: Gulf Coast MH Center	113	280080-00	MS301109
Region 14: Singing River MH Services	114	280210-00	MS900470
Region 15: Warren-Yazoo MH Services	115	280225-00	MS900538
Miss. State Hospital	201	280230-00	MS900017
East Miss. State Hospital	202	280190-00	MS900009
North Miss. State Hospital	203	Unassigned	
South Miss. State Hospital	204	Unassigned	
Central Miss. Residential Center	205	Unassigned	
Spec. Treatment Facility	206	Unassigned	
North Miss. Regional Center	301	N/A	N/A
Hudspeth Regional Center	302	N/A	N/A
Boswell Regional Center	303	N/A	N/A
Ellisville State School	304	N/A	N/A
South Miss. Regional Center	305	N/A	N/A
Mississippi Adolescent Center	306	N/A	N/A

- 6) Client identifier - The field used to uniquely identify a client. The ID should be re-used whenever the client is readmitted to the organization. The number should never be applied to another client.

DMH: The CLI_ORG_ID field allows for a 9 digit numerical internal identifier. The STATE_UNIQUE_ID is assigned by the CDR and returned to the provider.

TEDS: CLIENT_ID IS an "identifier of from 1 to 15 alphanumeric characters that at a minimum is unique within the provider." (TEDS, p D-8) Thus DMH CLI_ORG_ID should be used to produce this field.

MHSIP: "No minimum specifications... At the local level, this could be the patient name, a case number, the Social Security number, or other alphanumeric information." (FN-10, p 39)

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- 7) Co-dependent, collateral, unregistered - A co-dependent is a person "seeking services because of problems arising from his or her relationship with an alcohol or drug user" (TEDS, p D-9). An unregistered person is someone receiving services "who does not have a clinical record" (FN-10, p 39).

DMH: ADM_TYPE field allows indicating the admission is:

- 1 Primary
- 2 Collateral
- 3 Unregistered

TEDS: COLLATERAL allows entries of 1 or 2 (yes or no). "States not collecting Co-Dependent/Collateral data default to 2 (No) for this field." (TEDS, p D-9)

MHSIP: Not specified (see FN-10, p 36). "Client status" is specified as "registered" or "nonregistered" (FN-10, p 39) see "Client status."

- 8) Client status - Specifies the current status of the client. DMH uses this field to indicate if the client is active, discharged, or on a waiting list for services. This data element should not be confused with the "Record type" which indicates, among other things, if the record is for a transfer between A&D services within a single organization.

DMH: CLI_STATUS allows a client to be classified as:

- 1 = Active, new admission
- 2 = Active, readmission
- 3 = Active, evaluation only
- 4 = Respite, new admission
- 5 = Respite, readmission
- 8 = Waiting list
- 9 = Discharged
- 0 = Removed from waiting list

- 9) Services - This field classifies the various programs or services which are offered by DMH administered or certified organizations. This allows quantitative measurement of the amount of services rendered to be computed across organizations. MHSIP recommends organization of all services into the following categories: inpatient, residential, partial day, outpatient, case management, and emergency. The DMH has created a detailed classification of services which is found in the SERVICES dataset.

DMH: Service codes are inserted into one of five fields based upon the category of service: INPAT_SERV, RESID_SERV, PARTI_SERV, OUTPA_SERV, and CASEM_SERV.

TEDS: SERVICES field is captures one of eight possible services (see table below).

DMH Services	DMH	TEDS	TEDS Service
-Acute-chemical dep	111	01	-Detox, 24 hr inpatient
N/A		02	-Detox, 24 hr residential
N/A		03	-Rehab/resid inpatient

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			(other than detox)
-Primary residential treatment	206	04	-Rehab residential short term (30 day or less)
-Transitional residential treatment	207	05	-Rehab residential long term (more than 30 days)
-Intensive outpatient	405	06	-Ambul intensive outpatient
-Therapeutic day treatment	309	07	-Ambul outpatient
-Individual therapy	401		
-Family therapy	402		
-Group therapy	403		
-Evaluation only	404		
-Medication evaluation	406		
-Nursing services	407		
N/A		08	-Ambul detox
-Case management	501		N/A
-Intensive case mgt	502		
-Aftercare (SA)	503		
-Emergency services	601		

10) Referral source - Classifies the principal agent causing the client seeking services.

DMH: ADM_REFER field indicates the general category of referral agent. If this agent was a DMH administered facility or another CMHC, the ADM_REF_OR field seeks to capture the appropriate organization code.

TEDS: REF_SOURCE fields captures the same general information. A second field, O_CRIM_JST is designed to capture detail on criminal justice referrals. O_CRIM_JST can be defaulted to record a code of 98 (not collected).

DMH referral type	DMH	TEDS	TEDS referral type
DMH psychiatric hospital	01	02	AD care provider
Other MS CMHC	02	02	AD care provider
DMH MR facility	03	03	Other health care provider
Private psych hospital	04	02	AD care provider
Other MH care	05	03	Other health care provider
Other MR care	06	03	Other health care provider
Other AD care	07	02	AD care provider
General hospital	08	03	Other health care provider

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DMH referral type	DMH	TEDS	TEDS referral type
Self	09	01	Individual
Family	10	01	Individual
School	11	04	School
Employer/EAP	12	05	Employer/EAP
Police	13	07	Court/DUI
Court	14	07	Court/DUI
Probation	15	07	Court/DUI
Self help program	16	06	Other community referral
Voc rehab./job placement	17	06	Other community referral
Nursing home	18	03	Other health care provider
Boarding home	19	06	Other community referral
Group home	20	03	Other health care provider
Other social service agency	21	06	Other community referral
Other	97	97	Unknown
Unknown	98	97	Unknown

- 11) Sex - DMH uses alpha codes "M" = male, "F" = female, and "U" = unknown. TEDS uses numeric codes 1 = male, 2 = female, 7 = unknown, 8 = not collected.

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- 12) Race - Client racial classification based on U.S. Census categories. DMH requires alpha codes for submission. Field name is RACE for both DMH and TEDS.

Race	DMH	TEDS
Alaskan native	K	01
American Indian	I	02
Asian or Pacific Islander (pre 2001)	A	03
Asian	A	13
Pacific Islander	P	23
Black/African American	B	04
White/Caucasian	W	05
Reporting multiple race categories	M	20
Other	O	20

- 13) Hispanic origin. Field term is "Ethnicity" in TEDS.

Hispanic/ethnicity	DMH	TEDS
Cuban	C	03
Mexican	M	02
Puerto Rican	P	01
Other hispanic	O	04
Not of Hispanic origin	N	05
Unknown	U	97

- 14) Education - Highest level of educational obtainment. Field name is EDUCATION for both DMH and TEDS. TEDS indicates only the number of years of education only while DMH indicates terminal degree.

TEDS: "00-11, 12 = HS diploma or General Equivalency Degree" "Specifies the highest school grade the client has completed." (TEDS, p D-23)

Education	DMH	TEDS
Preschool/kindergarten	51	N/A
Special education	52	N/A

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Education	DMH	TEDS
Grades 1 - 12	01 - 12	01 - 12
GED	13	12
Technical/trade school	14	14
Some college, no degree	15	14
Associate degree	16	14
Bachelors degree	17	15
Masters degree	18	17
Ph.D.	19	17

15) Marital status

Marital status	DMH	TEDS
Single/never married	S	01
Married	M	02
Separated	P	03
Divorced	D	04
Widowed	W	05
Unknown	U	97

16) Employment status

TEDS: EMPLOYMENT field is supplemented by a second field O_NOT_LABR which captures detail on those not in the labor force. DMH EMPLOYMENT equivalents for O_NOT_LABR are provided as the second listed code in the table below.

DMH Employment status	DMH	TEDS	TEDS Employment status and "Not in labor force" detail
Full time	01	01	Full time
Part time	02	02	Part time
Active military	03	01	Full time
Seasonal/migrant	04	01	Full time (if currently working)
Unemployed - seeking	05	03	Unemployed
Unemployed - not seeking	06	04	Not in labor force
Homemaker	07	04 01	Not in labor force Homemaker (O_NOT_LABR)
Student/under 17	08	04 02	Not in labor force Student (O_NOT_LABR)
Retired	09	04 03	Not in labor force Retired (O_NOT_LABR)
Disabled	10	04 04	Not in labor force Disabled (O_NOT_LABR)
Correctional inmate	11	04 05	Not in labor force Inmate (O_NOT_LABR)
Other	97	97	Unknown
Unknown	98	97	Unknown

- 17) SPMI (DMH) and "Psychiatric problem in addition to alcohol/drug" (TEDS) - TEDS seek to identify "whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem" (TEDS, p D-46). DMH interpretes this as meaning a serious mental illness, which can be derived from the DMH Core SPMI data element. Crosswalk is necessary to convert from DMH alpha (Y/N) to TEDS numeric values.
- 18) Type of residence (DMH) and "Living arrangement" (TEDS) - DMH follows MHSIP guidelines in using "Living arrangements" to denote with whom the client lives (alone, with relatives, with non-relatives). "Type of residence" indicates the setting in which the client lives. TEDS uses the term "living arrangement" (O_LIV_ARNG) to indicate the type of residential setting.

DMH type of residence	DMH	TEDS	TEDS living arrangement
Private residence	01	03	Independent living

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Other independent living	02	03	Independent living
Homeless	03	01	Homeless
Institution	04	02	Dependent living
Community program	05	02	Dependent living
Correctional facility	06	02	Dependent living
Other	07	97	Unknown
Foster Home	08	02	Dependent living
Residential Care	09	02	Dependent living
Crisis Residence	10	02	Dependent living
Children's Residential Treatment	11	02	Dependent living
Not Available/Unknow	99	97	Unknown

19) Income source

Primary income source	DMH	TEDS
Wages/salary	1	01
Public assistance	2	02
Retirement/pension	3	03
Disability income	4	04
Other	7	20
Unknown	8	97
None	9	21

20) Payment source - TEDS makes a distinction between "expected source of payment" and "health insurance." DMH A&D requires entry of up to two forms of insurance.

DMH payment source	DMH	TEDS	TEDS payment source

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None (org. absorbs cost)	01	08	No charge
Personal resources	02	01	Self pay
Service contract	03	07	Other health insurance
Blue Cross/Blue Shield	04	02	Blue Cross/Blue Shield
CHAMPUS	05	05	Other government payments
Other comm. insurance	06	07	Other health insurance
Medicare	07	03	Medicare
Medicaid	08	04	Medicaid
Veterans Administration	09	05	Other government payments
Workmen's compensation	10	06	Workmen's compensation
Other public (gov.) source	11	05	Other government payments
Other source of payment	12	07	Other health insurance
Unknown	97	08	No charge

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Data Crosswalks - II (NRI Oryx)

In the late 1990's the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) began to focus on the issue of developing performance indicator requirements for the organizations it accredits. This became known as the Oryx initiative, named after a species of African antelope. Institutions, facilities and other care providers licensed by JCAHO are required, under Oryx, to collect and submit both demographic and performance indicator data to vendors who are under contract with JCAHO to receive and analyze this data. Early in the project, concern was expressed by state mental health agencies that vendors primarily oriented towards data analysis of medical entities might not be appropriate for analyzing data from state operated psychiatric hospitals. The National Association of State Mental Health Program Directors (NASMHPD) moved to address these concerns by proposing that its NASMHPD Research Institute (NRI) apply for vendor status with JCAHO. The intent was for NRI to act as a JCAHO Oryx data vendor specifically oriented towards state operated psychiatric hospitals. Subsequently, NRI was approved by JCAHO as an Oryx data vendor and a large number of state psychiatric hospitals signed contracts with NRI to serve as their Oryx data vendor.

NRI has issued its *NRI Behavioral Healthcare Performance Measurement System Implementation Guide*. This guide is available for download at:

<http://dmhmrs.chr.state.ky.us/nripms/dataspec.htm>

This section is intended solely to provide guidance on how DMH Core Client Data Set elements can be crosswalked to the NRI Oryx episodic data set. For information on event data sets that comprise the performance indicator portions of NRI Oryx submissions, readers should refer to the *NRI Implementation Guide*.

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NRI Oryx Episodic data set file layout (per NRI Oryx *Implementation Guide* version 3.0, March 15, 1999)

Field no.	Date element name	Field type	Format
1	HCO ID	Alpha	XX##
2	Reporting Period	Numeric	CCYYMM
3	Client ID	Alpha	XXXXXXXXXXXXXXXXXX
4	Admission date	Numeric	CCYYMMDD
5	Unit	Numeric	###
6	Birth date	Numeric	CCYYMMDD
7	Gender	Numeric	#
8	Race or ethnicity	Numeric	##
9	Marital status	Numeric	#
10	Prior living arrangement	Numeric	##
11	Admission referral source	Numeric	##
12	Admission legal status	Numeric	#
13	Criminal justice involvement	Numeric	##
14	Psychiatric diagnosis 1	Alpha	XXX.XX
15	Psychiatric diagnosis 2	Alpha	XXX.XX
16	Psychiatric diagnosis 3	Alpha	XXX.XX
17	Substance use diagnosis 1	Alpha	XXX.XX
18	Substance use diagnosis 2	Alpha	XXX.XX
19	Medical diagnosis 1	Alpha	XXX.XX
20	Medical diagnosis 2	Alpha	XXX.XX
21	Discharge date	Numeric	CCYYMMDD
22	Discharge type	Numeric	##
23	Primary referral at discharge	Numeric	##
24	Living arrangement after discharge	Numeric	##

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Oryx cross reference: location of Oryx mandated data elements equivalents within the DMH core client dataset:

NRI Oryx Episodic data set	DMH equivalent (Core client dataset)	Comments
01 HCO ID	N/A	Refers to NRI assigned organization identifier
02 Reporting period	01 CORE: Report date	NRI uses CCYYMM format
03 Client ID	05 CORE: Client ID	
04 Admit date	07 CORE: Admit date	
05 Unit	N/A	
06 Birth date	16 CORE: Birth date	
07 Gender	18 CORE: Sex	See crosswalks text
08 Race / ethnicity	19 CORE: Race 20 CORE: Hispanic ethnicity	See crosswalks text NRI combines two conceptually distinctive fields.
09 Marital status	22 CORE: Marital status	See crosswalks text
10 Prior living arrangement	25 CORE: Type of residence	See crosswalks text
11 Admit referral source	09 CORE: Admit referral category	See crosswalks text
12 Admit legal status	11 CORE: Legal status	See crosswalks text
13 Criminal justice involv.	N/A	Note that this field collects different information than that required in the TEDS mandated "Criminal justice referral" field (ALCO 65).
14 Psychiatric diagnosis	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	NRI requires that organizations pre-sort client DSM diagnoses into 3 groupings: psychiatric (fields 14-16), substance use (fields 17-18), and medical (fields 19-20)
15 Psychiatric diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above

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NRI Oryx Episodic data set	DMH equivalent (Core client dataset)	Comments
16 Psychiatric diagnosis (3)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
17 Sub. abuse diagnosis (1)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
18 Sub. abuse diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
19 Medical diagnosis (1)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
20 Medical diagnosis (2)	42 CORE: DSM Axis 1 diag. 43 CORE: DSM Axis 2 diag.	Refer to 14 above
21 Discharge date	50 CORE: Discharge date	
22 Discharge type	51 CORE: Disch. status	See crosswalks text
23 Primary referr. at disch.	52 CORE: Disch. ref. categ.	See crosswalks text
24 Living arrang. after disch.	N/A	

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- 1) Sex - DMH uses alpha codes "M" = male, "F" = female, and "U" = unknown. NRI Oryx uses numeric codes 1 = male, 2 = female, 9 = unknown.
- 2) Race / ethnicity - NRI Oryx elected to combine two distinct and separate data concepts, race and hispanic ethnicity, into one field. Since a person of hispanic ethnicity could have any of several racial identities, this creates needless difficulties when attempting to respond to demographic queries since no racial data will exist for persons reporting Hispanic ethnicity.

In order to crosswalk per the NRI Oryx standards, any downloaded record in which DMH Core Client Data Set field "Hispanic ethnicity" (field 20) contains an entry <> N should be coded with an NRI ORXY code of 4 (Hispanic). As noted above, this means a claim of Hispanic ethnicity will supercede any racial identification of the individual.

Race	DMH	TEDS
Alaskan native	K	01
American Indian	I	02
Asian or Pacific Islander (pre 2001)	A	03
Asian	A	13
Pacific Islander	P	23
Black/African American	B	04
White/Caucasian	W	05
Reporting multiple race categories	M	20
Other	O	20

- 3) Marital status - There is a one-to-one correlation in the DMH and NRI marital status codes, noting that the DMH category of "single" is termed "never married" by NRI.

Marital status	DMH	NRI
Never married	S	1
Now married	M	2
Separated	P	3
Divorced	D	4
Widowed	W	5

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Unknown	U	6
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4) Prior living arrangement - Correlated to DMH CORE 25 “Type of residence.”

Prior living arrangement	DMH	NRI
Private residence / house hold	01	01
Homeless shelter	03	02
On the street	03	03
Jail or correctional facility	06	04
Other residential or institutional setting	02, 04, 05, 07, 08, 09, 10, 11	05
Not collected / not available	99	99

5) Admission referral source

Admission referral source	DMH	NRI
Self, family, or friend	9,10	1
Outpatient provider - MH/MR/SA	2,5,6,7	2
Outpatient provider - Other	16	3
Inpatient provider - MH/MR/SA	1,3,4	4
Inpatient provider - Other	18,19,20	5
Criminal justice system	13,14,15	6
Other human services agency	11,12,17, 21,97	7
Emergency room	8	8

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In most instances, the NRI Oryx admission referral categories are broader in scope than their comparable DMH categories. Several examples are listed below. For a complete cross comparison, refer to “Admission Referral Category” (field 9) in the DMH Core Clients Data Set section of this manual and to the NRI Implementation Guide, Episode File “Admission Referral Source” (field 11).

NRI Oryx “Outpatient provider - MH/MR/SA” includes DMH codes for “CMHC”, “Other MH care provider”, “Other MR care provider”, and “Other A&D care provider.”

NRI Oryx “Inpatient provider - MH/MR/SA” includes DMH codes for “DMH psychiatric hospital”, “DMH MR facility”, and “private psychiatric hospital.”

NRI Oryx “Criminal justice system” includes DMH codes for “Police”, “Court”, and “Probation.”

NRI Oryx “Other human services agency” includes DMH codes for “School”, “Employer / EAP”, “Vocational rehabilitation / job placement”, “Other social service agency”, and “Other.”

6) Admission legal status

The DMH Core Client Data Set does not distinguish, as NRI Oryx does, between “Voluntary - self” and “Voluntary - other” admissions. By default, all DMH “Voluntary” admissions are crosswalked to the NRI Oryx “Voluntary - other” code.

Admission legal status	DMH	NRI
Voluntary - self	N/A	1
Voluntary - other (by guardian, parent, etc)	1	2
Involuntary - Civil	2,3,4,6	3
Involuntary - Criminal	5,7,9	4

7) Discharge type

Discharge type	DMH	NRI
Complete inpatient treatment	1,2	1
Transferred to another inpatient facility	4,6	2
Released by courts	N/A	3
Left against medical advice	5	4
Eloped	8	5
Death	7	6
Noncompliant with treatment and/or policies	3	7
Discharged for admission to acute medical facility	CORE: 52	8

DMH Core “Discharge status” has no equivalent for NRI Oryx “Released by Courts.”

DMH Core “Discharge status” type “Client terminated treatment” (DMH code 5) is intended to mean the client self-discharged against advice of therapist / physician. H Core “Discharge status” does not have an equivalent type of “Discharged for admission to acute medical facility.” However, DMH Core Client Data Set “Discharge referral category” (CORE field 52) does have a code indicating the discharge referral was to a “General hospital / other health care provider” (code 08). Therefore, a “Discharge referral category” code value of 08 can be used to crosswalk those clients discharged to a medical facility.

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8) Primary referral at discharge

Primary referral at discharge	DMH	NRI
None	99,9,10, 11,12	1
Outpatient provider - MH/MR/SA	2,5,6,7	2
Outpatient provider - other	16	3
Inpatient provider - MH/MR/SA	1,3,4	4
Inpatient provider - other	8,18,19,2 0	5
Criminal justice system	13,14,15	6
Other human services agency	17,21,97	7

Refer to comments concerning "Admission referral source" (note 5) above.