Mississippi Department of Mental Health
Manual of Uniform Data Standards

2018 Revision
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Division of Information Management and Systems
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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_REFER, 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 SA 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 (Ab)Use)
- 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 (Ab)Use"
- 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
07/01/2012	Updated Service Codes to match DMH Operational Standards.
07/01/2014	Updated Substance (Ab)Use Client Dataset Revised Services Dataset; Removed superseded codes and codes valid until 7/1/2012. Added IDD Waiver codes (920-923), MYPAC (435), and Urine Drug Screens (809). Updated COUNTY data set; removed CMHC 105 from list of regions. Added Section, Technical Requirements Removed Section, Data Crosswalks
01/14/2015	Updated Service Codes and Descriptions to match DMH Operational Standards Updated “MR” to “IDD”
02/01/2015	Updated Substance (Ab)Use SUB_CODE values
03/01/2015	Updated Service Codes
04/01/2015	Updated Service Codes
07/01/2015	Changes for DSM-5 conversion
05/01/2016	Updated for ICD-10 diagnosis codes Added Section “Organization Specifics”

	Updated Data Dictionary Updated Data Submissions
10/06/2016	Updated Organization Specifics, Payor Codes
01/01/2018	Revise "Services" with Medicaid manual updates: Added New Waiver Services (Service_Code 925 and 926) Revise “Organization Specifics” Relocated section ahead of Data Dictionary Added screenshots of Maintain Payors from website Added instructional section for Download State IDs Updated list of Substance Problem Codes and Detailed Drug Codes to match Federal definitions (applies to fields 79, 80, 81, 82, 83, 84, 107, 108, 109) Update notes on Core Client data fields 45-49 (service fields no longer used) Updated provider list for fields 3, 10, and 53
10/31/2018	Core Client data fields 45-49 will collect Functional Assessment data (Provider Bulletin #PR0071 and 2016 Operational Standards Rule 16.9) Data Dictionary will include changes from service to Functional Assessment data File Upload format will have notation but file upload in PRODUCTION is not changing at this time. TEST file upload will change. Changes to Services provided by IDD CSP (Provider Bulletin #IO0081)
12/28/2018	Core Client data fields 45-49 will collect Functional Assessment data (Provider Bulletin #PR0071 and 2016 Operational Standards Rule 16.9) Data Dictionary will include changes from service to Functional Assessment data File Upload format notes of difference between TEST and PRODUCTION were removed to show changes apply to both systems.

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 intellectual and developmental disabilities 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 large 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 intellectual and developmental disabilities 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, intellectual and developmental disabilities, and/or Substance (Ab)Use. 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.

Mental Health Statistics Improvement Program (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, IDD, 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 (Ab)Use" 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
PROGRAM_CODE	Program Codes
SERVICE_CODE	Service Codes
CLI_ORG_ID	Unique client identifier within organization
STATE_ID	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 intellectual and developmental disabilities 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 intellectual and developmental disabilities, and Substance (Ab)Use 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 (Ab)Use 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 intellectual and developmental disabilities. An underlying concept of broadly classifying persons with intellectual and developmental disabilities 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, intellectual and developmental disabilities, and Substance (Ab)Use 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 (Ab)Use	Intellectual and Developmental Disabilities
24 Hr intensive client care and treatment provided within a highly structured and closely supervised setting (e.g., hospital, nursing home, ICF/IDD).	Inpatient	Inpatient	Residential
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
Structured programs that clients usually attend on a regular basis and which usually have duration of 3 or more hours.	Psychosocial rehabilitative	Partial day or Day treatment	Partial day or Day treatment
Services provided to clients usually based upon scheduled appointments and generally having duration of less than 3 hours. Services may be provided on an individual or group basis, usually in a clinical setting.	Psychotherapeutic	Outpatient	Outpatient
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
Emergency services allow for the assessment of the crisis and ability to activate a mobile crisis team. Consultation and Education services inform the public of programs and increase community awareness of MH related issues while developing linkages with other health and social agencies that serve the target population. Home and Community Based Services are offered for individuals living in family home but require assistance with specific daily needs.	Emergency and Miscellaneous	Emergency, Consult/Educ/ Prev and Miscellaneous	Emergency, Consult/Educ/Prev, Miscellaneous, or Home/Community Based Services

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 TEDS data set mandated for persons enrolled in Substance (Ab)Use programs or mental health 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. SAMHSA data requirements on type and frequency of substance use, for example, would probably have little applicability for clients enrolled in intellectual and developmental disabilities 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.

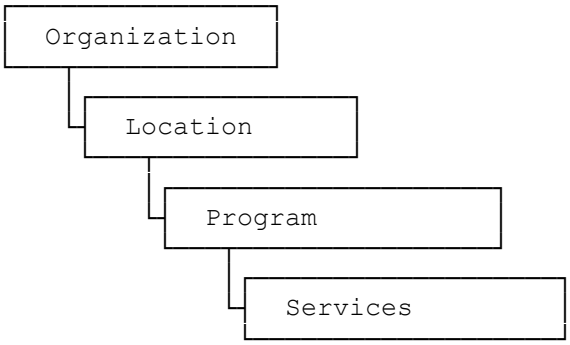
The third layer of data subset allows for items developed by and shared among groups of facilities or treatment programs with a common mission. For example, the community mental health centers might all agree that their client data set include driver's license number and state of issuance, even though 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

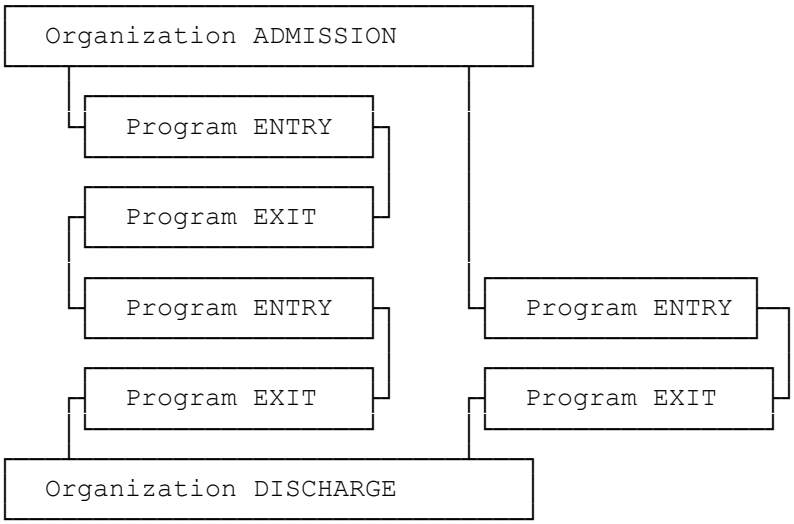
The following schema graphically represents some of the concepts of service delivery and data collection layers described in the preceding text:

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 (Ab)Use). 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 re-conceptualize 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. This list is a foundational set of validation rules. Additional rules are noted in the data dictionary. During data entry, systems should restrict users to entering only those code values that have been defined for each field.

CLIENTS Dataset

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	Primary disability category if dually diagnosed: The system should not permit erroneous combinations with DISAB_CATE field (disability category). (DISAB_CATE = 04 [Dual: MH/IDD] but DISAB_DUAL = 3 [primary problem Substance (Ab)Use]).
DIS_DATE	Discharge date: The discharge date should not predate the most recent ADM_DATE (admission date). The system should display a caution message if discharge date exceeds current system date by more than 7 days. The system should display a caution message if discharge date precedes current system date by over 30 days
ENT_DATE	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.)
EXT_DATE	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.)

Dataset submissions

Providers have two methods to submit data: File upload or Web Entry. Providers are setup with one of these methods as a default. If a provider needs to change the method of data submission, the data contact should inform DMH Division of Information Management and Systems prior to changing. The data contact can request CDR access for users by contacting DMH Division of Information Management and Systems.

Providers will submit data to the CDR web interface: https://www.ms.gov/MHProject. 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:	Clients admitted, updated, transferred, or discharged (within date range)
DUE:	Monthly (20 days after end of month)
FORMAT:	ASCII comma delimited
ARCHIVE:	Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core client data set is cumulative, with each record submission appended to previously submitted discharge records. The active data set provides the foundation for an agency-wide client tracking system.

"Transfers" refer to movement of persons enrolled in MH programs from one treatment modality (service) to another. DMH requires tracking of these changes in service. A listing of DMH service codes can be found in the "Services" section of this manual. The transfer record structure is similar to the DMH admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2

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, errors will accumulate as consistency errors and services BY_ID errors.

2) Substance (Ab)Use Client data subset (A)

SOURCE:	Mental Health Core Client data set standards and Substance (Ab)Use data subset standards
SCOPE:	NEW ADMISSIONS for previous month TRANSFERS (among SA services) for previous month DISCHARGES for previous month

	CHANGES for previous month
DUE:	Monthly (10 days after end of month)
FORMAT:	ASCII comma delimited
ARCHIVE:	Cumulative (each month's submission is added to previous data submissions)

Comments: The Substance (Ab)Use (SA) data set should be drawn from those clients who have a DISAB_CATE = 3 (Substance (Ab)Use), or those with a DISAB_CATE of 5-7 (dual disability with Substance (Ab)Use as a component). The SA 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 SA 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 SA programs from one treatment modality (service) to another. DMH SA requires tracking of changes in service. A listing of DMH service codes that constitute a "transfer" can be found in the "Services" section of this manual. The transfer record structure is identical to the DMH SA admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2
SA_ENT_DATE	DIS_LIVING	DIS_RESID
DIS_EDUC	DIS_EMPLOY	ENTSA_DATE

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, errors will accumulate as consistency errors and services BY_ID errors.

3) Intellectual and Developmental Disabilities Client data set (I)

SOURCE:	Intellectual and Developmental Disabilities Client data set standards
SCOPE:	Clients admitted, updated, transferred, or discharged (within date range)
DUE:	Monthly (20 days after end of month)
FORMAT:	ASCII comma delimited
ARCHIVE:	Cumulative (each submission is added to previous data submissions)

Comments: At the Central Office level, the core client data set is cumulative with each record submission appended to previously submitted discharge records. The active data set provides the foundation for an agency-wide client tracking system.

"Transfers" refer to movement of persons enrolled in IDD programs from one treatment modality (service) to another. DMH requires tracking of these changes in service. A listing of DMH service

codes can be found in the "Services" section of this manual. The transfer record structure is similar to the DMH admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2

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, errors will accumulate as consistency errors and services BY_ID errors.

4) DMH Services data set (S)

SOURCE: DMH Services Data set standards
SCOPE: SERVICES performed within previous month
DUE: Substance (Ab)Use Service Data: Monthly (10 days after end of month)
Mental Health Service Data: Monthly (20 days after end of month)
Intellectual Dev Disability Service Data: 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 field 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 file upload 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 a three letter extension. The CDR file upload option will accept files with the extension of "txt" or "csv". 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 data (ASCII comma delimited)
D	Mental Health Core Client data (ASCII comma delimited)
I	Intellectual and Developmental Disabilities data (ASCII comma delimited)
S	Services data (ASCII-comma delimited)

Some examples of downloaded file names are:

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

3) System will show an error if the three-digit organization code in the filename does not match the assigned organization code of the user to prevent uploading data to the incorrect organization. System will also display an error if the year and month submission are out of sequence or when the previous error rate exceeded the 5% threshold.

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. 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.

- 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 cross-walking 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 Bureau of Alcohol and Drug Services. 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	Residential arrangement
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.

Organization Specifics

Organization Details

Organization details include information about the provider. These fields are determined by the provider, not DMH. The information is necessary for data collection and should be entered prior to entering client-level data. DMH provides definitions for the fields but the values are established by the provider.

Contact Info

Providers can have multiple CDR users but should only have one individual designated as the Data Contact. The data contact is specified in the menu option, Contact Info, available on the main menu screen. The data contact is the primary person responsible for maintaining the provider's list of users as well as the contact when a data issue requires attention. The data contact should be prepared to work with multiple users within his or her provider/organization and address data issues or login issues when the need arises.

Provider Specific Information

Provider Specific information includes codes that are required for data collection and values are determined by the provider. Location codes and payor codes are part of provider specific codes (see figure1).

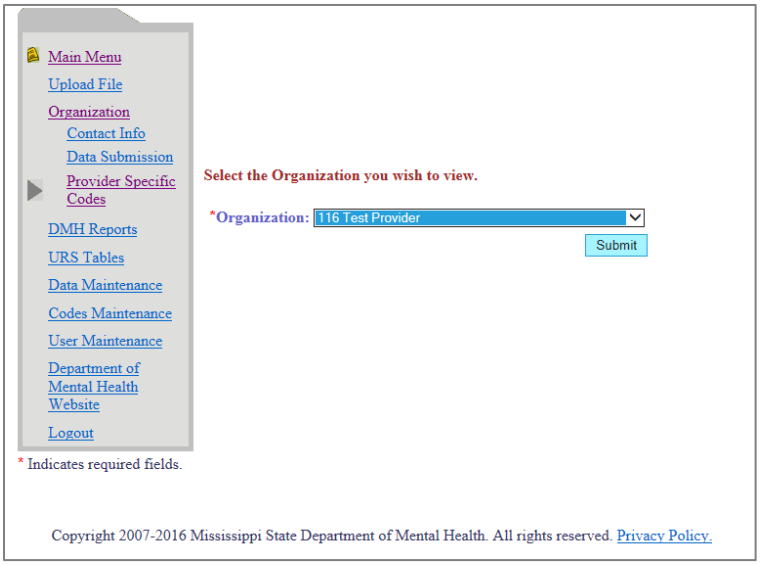


Figure 1: Main Menu/Provider Specific Codes

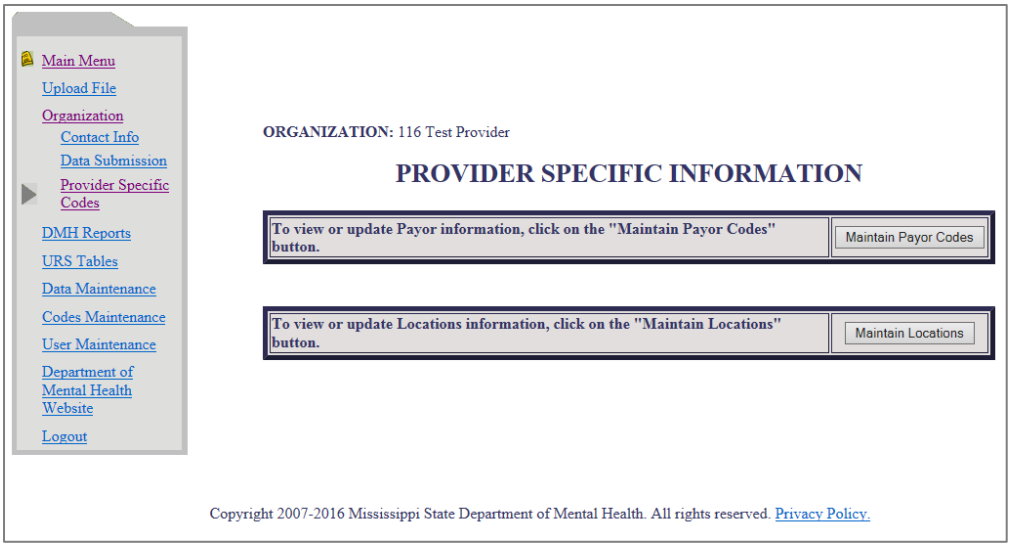


Figure 2: Provider Specific Information

Payor Codes

Payor codes are used to identify the client's payment for each service received. Payor codes are classified by three types: Medicaid, Non-Medicaid, and None. Medicaid classification represents any Medicaid funded program including but not limited to Waiver and CSP 1915i. Non-Medicaid classification represents non-Medicaid funded payments including but not limited to self-pay, insurance payments, public assistance, grant-funded programs, Medicare, or Work Comp. The classification of None represents clients that do not pay for services or organizations that absorb the cost of the service offered to the client.

Each provider must maintain payor codes. Payer Codes are added and maintained on the DMH website. Payor codes are three digit codes within an allowable range of 000 to 999. Codes should be unique and unduplicated within an organization. Payor codes are determined, assigned, and maintained by the organization and not DMH.

The link to maintain Payer codes is under the menu option, Organization Info/Provider Specific Codes (see figure 2).

Once the organization Payor screen has been accessed, a table will display the codes that exist for the provider. Payor codes can be added, edited, activated, or deactivated from this screen. Payor codes cannot be deleted.

The headings on the screen will indicate the user is working on the Maintain Payors page and the Provider Number (also referred to as the Organization Code) is displayed for convenience. Directions are displayed above a chart of existing codes.

The table headings include status (Active/Inactive), Payor Number, Description, Payor Type (Medicaid, Non-Medicaid, or None), and Payment Type. If a provider has not added codes, only the chart headings

with double-line borders will be displayed. Payor codes should be added prior to submitting client data and services data.

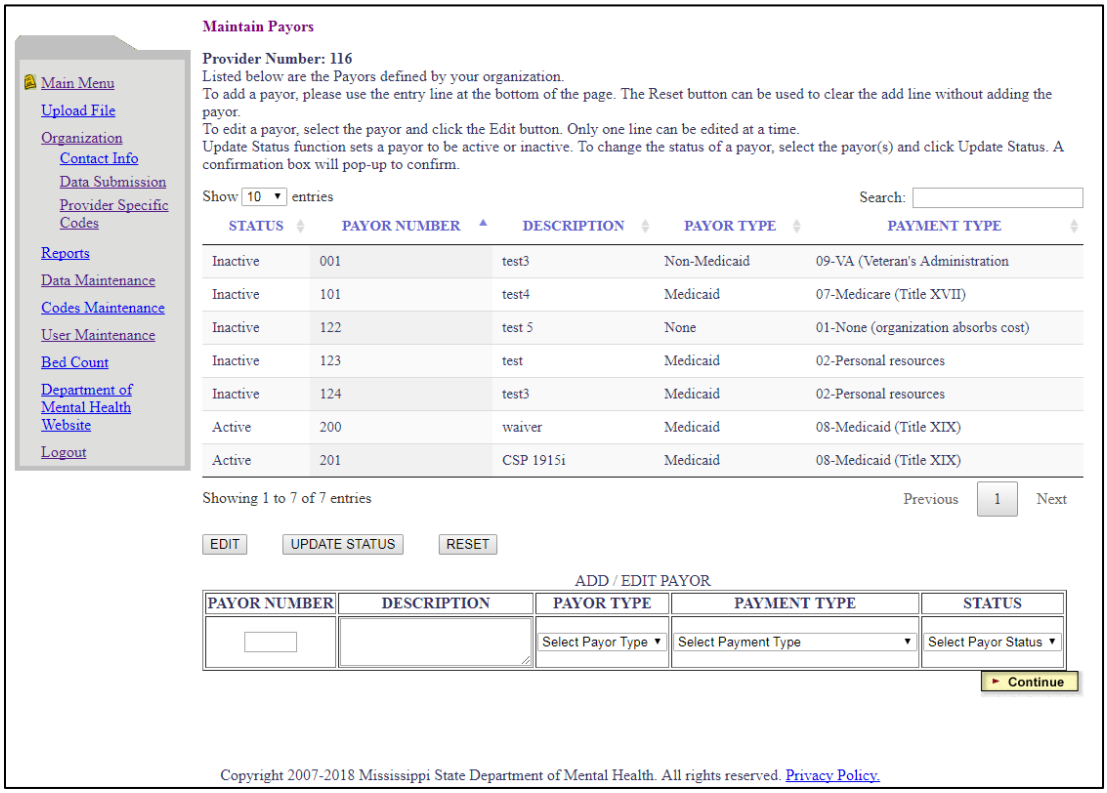


Figure 3 Maintain Payors Screen

To add a code, use the section with double border at the bottom of the page. All fields are required.

The status indicates if the code is currently being utilized by a provider. Payor codes cannot be deleted.

Payor Number must be a unique three-digit code and cannot include spaces, blanks, letters, or special characters. Payor Number is required.

Description is required and cannot be blank.

Payor Type is a field with a drop-down menu. This data element is required for federal reporting. Only three options are available.

Payment Type is a field with a drop-down menu. This data element is required for federal reporting. The field options are the same values as Core Client Data field 32, Payment.

To save the added codes, click Continue. If the addition is successful, a message will be displayed to indicate the code was saved.

To edit a code, select the payor to be changed and the record line will be highlighted. Select Edit and the information will appear in the double-border box at the bottom of the screen. The payor number (three-digit code) is a key field that cannot be altered once it has been saved. The details about the payor and the status can be changed. Edit the details as needed and click the Continue button. If the changes are successful, a message will be displayed to indicate the code was saved. If the payor details contain errors, the error messages will display in red at the top of the Maintain Payors screen.

To change the status of code(s), select the Payor(s) to highlight the record(s) then click the Update Status button below the table. A confirmation message will pop-up to confirm the selection. If the status change is successful, a message will be displayed to indicate the code has been removed.

Location Codes

Location codes are used to identify physical locations from which large multi-site organizations provide services. 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, these may be grouped under a single "Program location code" representing the administrative entity.

Each organization must add and maintain location codes on the CDR website (see figure 2). Locations should be represented by four-digit codes within an allowable range from 0001 to 9999. These codes should be unique to each organization. Location codes are assigned by each organization.

Once the organization has been selected, the headings on the screen will indicate the user is at the Maintain Locations screen along with the Provider Number (also referred to as the Organization Code). A chart of existing codes along with instructions will be displayed. If a provider has not added codes, only the chart headings with double-line borders will be displayed.

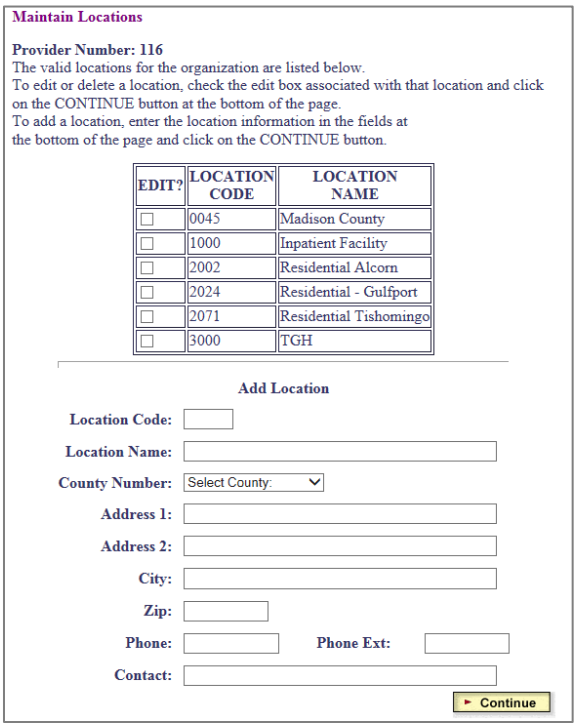


Figure 4: Location Code Maintenance

The current locations for the organization will be listed in a chart with a double-line border (see figure). To edit or delete a location, check the edit box to the left of that location. Then click Continue at the bottom right of the screen. To add a location, enter the location information in the fields. Then click the continue button at the bottom of the screen.

Data Submission

Data Submission is a menu option under Organization on the Main Menu. This summary is available to all providers and users. The initial screen displays the Organization/Provider identifier as well as a chart of last files sent. This chart applies to file upload providers only. The options below the chart apply to all users.

To view the list of clients specific to a provider (associated with your login credentials), select the "Download State IDs" button in the section immediately below the chart. This list may change with each file upload or data entry. Because data changes regularly, providers should review and maintain this list outside of the CDR.

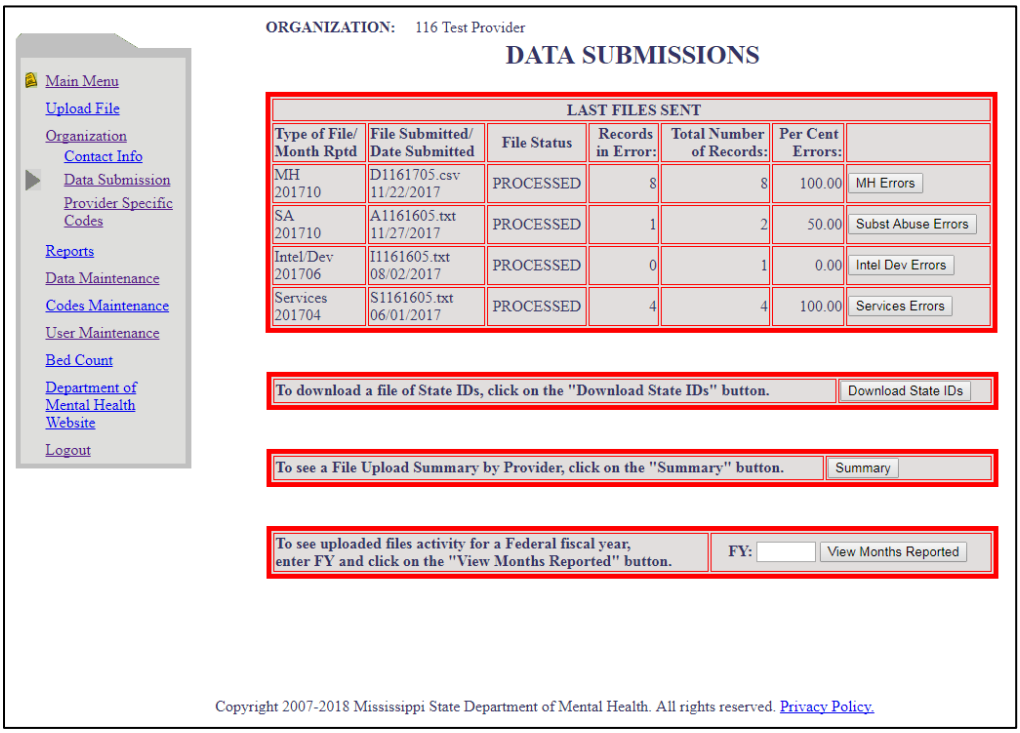


Figure 5: Data Submissions Screen

The list is a download and will usually open in text format. Depending on the user's browser setup, it may open in Excel or Notepad. If the list opens as a text file in Notepad or other text software (Wordpad, Word, etc) as a single line of characters, use the following guidance to move the data to Excel (or other spreadsheet software) for a more useful format. This guidance applies to lists opened in Notepad and moved to Excel. DMH does not provide technical assistance with software such as Notepad, Wordpad, Word, or Excel. Please contact your technology department for assistance with these types of software.

1. Select all text and copy.
2. Open Excel and select column A.
3. Format the column as Text (either in the drop down box on the home screen or by right-clicking to select Format in the menu list).
4. Paste the data from Notepad.
5. Highlight column A.
6. Go to Data tab and select Text to Columns menu option.
7. Select Delimited, then Next.
8. Place a check next to Comma and uncheck any other delimiters.
9. Click Next.
10. Click the word "General" over the 3rd column, select the radio button Text.
11. Select Finish.

This should result in four data columns – Organization Code/Provider Number, State ID, Client Org ID, and file download date.

Core client data set

Data elements of the Core Client Dataset

Field	Field Description	Field Name	Type	Width
1	Report date: date information was submitted	RPT_DATE	N	8
2	Record transaction type (add, change, delete)	RCD_TRAN	N	1
3	Organization code	ORG_CODE	N	3
4	Program location code	LOC_CODE	C	4
5	Unique client ID within organization	CLI_ORG_ID	C	9
6	Client status	CLI_STATUS	C	2
7	Admission date (most recent) to organization	ADM_DATE	N	8
8	Admission type(primary, collateral)	ADM_TYPE	N	1
9	Admission referral category	ADM_REFER	C	2
10	Admission referral organization code (DMH only)	ADM_REF_OR	N	3
11	Legal status of client at admission	LEG_STATUS	N	1
12	Client last name	LAST_NAME	C	15
13	Client first name	FIRST_NAME	C	15
14	Client maiden name (if applicable)	MAID_NAME	C	15
15	Social Security number (unique client identifier)	SS_NUMBER	N	9
16	Birth date	BIRTH_DATE	N	8
17	Age of client (calculated from birthdate)	AGE	N	3
18	Sex	SEX	C	1
19	Race	RACE	C	1

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

Field	Field Description	Field Name	Type	Width
41	Is client seriously emotionally disturbed child?	SEDC	C	1
42	Primary Diagnosis	DSM_1	C	6
43	Secondary Diagnosis	DSM_2	C	6
44	Diagnostic Code Set Identifier	DCS_ID	N	1
45	Inpatient service code (Type of Functional Assessment)	INPAT_SERV (FA_TYPE)	N (N)	3 (1)
46	Residential service code (Date of Functional Assessment)	RESID_SERV (FA_DATE)	N (N)	3 (8)
47	Partial day service code (Score of Functional Assessment)	PARTI_SERV (FA_SCORE)	N (N)	3 (3)
48	Outpatient service code (Timeline Event for Functional Assessment)	OUTPA_SERV (FA_EVENT)	N (N)	3 (2)
49	Case management service code (Date of Timeline Event)	CASEM_SERV (FA_EVENT_DATE)	N (N)	3 (8)
50	Discharge date	DIS_DATE	N	8
51	Discharge status	DIS_STATUS	N	1
52	Discharge referral category	DIS_REFER	C	2
53	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3
54	County of residence upon discharge	DIS_CNTY	C	2
55	Medicaid number	MCAID_NUMBER	N	9
56	State ID (Generated by CDR upon 1st 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

Core Client Data Dictionary

1 Report date: date information was submitted

Field name: RPT_DATE **Type:** N **Width:** 8

Comments: Required for file upload. This field is auto-generated when entering data on the CDR website. Field indicates date of data submission download from provider's software system. Information in this field should be automatically inserted by the program during download. Date must be in YYYYMMDD format.

Relational Edit: Report date and admission date are cross-checked. Report date must be the same date as the admission date or later.

2 Record transaction type

Field name: RCD_TRANS **Type:** N **Width:** 1

Codes:
1 = Add admission record
2 = Add transfer record
3 = Change record (correction)
4 = Change record (update)

Comments: Required for file upload. This field is auto-generated when entering data on the CDR website. Record transaction type indicates the record transaction which should occur at the central repository level.

For each admission event, a client should have only one record with (1) Add admission record. This record serves as the client's initial status upon admission. Any record uploads after the initial admission record should be an update, correction, or transfer.

DMH standards require posting of transfers when a program/service ends and begins another program/service within an organization. Transfer records must have a program exit date (field 61)

"Change Record" codes indicate either corrections or updates to previously submitted client records. A correction allows core client data that was erroneously submitted to be replaced with the correct client data. A correction will replace the most recently uploaded client record in the database. To correct an earlier record, users must the website and select the record entry that should be corrected. Admission/Discharge dates and State ID cannot be corrected by upload file or website. Date of birth can be corrected by file upload or website (Correct Client Info). An update adds a record to the database instead of replacing. Updates provide changes to the core client data such as life events (marital status, employment, residential arrangements, etc) as well as client status updates (discharge). At minimum, an update to an individual's record is required annually (once every 365 days). Some programs and services require more frequent updates.

Relational Edit: Client status (field 6) is checked to this field. If RCD_TRANS = 1, client status cannot be a discharge status (09, 10).

3 Organization code

Field name: ORG_CODE **Type:** N **Width:** 3

Codes:
101 = CMHC Region 1
102 = CMHC Region 2
103 = CMHC Region 3
104 = CMHC Region 4
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
301 = North Miss. Regional Center
302 = Hudspeth Regional Center
303 = Boswell Regional Center
304 = Ellisville State School
306 = Mississippi Adolescent Center
310 = South Miss. Regional Center
700-999 = Non-Profit/Private Providers

Comments: Required. Information in this field should be automatically inserted by the software during download for file upload providers. For web entry users, this value is pre-determined by your login credentials. It is advised that users review this field displayed at the top of the screens and verify the correct code is displayed. Notify DMH if the incorrect code is displayed and refrain from entering data until this issue has been resolved. 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 and non-profit providers are assigned organization codes in the 700-999 range.

4 Program location code

Field name: LOC_CODE **Type:** C **Width:** 4

Codes: Location Codes are assigned by each organization. Location codes are maintained on the CDR website, under menu option titled “Provider Specific Codes”.

Comments: Required. This field is used to identify physical locations from which large multi-site organizations provide services. **Each organization must add and maintain "Program location codes" on the CDR website (Provider Specific Codes>Maintain Locations). Location codes should be within an allowable range from 0001 to 9999 and codes should be unique**. 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. See Location Codes.

Relational edit: Location codes will be cross-checked to the approved location list.

5 Unique client ID within organization

Field name: CLI_ORG_ID **Type:** C **Width:** 9

Comments: Required. 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 characters 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.

Client Organization Identifier is not encrypted. This field should not include be information that is protected or could identify an individual such as Social Security Number or Medicaid Number.

6 Client status

Field name: CLI_STATUS **Type:** C **Width:** 2

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

Comments: Required.

Relational Edit: If client status indicates client is of discharge status (09, 10), then record transaction (RCD_TRANS, field 2) must be an update record (4) and discharge data fields are required (fields 50-54). If record transaction field is 1, then client status cannot be a discharge status (09, 10).

7 Admission date (most recent) to organization

Field name: ADM_DATE **Type:** N **Width:** 8

Comments: Required. Date of the most recent admission to the organization. Date must be in YYYYMMDD format. Admission date is a key field and cannot be changed (by update or correction) once it is accepted into the CDR.

8 Admission type (primary, collateral, unregistered)

Field name: ADM_TYPE **Type:** N **Width:** 1

Codes:
1 = Primary
2 = Collateral
3 = Unregistered

Comments: Required. Applicable primarily to CMHCs. “Primary” clients are clients that directly receive services for his/her problem. "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 (Ab)Use 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:** C **Width:** 2

Codes:
01 = DMH psychiatric hospital
02 = Other MS CMHC
03 = DMH IDD facility
04 = Private psychiatric hospital
05 = Other MH care provider
06 = Other IDD care provider
07 = Other SA 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: Required. If admission referral source is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) then "Admission referral organization code" (ADM_REF_OR) should be recorded.

Relational edit: Field is cross-checked to field 10, ADM_REF_OR, when ADM_REFER is 01, 02, 03.

10 Admission referral organization code

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

Codes:
101 = CMHC Region 1
102 = CMHC Region 2
103 = CMHC Region 3
104 = CMHC Region 4
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
301 = North Miss. Regional Center
302 = Hudspeth Regional Center
303 = Boswell Regional Center
304 = Ellisville State School
306 = Mississippi Adolescent Center
310 = South Miss. Regional Center
700-999 = Non-Profit/Private Providers

Comments: Required if "Admission referral category" (ADM_REFER) entry is 01, 02, or 03. This field should not match field 3, ORG_CODE. Private and non-profit providers are assigned organization codes in the 700-999 range. This list is not shown in the manual because it changes often. Users can access a complete list from various points in the CDR data entry screens.

Relational edit: This field can be blank when field 9, Admission Referral Category, is not 01, 02, or 03.

11 Legal status of client at admission

Field name: LEG_STATUS **Type:** N **Width:** 1

Codes:
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)

Comments: Required. Field indicates the client's legal status at time of admission.

12 Client last name

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

Comments: Required. CDR only collects up to 15 letters of the last name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission. This field is encrypted and not available for reporting purposes.

13 Client first name

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

Comments: Required. CDR only collects up to 15 letters of the first name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission. This field is encrypted and not available for reporting purposes.

14 Client maiden (or middle) name (if applicable)

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

Comments: Not Required. CDR only collects up to 15 letters of the maiden/middle name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission. This field is encrypted and not available for reporting purposes.

15 Social Security number

Field name: SS_NUMBER **Type:** N **Width:** 9

Comments: Cannot be blank. SSN is encrypted when submitted to the CDR. SSN is required to assign a State ID. Upon issue of client's State ID, SSN does not have to be submitted. If record is submitted with client's State ID, provider can submit record with 9 spaces instead of actual SSN. SSN cannot be changed. This field is not available for reporting purposes. If the SSN of an individual has changed in your system/records, please contact DMH prior to submitting data for the individual. Submitting a SSN that differs from the original will create a new State Identifier and will disassociate the previous reported data with this individual. Please utilize menu options such as Find Client and Download State IDs to review existing data in the system.

Relational edit: This field cannot be blank.

16 Birth date

Field name: BIRTH_DATE **Type:** N **Width:** 8

Comments: Required. Date must be in YYYYMMDD format. Date entered should not exceed current system date or result in an age that is a negative. Date must be after 18000101.

Relational edit: Birth date should be before or equal to admission date (field 7).

17 Age of client (calculated from birthdate)

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

Comments: Not Required. The client's "Birth date" (BIRTH_DATE) cannot be blank and age can be calculated from birth date.

18 Sex/Gender

Field name: SEX **Type:** C **Width:** 1

Codes:
F = Female
M = Male
U = Unknown

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

19 Race

Field name: RACE **Type:** C **Width:** 1

Codes:
A = Asian
B = Black/African American
I = Native American Indian
K = Alaskan native (Aleut, Eskimo, Indian)
M = More than one race or multiple race categories
O = Other
P = Native Hawaiian or other Pacific Islander

W = White/Caucasian
U = Unknown or Not Available

Comments: Field identifies the client's race according to The Office of Management and Budget (OMB) guidelines.

20 Hispanic origin

Field name: HISPANIC **Type:** C **Width:** 1

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

Comments: Required. 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:** C **Width:** 2

Codes:
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

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

22 Marital status

Field name: MARITAL **Type:** C **Width:** 1

Codes: S = Single (never married or marriage annulled)

M = Married
P = Separated
D = Divorced
W = Widowed
U = Unknown

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

23 County of residence prior to admission

Field name: ADM_CNTY **Type:** C **Width:** 2

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

Comments: Required.

24 Living arrangement

Field name: LIVING_ARR **Type:** N **Width:** 1

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

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

25 Residential living arrangement

Field name: RESID_ARR **Type:** C **Width:** 2

Codes:
01 = Private residence (house, mobile home)
02 = Other independent (rooming house, dorm)
03 = Homeless/Shelter
04 = Institution (psychiatric hospital, IDD 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

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

Relational edit: Clients with residential arrangement = 06, Correctional Facility, must have employment (field 26) = 11 (Correctional Inmate) and living arrangement (field 24) = 03 (Lives with non-relatives). **Clients receiving services at state hospitals are required to use '04'.**

26 Employment status

Field name: EMPLOYMENT **Type:** C **Width:** 2

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 or Person under 17
09 = Retired
10 = Disabled
11 = Correctional inmate
97 = Other
98 = Unknown

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

Relational edit: Clients with employment = 11, Correctional Inmate, must have residential arrangement (field 25) = 06 (Correctional Facility) and living arrangement (field 24) = 03 (Lives with non-relatives).

27 Primary source of household income

Field name: INCOME_SRC **Type:** N **Width:** 1

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

Comments: Required. This field should be updated regularly to assist in assessing outcome measures.

28 Household annual income amount

Field name: INCOME_HOU **Type:** N **Width:** 6

Codes: (Numeric value between 0 and 999999)

Comments: Required. This field captures the client's household annual income. Some program data subsets (e.g., alcohol and drug treatment) mandate an additional data field recording the client's individual income. This field should be updated regularly to assist in assessing outcome measures.

29 No. of persons in household dependent on income

Field name: INCOME_DEP **Type:** N **Width:** 2

Codes: (Numeric value between 1 and 99)

Comments: Indicate the number of persons in the household who are dependent upon the "Household annual income amount". Value should be greater than zero.

30 Eligibility for Supplemental Security Income (SSI)/Social Security Disability Income(SSDI)

Field name: ELIG_SSI **Type:** N **Width:** 1

Codes:
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

Comments: Required. Indicate the client's eligibility status for Supplemental Security Income (SSI)/Social Security Disability Income(SSDI)

31 Eligible for Medicaid

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

Codes:
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

Comments: Required. Indicate the client's eligibility status for Medicaid

32 Expected principal source of payment

Field name: PAYMENT **Type:** C **Width:** 2

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

Comments: Required. Indicate the client's principal source of financial support

33 Veterans status

Field name: VET_STATUS **Type:** C **Width:** 1

Codes:
Y = Yes
N = No
U = Unknown

Comments: Required. Indicate whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, etc.)

34 Physical impairment (1 of 2)

Field name: HANDICAP_1 **Type:** C **Width:** 2

Codes:
01 = Deafness and blindness
02 = Deafness/severe hearing loss
03 = Blind/severe vision loss
04 = Non-ambulatory
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: Required. 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.

Relational edit: Handicap_1 cannot be the same as Handicap_2, unless Handicap_1 is 99, not applicable.

35 Physical impairment (2 of 2)

Field name: HANDICAP_2 **Type:** C **Width:** 2

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

Comments: **Required.** If client does not have a secondary physical impairment, use 99, not applicable.

Relational edit: Handicap_2 cannot be the same as Handicap_1, unless Handicap_1 is 99, not applicable.

36 Presenting problem (1 of 2)

Field name: PROBLEM_1 **Type:** C **Width:** 2

Codes:
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
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: Required. 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).

Relational edit: Clients receiving Substance (Ab)Use treatment must have at least one presenting problem to indicate Substance (Ab)Use.

37 Presenting problem (2 of 2)

Field name: PROBLEM_2 **Type:** C **Width:** 2

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

Comments: Required. 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).

Relational edit: Clients receiving Substance (Ab)Use treatment must have at least one presenting problem to indicate Substance (Ab)Use. Problem_2 cannot be the same as Problem_1.

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

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

Codes:
1 = Mental health (MH)
2 = Intellectual developmental disability (IDD)
3 = Substance (Ab)Use (SA)
4 = MH/IDD (Dual diagnosis)
5 = MH/SA (Dual diagnosis)
6 = IDD/SA (Dual diagnosis)
7 = MH/IDD/SA (Dual diagnosis)
8 = Unknown (Dual diagnosis)

Comments: Required. 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.

Relational edit: Codes 4-8 must indicate a primary disability category will be specified in field 39, DISAB_DUAL. Field is cross-checked to fields 36-37, Presenting Problem. If value of treatment category indicates Substance (Ab)Use, presenting problem must reflect Substance (Ab)Use.
Field is cross-checked to fields 42-43. If value of treatment category indicates Substance (Ab)Use, at least one diagnosis must reflect Substance (Ab)Use.

39 Primary treatment category (if dual)

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

Codes:
1 = Mental health
2 = Intellectual and Developmental Disabilities
3 = Substance (Ab)Use

Comments: Required if field 38, treatment category, is between 4 and 8. This field indicates the treatment category that is considered the primary focus of treatment in cases where a client is indicated as dually diagnosed.

Relational edit: This field is required if field 38, DISAB_CATE, is coded as 4-8.

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

Field name: SPMI **Type:** C **Width:** 1

Codes: Y = Yes
N = No
U = Unknown

Comments: Reference DMH Operational Standards for the guidelines on definition of serious/persistent mental illness. DMH Operational Standards can be viewed on the DMH website, http://www.dmh.state.ms.us/, under the menu option, PROVIDERS.

41 Is client seriously emotionally disturbed child?

Field name: SEDC **Type:** C **Width:** 1

Codes: Y = Yes
N = No
U = Unknown

Comments: Reference DMH Operational Standards for the guidelines on definition of childhood serious emotional disturbance. DMH Operational Standards can be viewed on the DMH website, http://www.dmh.state.ms.us/, under the menu option, PROVIDERS.

42 Primary Diagnosis

Field name: Diagnosis_1 **Type:** C **Width:** 8

Codes: (Refer to APA DSM-5 classification manual.)

Comments: Required. This field should be updated regularly to assist in assessing outcome measures. Client must have a primary diagnosis. Field value is dependent on value of field 44, DCS_ID.

Relational edit: Field cannot be blank. Primary diagnosis cannot be the same value as Secondary diagnosis (DSM_2), field 43. Value should match the codes in the APA DSM-5 manual. Codes should not be padded with spaces or zeroes.

43 Secondary Diagnosis

Field name: Diagnosis_2 **Type:** C **Width:** 8

Codes: (Refer to APA DSM-5 classification manual).
If no secondary diagnosis, use 999.97, 'No Secondary Diagnosis'.

Comments: Required. This field should be updated regularly to assist in assessing outcome measures. Field value is dependent on value of field 44, DCS_ID. Dually diagnosed clients should have a Primary Diagnosis and a Secondary Diagnosis.

Relational edit: Field cannot be blank. Secondary diagnosis cannot be the same value as field 42, DSM_1, Primary diagnosis. Value should match the codes in the APA DSM-5 manual. Codes should not be padded with spaces or zeroes.

44 Diagnostic Code Set Identifier

Field name: DCS_ID **Type:** N **Width:** 1

Codes: 5 = DSM-5/ICD-9
6 = DSM-5/ICD-10

Comments: Required. Diagnostic Code Set Identifier will indicate the code set used to report the client's diagnosis.

45 Type of Functional Assessment

Field name: FA_TYPE **Type:** N **Width:** 1

Codes: 1 = DLA-20
2 = DLA-20:A/D
3 = CAFAS
9 - Incomplete/No Assessment

Comments: **Required**. This field indicates the type of functional assessment completed with the individual. Please refer to 2016 Operational Standards Rule 16.9 and Provider Bulletin Number PR0071

Relational edit: Field cannot be blank. Field is dependent on BIRTH_DATE, field 16, and DISAB_CATE, field 38.

46 Date of Functional Assessment

Field name: FA_DATE **Type:** N **Width:** 8

Comments: **Required**. This field documents the date the functional assessment was completed. The field is dependent on ADM_DATE, field 7. If the functional assessment has not been completed or does not apply to the client (or provider), please use the value, 01010006, to represent Incomplete/No Assessment. Please refer to 2016 Operational Standards Rule 16.9 and Provider Bulletin Number PR0071.

Relational edit: The date completed must be equal to or after admission date and cannot be a future date. An Incomplete/No Assessment value is dependent on Type of Functional Assessment. Functional Assessment Date can only be reported as Incomplete/No Assessment when the Type of

Functional Assessment is reported as Incomplete/No Assessment. Acceptable values are dates in the format of YYYYMMDD.

47 (Functional Assessment Score

Field name: FA_SCORE **Type:** N **Width:** 3

Comments: **Required.** This field indicates the functional assessment score. DLA20 and DLA20:A/D scores range from 1.0 to 7.0 and must be an numeric with a decimal up to tenths place. CAFAS scores range from 0 to 240 and should be reported as an integer/whole number (no decimal). Please refer to 2016 Operational Standards Rule 16.9 and Provider Bulletin Number PR0071.

Relational edit: Field is dependent on FA_TYPE, field 45, as well as BIRTH_DATE, field 16, and DISAB_CATE, field 38. If the functional assessment has not been completed or does not apply to the client (or provider), please use the value, 999, to represent Incomplete/No Assessment. Functional Assessment Score can only be reported as Incomplete/No Assessment when the Type of Functional Assessment is reported as Incomplete/No Assessment.

48 Timeline Event Requiring Functional Assessment

Field name: FA_EVENT **Type:** N **Width:** 2

This field indicates the indicates the reason the functional assessment was completed. These events are determined by the Operational Standards and Provider Bulletin PR0071. Accepted values are as follows:

Codes:
01 = Initial Assessment
02 = Ninety (90) day assessment
03 = Six (6) month assessment
04 = Twelve (12) month assessment
05 = End of Service/Discharge from Primary Residential Treatment
06 = End of Service/Discharge from Transitional Residential Services
07 = End of Service/Discharge from Intensive Outpatient Program
08 = End of Service/Discharge from Partial Hospitalization Program
09 = End of Service/Discharge from Recovery Support Service
10 = End of Service/Discharge from Outpatient Service
99 - Incomplete/No Assessment

Comments: **Required.** This field indicates the indicates the reason the functional assessment was completed. Please refer to 2016 Operational Standards Rule 16.9 and Provider Bulletin Number PR0071.

Relational edit: Field is dependent on BIRTH_DATE, field 16, and DISAB_CATE, field 38, and ADM_DATE, field 7. If the functional assessment has not been completed or does not apply to the client (or provider), please use the value, 99, to represent Incomplete/No Assessment. A value of 99, Incomplete/No Assessment, can only be reported when the Type of Functional Assessment is reported as 9, Incomplete/No Assessment.

49 Date of Timeline Event

Field name: FA_EVENT_DATE **Type:** N **Width:** 3(8)

Comments: R**equired.** This field documents the date of an event that necessitates a functional assessment. Because this event triggers the start of a Functional Assessment and an Assessment can take up to 7 business days to complete, this date will not likely be the same as field 46, FA_DATE. Please refer to 2016 Operational Standards Rule 16.9 and Provider Bulletin Number PR0071.

Relational edit: The field is dependent on ADM_DATE, field 7. The date completed must be equal to or after admission date and cannot be a future date. If the functional assessment has not been completed or does not apply to the client (or provider), please use the value, 01010006, to represent Incomplete/No Assessment. An Incomplete/No Assessment is dependent on Type of Functional Assessment. Functional Assessment Date can only be reported as Incomplete/No Assessment when the Type of Functional Assessment is reported as Incomplete/No Assessment. Acceptable values are dates in the format of YYYYMMDD.

50 Discharge date

Field name: DIS_DATE **Type:** N **Width:** 8

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 transferring from one program to another within the organization.

Relational Edit: Entering a discharge date requires client status (field 6) to be a discharge status (09, 10). Also, discharge data is required in fields 51-54. For SA clients, entering a discharge date will also require discharge data in fields 99-120.

51 Discharge status

Field name: DIS_STATUS **Type:** N **Width:** 1

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

Comments: Discharge status indicates the reason the client was formally discharged from the organization. Do NOT use this field if the client is transferring from one program to another within the organization. Field is required if field 50, Discharge Date, is provided.

Relational Edit: Field is cross-checked to field 50, Discharge Date.

52 Discharge referral category

Field name: DIS_REFER **Type:** C **Width:** 2

Codes:
01 = DMH psychiatric hospital
02 = Other MS CMHC
03 = DMH IDD facility
04 = Private psychiatric hospital
05 = Other MH care provider
06 = Other IDD care provider
07 = Other SA 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: This field indicates the type of provider the clients is being referred to at the time of discharge. It should not reflect the type of provider that is discharging the client. 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. Field is required if field 50, Discharge Date, is provided.

Relational Edit: Field is cross-checked to field 50, Discharge Date.

53 Discharge referral organization code

Field name: DIS_REF_OR **Type:** N **Width:** 3

Codes:
101 = CMHC Region 1
102 = CMHC Region 2
103 = CMHC Region 3
104 = CMHC Region 4

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
301 = North Miss. Regional Center
302 = Hudspeth Regional Center
303 = Boswell Regional Center
304 = Ellisville State School
306 = Mississippi Adolescent Center
310 = South Miss. Regional Center
700-999 = Non-Profit/Private Providers

Comments: This field indicates the provider the client is being referred to upon discharge. It should not match field 3, organization code. Required if "Discharge referral category" (DIS_REFER) entry is 01, 02, or 03. Private and non-profit providers are assigned organization codes in the 700-999 range. This list is not shown in the manual because it changes often. Users can access a complete list from various points in the CDR data entry screens.

Relational edit: This field can be blank when field 52, Discharge Referral is not 01, 02, or 03.

54 County of residence upon discharge

Field name: DIS_CNTY **Type:** C **Width:** 2

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

Comments: Field is required if field 50, Discharge Date, is provided.

Relational Edit: Field is cross-checked to field 50, Discharge Date.

55 Medicaid number

Field name: MCAID_NUMBER **Type:** N **Width:** 9

Comments: Not Required. This field can be blank. Non-blank data submitted for this field is encrypted when submitted to the CDR. This field is not available for reporting purposes.

56 State ID

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

Comments: This number is assigned by Centralized Database Repository. It is returned to the provider for use as the unique identifier. It can be used for identifying the client in subsequent submissions of core client data rather than using the social security number. Field can be blank if SSN (field 15) is complete. **Providers should maintain record of the State ID for each client.** Users can download a list of State IDs assigned to the clients within their organization from the CDR website by using the menu option Data Submission>Download State IDs. The organization-specific list includes any client that has been submitted to the CDR. Users cannot obtain a list of State IDs from another provider through the CDR.

57 Is client receiving integrated treatment?

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

Codes: Y = Yes
N = No

Comments: Required. This field indicates whether the client is receiving services for co-occurring disorder (mental health/Substance (Ab)Use). Client is affected by both a diagnosed mental illness and Substance (Ab)Use disorder.

58 Is client receiving Assertive Community Treatment (ACT/PACT)?

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

Codes: Y = Yes
N = No

Comments: Required. This field indicates whether the client is receiving services through a program of Assertive Community Treatment (PACT). Refer to service code 421, Assertive Community Treatment, for additional description.

59 Program code

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

Codes: 1000 = Inpatient Program (includes Service Codes 100-199)
2000 = Residential Program (includes Service Codes 200-299)
3000 = Partial Day Program (includes Service Codes 300-399)
4000 = Outpatient Program (includes Service Codes 400-499)
5000 = Case Management Program (includes Service Codes 500-599)
8888 = Miscellaneous Program (includes Service Codes 600-999)

Comments: Required. Field identifies the 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. Refer to List of Service Codes by Program for details about Programs. The four-digit program number is listed in parenthesis alongside each heading. Program data can be viewed on the CDR website under Track Participation by selecting 'Program' as the Type of Participation.

60 Entry date (most current) into program

Field name: ENT_DATE **Type:** N **Width:** 8

Comments: Required. Captures entry date to a specific program area. Entry date is compared to "Admission date to organization" (ADM_DATE, field 7) which captures date of admission to parent organization. Field should be in the format YYYYMMDD.

Relational edit: ENT_DATE is cross-checked to ADM_DATE (field 7). ENT_DATE must be equal to ADM_DATE or later than ADM_DATE. ENT_DATE must be prior to discharge date, DIS_DATE, field 50.
Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.

61 Exit date from program

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

Comments: Captures exit date from a specific program area. Field is compared with "Entry Date" (ENT_DATE) which captures date of entry into program. Field should be in the format YYYYMMDD.

Relational edit: EXT_DATE is cross-checked to ADM_DATE (field 7) and DIS_DATE (field 50). EXT_DATE must be equal to ADM_DATE or later than ADM_DATE. EXT_DATE must be equal to DIS_DATE or before DIS_DATE.
Program exit dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.

Substance (Ab)Use client data subset

Data Elements of the Substance (Ab)Use Data Subset

Field	Field Description	Field Name	Type	Width
1	Report date: date information was submitted	RPT_DATE	N	8
2	Record transaction type (add, change, delete)	RCD_TRAN	N	1
3	Organization code	ORG_CODE	N	3
4	Program location code	LOC_CODE	C	4
5	Unique client ID within organization	CLI_ORG_ID	C	9
6	Client status	CLI_STATUS	C	2
7	Admission date (most recent) to organization	ADM_DATE	N	8
8	Admission type(primary, collateral)	ADM_TYPE	N	1
9	Admission referral category	ADM_REFER	C	2
10	Admission referral organization code (DMH only)	ADM_REF_OR	N	3
11	Legal status of client at admission	LEG_STATUS	N	1
12	Client last name	LAST_NAME	C	15
13	Client first name	FIRST_NAME	C	15
14	Client maiden name (if applicable)	MAID_NAME	C	15
15	Social Security number (unique client identifier)	SS_NUMBER	N	9
16	Birth date	BIRTH_DATE	N	8
17	Age of client (calculated from birthdate)	AGE	N	3
18	Sex	SEX	C	1
19	Race	RACE	C	1

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

Field	Field Description	Field Name	Type	Width
41	Is client seriously emotionally disturbed child?	SEDC	C	1
42	Primary Diagnosis	DSM_1	C	6
43	Secondary Diagnosis	DSM_2	C	6
44	Diagnostic Code Set Identifier	DCS_ID	N	1
45	Inpatient service code (Type of Functional Assessment)	INPAT_SERV (FA_TYPE)	N (N)	3 (1)
46	Residential service code (Date of Functional Assessment)	RESID_SERV (FA_DATE)	N (N)	3 (8)
47	Partial day service code (Score of Functional Assessment)	PARTI_SERV (FA_SCORE)	N (N)	3 (3)
48	Outpatient service code (Timeline Event for Functional Assessment)	OUTPA_SERV (FA_EVENT)	N (N)	3 (1)
49	Case management service code (Date of Timeline Event)	CASEM_SERV (FA_EVENT_DATE)	N (N)	3 (8)
50	Discharge date	DIS_DATE	N	8
51	Discharge status	DIS_STATUS	N	1
52	Discharge referral category	DIS_REFER	C	2
53	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3
54	County of residence upon discharge	DIS_CNTY	C	2
55	Medicaid number	MCAID_NUMBER	N	9
56	State ID (Generated by CDR upon 1st 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

Field	Field Description	Field Name	Type	Width
62	Entry date (most current) into program	SA_ENT_DATE	N	8
63	Days client waited to begin treatment	DAYS_WAIT	N	3
64	Number of prior treatment episodes	NUM_PRIOR	N	1
65	Prior treatment in facility in last year	PRIOR_TX	C	1
66	State of residence	STATE	C	2
67	Client monthly income amount	INCOME_PER	N	5
68	Health insurance (1 of 2)	INSURAN_1	N	2
69	Health insurance (2 of 2)	INSURAN_2	N	2
70	Is client pregnant at time of admission (Y/N)?	PREGNANT	C	1
71	Psychiatric problem in addition to SA(Y/N)?	PSYCHIAT	C	1
72	Number of arrests in last 30 days	ARRESTS	N	2
73	Type of arrests (1 of 3)	TYPE_ARR_1	N	2
74	Type of arrests (2 of 3)	TYPE_ARR_2	N	2
75	Type of arrests (3 of 3)	TYPE_ARR_3	N	2
76	DUI offender	DUI	N	1
77	Criminal justice referral	JUS_REFER	N	2
78	Use of Methadone as part of treatment (Y/N)?	METHADONE	C	1
79	Substance problem code (1 of 3)	SUB_CODE_1	N	2
80	Substance problem code (2 of 3)	SUB_CODE_2	N	2
81	Substance problem code (3 of 3)	SUB_CODE_3	N	2
82	Detailed drug code (1 of 3)	DETAIL_1	N	4

Field	Field Description	Field Name	Type	Width
83	Detailed drug code (2 of 3)	DETAIL_2	N	4
84	Detailed drug code (3 of 3)	DETAIL_3	N	4
85	Usual route of administration (1 of 3)	RT_ADMIN_1	N	2
86	Usual route of administration (2 of 3)	RT_ADMIN_2	N	2
87	Usual route of administration (3 of 3)	RT_ADMIN_3	N	2
88	Frequency of use (1 of 3)	FREQ_USE_1	N	2
89	Frequency of use (2 of 3)	FREQ_USE_2	N	2
90	Frequency of use (3 of 3)	FREQ_USE_3	N	2
91	Age of first use of substance (1 of 3)	FRST_USE_1	N	2
92	Age of first use of substance (2 of 3)	FRST_USE_2	N	2
93	Age of first use of substance (3 of 3)	FRST_USE_3	N	2
94	Services associated with after care (1 of 3)	AFT_CARE_1	N	2
95	Services associated with after care (2 of 3)	AFT_CARE_2	N	2
96	Services associated with after care (3 of 3)	AFT_CARE_3	N	2
97	Vocational rehabilitation status	VOC_REHAB	N	1
98	Program exit date	SA_EXT_DATE	N	8
99	Discharge date from Substance (Ab)Use treatment	SA_DIS_DATE	N	8
100	County of residence upon discharge	SA_DIS_CNTY	N	2
101	Discharge status	SA_DIS_STATUS	N	1
102	Discharge referral category	SA_DIS_REFER	N	2
103	Discharge referral org. code (DMH only)	SA_DIS_REF_OR	N	3

Field	Field Description	Field Name	Type	Width
104	Has client drug involvement improved (Y/N)?	DRUG_IMPRO	C	1
105	Has client dysfunctional level improved (Y/N)?	DYSF_IMPRO	C	1
106	Has client dependency level improved (Y/N)?	DEPE_IMPRO	C	1
107	Program exit Substance (Ab)Use problem code 1	EXT_SUB_1	N	2
108	Program exit Substance (Ab)Use problem code 2	EXT_SUB_2	N	2
109	Program exit Substance (Ab)Use problem code 3	EXT_SUB_3	N	2
110	Program exit frequency of use (1 of 3)	EXT_FREQ_1	N	1
111	Program exit frequency of use (2 of 3)	EXT_FREQ_2	N	1
112	Program exit frequency of use (3 of 3)	EXT_FREQ_3	N	1
113	Living arrangement at discharge	DIS_LIVING	N	1
114	Type of residence at discharge	DIS_RESID	N	2
115	Education at discharge	DIS_EDUC	N	2
116	Employment at discharge	DIS_EMPLOY	N	2
117	No. of arrests in the last 30 days at discharge	DIS_ARRESTS	N	2
118	Type of arrests I at discharge (1 of 3)	DIS_TYPARR1	N	2
119	Type of arrests II at discharge (2 of 3)	DIS_TYPARR2	N	2
120	Type of arrests III at discharge (3 of 3)	DIS_TYPARR3	N	2
121	Entry date (most current) into program	ENTSA_DATE	N	8

Substance (Ab)Use Data Subset Data Dictionary

Definitions for fields 1-61 are located in the Core Client Data Dictionary

62 Entry date (most current) into SA program

Field name: SA_ENT_DATE **Type:** N **Width:** 8

Comments: Required. Captures entry date to a Substance (Ab)Use program. SA program entry date is compared with "Admission date to organization" (ADM_DATE), field 7, which captures date of admission to parent organization. Field should be in the format YYYYMMDD.

Relational edit: ENT_DATE is cross-checked to ADM_DATE (field 7). ENT_DATE must be equal to ADM_DATE or later than ADM_DATE. ENT_DATE must be prior to discharge date, DIS_DATE, field 50. Substance (Ab)Use program entry date should be equal to field 60, ENT_DATE.
Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.

63 Days client waited to begin treatment

Field name: DAYS_WAIT **Type:** N **Width:** 3

Codes: 000-996 = Days Waiting
998 = Unknown

Comments: Required. Field 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

Codes: 0 = None
1 = 1 previous episode
2 = 2 previous episodes
3 = 3 previous episodes
4 = 4 previous episodes
5 = 5 or more previous episodes
8 = Unknown

Comments: Required. Field 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

Codes:
Y = Yes
N = No
U = Unknown

Comments: Required. Field indicates if the client received treatment in facility in the past year.

66 State of residence

Field name: STATE **Type:** C **Width:** 2

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

Comments: Required. Field indicates the client's State of residence. This field should be updated regularly.

67 Client monthly income amount

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

Codes: (Numeric value between 0 and 99999)

Comments: Required. This field captures the client's average monthly income. This field differs from field 28, "Household annual income amount". Field 28, INCOME_HOU, captures the annual income for the household of which the client is a member. This field should be updated regularly.

68 Health insurance (1 of 2)

Field name: INSURAN_1 **Type:** C **Width:** 2

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: REQUIRED. This field provides 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

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

Comments: REQUIRED. This field provides information on specific client health insurance as separate from expected source of payment.

Relational edit: INSURAN_2 cannot be the same as INSURAN_1, unless Insurance is None (99).

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

Field name: PREGNANT **Type:** C **Width:** 1

Codes:
Y = Yes
N = No
U = Unknown

Relational Edit: Field is cross-checked to Sex/Gender, field 18. Pregnant cannot be Y when field 18, Sex/Gender, is Unknown or Male.

71 MH/Psychiatric problems in addition to Substance (Ab)Use (Y/N)?

Field name: PSYCHIAT **Type:** C **Width:** 1

Codes:
Y = Yes
N = No
U = Unknown

Comments: REQUIRED. This field indicates whether the client has co-occuring Substance (Ab)Use and mental health problems.

72 Number of arrests in last 30 days

Field name: ARRESTS **Type:** N **Width:** 2

Codes:
00 = None
01-96 = Number of Arrest
98 = Unknown

Comments: Required. This field indicates the number of arrests the client has received in the 30 days prior to beginning of treatment.

73 Type of arrests (1 of 3)

Field name: TYP_ARR_1 **Type:** N **Width:** 2

Codes:
01 = None
02 = Public drunkenness
03 = DUI
04 = Drug violation

05 = Other SA offense
06 = Other - SA related
07 = Other - not SA related
98 = Unknown

Comments: Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

Relational edit: Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

74 Type of arrests (2 of 3)

Field Name: TYP_ARR_2 **Type:** N **Width:** 2

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

Comments: Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

Relational Edit: TYP_ARR_2 cannot be the same as TYP_ARR_1 or TYP_ARR_3, unless None (01). Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

75 Type of arrests (3 of 3)

Field name: TYP_ARR_3 **Type:** N **Width:** 2

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

Comments: Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

Relational Edit: TYP_ARR_3 cannot be the same as TYP_ARR_1 or TYP_ARR_2, unless None (01). Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

76 DUI offender

Field name: DUI **Type:** N **Width:** 1

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:** C **Width:** 2

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

Comments: Required. This field provides information about clients that have an involuntary legal status, field 11, LEG_STATUS.

Relational Edit: If JUS_REFER = "07" (DUI/DWI), the field 76, DUI, cannot be Not Applicable (9).

78 Use of Opioid Replacement Therapy as part of treatment?

Field name: METHADONE **Type:** C **Width:** 1

Codes:
Y = Yes
N = No
U = Unknown

Comments: Required. This field indicates whether the use of opioid medications such as methadone or buprenorphine is part of the client's treatment plan.

79 Substance problem code (1 of 3)

Field name: SUB_CODE_1 **Type:** C **Width:** 2

Codes:
02 = Alcohol
03 = Cocaine/crack
04 = Marijuana/Hashish
05 = Heroin
06 = Non-prescription methadone
07 = Other opiates and synthetics
08 = PCP (Phencyclidine)
09 = Hallucinogens
10 = Methamphetamine/Speed
11 = Other amphetamines
12 = Other stimulants
13 = Benzodiazepines

14 = Other tranquilizers
15 = Barbiturates
16 = Other sedatives or hypnotics
17 = Inhalants
18 = Over-the-counter medications
20 = Other Drugs
98 = Unknown

Comments: Required.

Relational edit: SUB_CODE_1 is cross-checked to DETAIL_1. SUB_CODE_1 must match the first two digits of DETAIL_1.

80 Substance problem code (2 of 3)

Field name: SUB_CODE_2 **Type:** C **Width:** 2

Codes: (See "Substance problem code [1 of 3]")
If client does not have a secondary substance problem, use '01', None/Not applicable.

Comments: Required.

Relational edit: SUB_CODE_2 is cross-checked to DETAIL_2. SUB_CODE_2 must match the first two digits of DETAIL_2. If SUB_CODE_2 is 01 (None), then the following fields should be Not Applicable:
RT_ADMIN_2 (field 86)
FREQ_USE_2 (field 89)
FRST_USE_2 (field 92)
DETAIL_2 (field 83)

81 Substance problem code (3 of 3)

Field name: SUB_CODE_3 **Type:** C **Width:** 2

Codes: (See "Substance problem code [1 of 3]")
If client does not have a tertiary substance problem, use '01', None/Not applicable.

Comments: Required.

Relational edit: SUB_CODE_3 is cross-checked to DETAIL_3. SUB_CODE_3 must match the first two digits of DETAIL_3. If SUB_CODE_3 is 01 (None), then the following fields should be Not Applicable:
RT_ADMIN_3 (field 87)
FREQ_USE_3 (field 90)
FRST_USE_3 (field 93)
DETAIL_3 (field 84)

82 Detailed drug code (1 of 3)

Field name: DETAIL_1 **Type:** C **Width:** 4

Codes:
0201 = Alcohol
0301 = Crack
0302 = Other cocaine
0401 = Marijuana/hashish, THC, and any other cannabis sativa preparation
0501 = Heroin
0601 = Non-prescription Methadone
0701 = Codeine
0702 = Propoxyphene (Darvon)
0703 = Oxycodone (Oxycontin)
0704 = Meperidine (Demerol)
0705 = Hydromorphone (Dilaudid)
0706 = Butorphanol (Stadol), morphine (MS Contin), opium, other narcotic analgesics, opiates, or synthetics
0707 = Pentazocine (Talwin)
0708 = Hydrocodone (Vicodin)
0709 = Tramadol (Ultram)
0710 = Buprenorphine (Subutex, Suboxone)
0801 = PCP
0901 = LSD
0902 = DMH, mescaline, peyote, psilocybin, STD, and other hallucinogens
1001 = Methamphetamine/speed
1101 = Amphetamine
1103 = Methylenedioxymethamphetamine (MDMA, Ecstasy)
1109 = ”Bath Salts”, phenmetrazine, and other amines and related drugs
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 = Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
1309 = Flunitrazepam (Rohypnol)
1310 = Clonazepam (Klonopin, Rivotril)
1401 = Meprobamate (Miltown)
1403 = Other non-benzodiazepine tranquilizers
1501 = Phenobarbital
1502 = Secobarbital/Amobarbital (Tuinal)
1503 = Secobarbital (Seconal)
1509 = Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives

1601 = Ethclorvynol (Placidyl)
1602 = Glutethimide (Doriden)
1603 = Methaqualone (Quaalude)
1604 = Chloral hydrate and other non-barbiturate sedatives/hypnotics
1701 = Aerosols
1702 = Nitrites
1703 = Gasoline, glue, and other inappropriately inhaled products
1704 = Solvents (paint thinner and other solvents)
1705 = Anesthetics (chloroform, ether, nitrous oxide, and other anesthtics
1801 = Diphenhydramine
1809 = Other antihistamines, aspirin, Destromethorphan (DSM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
2001 = Diphenylhydantoin/Phenytoin (Dilantin)
2002 = Synethic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs
2003 = GHB/GBL (Gamma-hydroxybutyrate, gamma-butyrolactone)
2004 = Ketamine (Special K)
9998 = Unknown

Comments: Required.

Relational edit: DETAIL_1 is cross-checked to SUB_CODE_1. SUB_CODE_1 must match the first two digits of DETAIL_1. Primary detail drug code (DETAIL_1) cannot be the same as secondary (DETAIL_2) or tertiary (DETAIL_3) detail drug code.

83 Detailed Drug Code (2 of 3)

Field name: DETAIL_2 **Type:** C **Width:** 4

Codes: (See "Detailed drug code [1 of 3]")
If client does not have a secondary detail drug code, use ‘9999’, Not applicable.

Comments: Required.

Relational edit: DETAIL_2 is cross-checked to SUB_CODE_2. SUB_CODE_2 must match the first two digits of DETAIL_2. Secondary detail drug code (DETAIL_2) cannot be the same as primary (DETAIL_1) or tertiary (DETAIL_3) detail drug code.

84 Detailed drug code (3 of 3)

Field name: DETAIL_3 **Type:** C **Width:** 4

Codes: (See "Detailed drug code [1 of 3]")
If client does not have a tertiary detail drug code, use ‘9999’, Not applicable.

Comments: Required.

Relational edit: DETAIL_3 is cross-checked to SUB_CODE_3. SUB_CODE_3 must match the first two digits of DETAIL_3. Tertiary detail drug code (DETAIL_3) cannot be the same as primary (DETAIL_1) or secondary (DETAIL_2) detail drug code.

85 Usual route of administration (1 of 3)

Field name: RT_ADMIN_1 **Type:** N **Width:** 1

Codes:
1 = Oral
2 = Smoking
3 = Inhalation
4 = Injection
5 = Suppositories
7 = Other
8 = Unknown

Comments: Required.

86 Usual route of administration (2 of 3)

Field name: RT_ADMIN_2 **Type:** N **Width:** 1

Codes: (See "Usual route of administration [1 of 3]" codes)
If client does not have a secondary drug problem, use ‘9’, Not applicable.

Comments: Required.

Relational Edit: Field is crosschecked to field 80, SUB_CODE_2. If secondary substance problem (SUB_CODE_2) is None (01), then RT_ADMIN_2 must be 9, Not applicable.

87 Usual route of administration (3 of 3)

Field name: RT_ADMIN_3 **Type:** N **Width:** 2

Codes: (See "Usual route of administration [1 of 3]" codes)
If client does not have a tertiary drug problem, use ‘9’, Not applicable.

Comments: Required.

Relational Edit: Field is crosschecked to field 81, SUB_CODE_3. If tertiary substance problem (SUB_CODE_3) is None (01), then RT_ADMIN_3 must be 9, Not applicable.

88 Frequency of use (1 of 3)

Field name: FREQ_USE_1 **Type:** N **Width:** 2

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

Comments: Required.

89 Frequency of use (2 of 3)

Field name: FREQ_USE_2 **Type:** N **Width:** 2

Codes: (See "Frequency of use [1 of 3]" codes)
If client does not have a secondary drug problem, use 9, Not applicable.

Comments: Required.

Relational Edit: Field is crosschecked to field 80, SUB_CODE_2. If secondary substance problem (SUB_CODE_2) is None (01), then FREQ_USE_2 must be 9, Not applicable.

90 Frequency of use (3 of 3)

Field name: FREQ_USE_3 **Type:** N **Width:** 2

Codes: (See "Frequency of use [1 of 3]" codes)
If client does not have a tertiary drug problem, use 9, Not applicable.

Comments: Required.

Relational Edit: Field is crosschecked to field 81, SUB_CODE_3. If tertiary substance problem (SUB_CODE_3) is None (01), then FREQ_USE_3 must be 9, Not applicable.

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

Field name: FRST_USE_1 **Type:** N **Width:** 2

Codes: 00 = Newborn with substance dependency problem
01-94 = Age (in years) of first use
95 = 95 or older
98 = Unknown

Comments: Required. 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."

Relational edit: Age of first use cannot be greater than the client's age.

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

Field name: FRST_USE_2 **Type:** N **Width:** 2

Codes: (See "Age of first use of substance [1 of 3]" codes)
If client does not have a secondary drug problem, use 96, Not applicable.

Comments: Required. 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."

Relational edit: Age of first use cannot be greater than the client's age. Field is crosschecked to secondary substance problem (SUB_CODE_2). If SUB_CODE_2 (field 80) is "01" (None), then FRST_USE_2 should be 96.

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

Field name: FRST_USE_3 **Type:** N **Width:** 2

Codes: (See "Age of first use of substance [1 of 3]" codes)
If client does not have a tertiary drug problem, use 96, Not applicable.

Comments: Required. 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."

Relational edit: Age of first use cannot be greater than the client's age. Field is crosschecked to secondary substance problem (SUB_CODE_3).If SUB_CODE_3 (field 81) is "01" (None), then FRST_USE_3 should be 96.

94 Services associated with after care (1 of 3)

Field name: AFT_CARE_1 **Type:** C **Width:** 2

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: Required. This field indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.

95 Services associated with after care (2 of 3)

Field name: AFT_CARE_2 **Type:** C **Width:** 2

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

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

96 Services associated with after care (3 of 3)

Field name: AFT_CARE_3 **Type:** C **Width:** 2

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

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

97 Vocational rehabilitation status

Field name: VOC_REHAB **Type:** N **Width:** 1

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: Required. 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

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

Relational edit: SA_EXT_DATE is cross-checked to ADM_DATE and DIS_DATE. Substance (Ab)Use program exit date should be equal to field 61, SA_EXT_DATE. SA_EXT_DATE must be equal to or after ADM_DATE. SA_EXT_DATE must be equal or before DIS_DATE. Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.

99 Discharge date from Substance (Ab)Use treatment

Field name: SA_DIS_DATE **Type:** N **Width:** 8

Comments: "Discharge date from Substance (Ab)Use treatment" (SA_DIS_DATE) indicates the date the client is formally discharged from Substance (Ab)Use treatment. Client can be discharge from SA without being discharge from the organization. Substance (Ab)Use Treatment Category data can be viewed on the CDR website under Track Participation by selecting 'Treatment Category' as the Type of Participation.

Relational Edit: If field 50, discharge date, is provided, then SA discharge date is required as well as the twenty three discharge data fields for SA (fields 99-121). If field 99, SA discharge date, is provided then the twenty three discharge data fields for SA are required (fields 99-121). Treatment category entry dates that are inconsistent with admission dates, discharge dates, treatment category dates, or program dates may result in data errors.

100 County of residence upon discharge

Field name: SA_DIS_CNTY **Type:** C **Width:** 2

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE). Similar information is collected in field 54 of the Core Client data set "County of residence upon discharge" (DIS_CNTY).

101 Discharge status (transfer, discharge, referral)

Field name: SA_DIS_STAT **Type:** N **Width:** 1

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: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).
This field indicates the status of the client at the end of SA treatment. Field defines the reason for transfer, discontinuation, discharge, or referral from SA program. Similar information collected in Core Client data set "Discharge status" (field 51, DIS_STATUS). SA_DIS_STAT is the reason for discharge from the SA program whereas DIS_STATUS (field 51) is the reason for discharge from the organization.

102 Discharge referral category

Field name: SA_DIS_REFER **Type:** C **Width:** 2

Codes:
01 = DMH psychiatric hospital
02 = Other MS CMHC
03 = DMH IDD facility
04 = Private psychiatric hospital
05 = Other MH care provider
06 = Other IDD care provider
07 = Other SA 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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE). Similar information is collected in field 52 of the core client data set "Discharge referral category" (DIS_REFER).

103 Discharge referral organization code

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

Codes:
101 = CMHC Region 1
102 = CMHC Region 2
103 = CMHC Region 3
104 = CMHC Region 4
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
301 = North Miss. Regional Center
302 = Hudspeth Regional Center
303 = Boswell Regional Center
304 = Ellisville State School
306 = Mississippi Adolescent Center
310 = South Miss. Regional Center
700-999 = Non-Profit/Private Providers

Comments: Required if "Discharge referral category" field 103 (SA_DIS_REFER) entry is 01, 02, or 03. Similar information is collected in field 53 of the core client data set "Discharge referral organization code" (DIS_REF_OR). Private and non-profit providers are assigned organization codes in the 700-999 range. This list is not shown in the manual because it changes often. Users can access a complete list from various points in the CDR data entry screens.

Relational edit: If field 102, SA discharge referral category is not 01, 02, or 03, this field can be blank.

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

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

Codes:
Y = Yes
N = No
U = Unknown

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

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

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

Codes:
Y = Yes
N = No

U = Unknown

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

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

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

Codes:
Y = Yes
N = No
U = Unknown

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

107 Program exit Substance (Ab)Use problem code (1 of 3)

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

Codes:
01 = None
02 = Alcohol
03 = Cocaine/crack
04 = Marijuana/Hashish
05 = Heroin
06 = Non-prescription methadone
07 = Other opiates and synthetics
08 = PCP (Phencylidine)
09 = Hallucinogens
10 = Methamphetamine/Speed
11 = Other amphetamines
12 = Other stimulants
13 = Benzodiazepine
14 = Other tranquilizers
15 = Barbiturates
16 = Other sedatives or hypnotics
17 = Inhalants
18 = Over-the-counter medications
20 = Other Drugs
98 = Unknown

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: EXT_SUB_1 cannot be the same as EXT_SUB_2 or EXT_SUB_3, unless program exit Substance (Ab)Use problem code is None (01).

108 Program exit Substance (Ab)Use problem code (2 of 3)

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

Codes: (See " Program exit Substance (Ab)Use problem code (1 of 3)")

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: EXT_SUB_2 cannot be the same as EXT_SUB_1 or EXT_SUB_3, unless program exit Substance (Ab)Use problem code is None (01).

109 Program exit Substance (Ab)Use problem code (3 of 3)

Field name: EXT_SUB_3 **Type:** N **Width:** 2

Codes: (See " Program exit Substance (Ab)Use problem code (1 of 3)")

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: EXT_SUB_3 cannot be the same as EXT_SUB_1 or EXT_SUB_2, unless program exit Substance (Ab)Use problem code is None (01).

110 Program exit frequency of use (1 of 3)

Field name: EXT_FREQ_1 **Type:** N **Width:** 1

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: Field should be crosschecked to Program exit Substance (Ab)Use problem code, EXT_SUB_1. When field 107, EXT_SUB_1 is None (01) then EXT_FREQ_1 should be 9, Not applicable.

111 Program exit frequency of use (2 of 3)

Field name: EXT_FREQ_2 **Type:** N **Width:** 1

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: Field should be crosschecked to Program exit Substance (Ab)Use problem code, EXT_SUB_2. When field 108, EXT_SUB_2 is None (01) then EXT_FREQ_2 should be 9, Not applicable.

112 Program exit frequency of use (3 of 3)

Field name: EXT_FREQ_3 **Type:** N **Width:** 1

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: Field should be crosschecked to Program exit Substance (Ab)Use problem code, EXT_SUB_3. When field 109, EXT_SUB_3 is None (01) then EXT_FREQ_3 should be 9, Not applicable.

113 Living arrangement at discharge

Field name: DIS_LIVING **Type:** N **Width:** 1

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

114 Type of residence at discharge

Field name: DIS_RESID **Type:** C **Width:** 2

Codes:
01 = Private residence (house, mobile home)
02 = Other independent (rooming house, dorm)
03 = Homeless/Shelter
04 = Institution (psychiatric hospital, IDD 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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: Clients with residential arrangement at discharge = 06 (Correctional facility) must have employment at discharge (field 116) = 11 (Correctional Inmate) and living arrangement at discharge (field 113) = 03 (Lives with non-relatives).

115 Education at discharge

Field name: DIS_EDUC **Type:** C **Width:** 2

Codes:
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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

116 Employment at discharge

Field name: DIS_EMPL **Type:** C **Width:** 2

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

Relational edit: Clients with employment at discharge (field 116) = 11 (Correctional Inmate) must have living arrangement at discharge (field 113) = 03 (Lives with non-relatives) and residential arrangement at discharge (field 114) = 06 (Correctional facility).

117 Number of arrests in the last 30 days prior to discharge

Field name: DIS_ARREST **Type:** C **Width:** 2

Codes:
00 = None
01-96 = Number of Arrest
98 = Unknown

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE). Enter the number of arrests the client has received in the 30 days prior to discharge from Substance (Ab)Use treatment.

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

Field name: DIS_TYPARR1 **Type:** C **Width:** 2

Codes:
01 = None
02 = Public drunkenness
03 = DUI
04 = Drug violation
05 = Other SA offense
06 = Other - SA related
07 = Other - not SA related

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

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

Field name: DIS_TYPARR2 **Type:** C **Width:** 2

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

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

Field name: DIS_TYPARR3 **Type:** C **Width:** 2

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

Comments: Required if client is discharged from Substance (Ab)Use treatment (field 99, SA_DIS_DATE).

121 Entry date (most current) into Substance (Ab)Use Treatment program

Field name: ENTSA_DATE **Type:** N **Width:** 8

Comments: Required. This field indicates the client's entry date into Substance (Ab)Use treatment. This field is compared to"Admission date to organization" (ADM_DATE) which captures date of admission to parent organization. Field should be in the format YYYYMMDD. Substance (Ab)Use Treatment Category data can be viewed on the CDR website under Track Participation by selecting 'Treatment Category' as the Type of Participation.

Relational edit: ENTSA_DATE is cross-checked to ADM_DATE (field 7). ENTSA_DATE must be equal to ADM_DATE or later than ADM_DATE. This field should be a date prior or equal to SA_ENT_DATE, field 62. Treatment category entry dates that are inconsistent with admission dates, discharge dates, treatment category dates, or program dates may result in data errors.

DMH services data set

Data Elements of the Services Dataset

Field	Field Description	Field Name	Type	Width
1	Unique Client ID within organization	BY_ID	N	9
2	Organization Code	ORG_CODE	N	3
3	Service under which client receives treatment	SERVICE_CODE	N	3
4	Date service performed began	SERVICE_DATE	N	8
5	Units of service performed	SERVICE_UNITS	N	3.2
6	Cost of service	SERVICE_COST	N	3.2
7	Primary Payer for the service	PAYOR1	N	3
8	Secondary Payer for the service	PAYOR2	N	3
9	Tertiary Payer for the service	PAYOR3	N	3
10	Quaternary Payer for the service	PAYOR4	N	3
11	Place service was performed	PLACE_OF_SERVICE	N	3

Services Data Dictionary

1 Unique Client ID within organization

Field name: BY_ID **Type:** N **Width:** 9

Comments: REQUIRED. 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 characters 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.

2 Organization Code

Field name: ORG_CODE **Type:** N **Width:** 3

Codes:
101 = CMHC Region 1
102 = CMHC Region 2
103 = CMHC Region 3
104 = CMHC Region 4
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
301 = North Miss. Regional Center
302 = Hudspeth Regional Center
303 = Boswell Regional Center
304 = Ellisville State School
306 = Mississippi Adolescent Center
310 = South Miss. Regional Center
700-999 = Non-Profit/Private Providers

Comments: REQUIRED. Information in this field should be automatically inserted by the software during download for file upload providers. For web entry users, this value is pre-determined by your login credentials. It is advised that users review this field displayed at the top of the screens and verify the correct code is displayed. Notify DMH if the incorrect code is displayed and refrain from entering data until this issue has been resolved. 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.

3 Service under which client receives treatment

Field name: SERVICE_CODE **Type:** N **Width:** 3

Codes: (Refer to SERVICES data set)

Comments: REQUIRED. This field is designed to capture the specific service received by the client. Refer to the complete listing of DMH core service codes in the SERVICES dataset.

4 Date service performed began

Field name: SERVICE_DATE **Type:** N **Width: 8**

Comments: REQUIRED. Service dates should fall between an admission date and discharge date submitted in the Core Client Dataset.
For file upload format, the field should be in YYYYMMDD format. This field should be the date the service began and should be a date equal to or after the admission date. For file upload, the end date is assumed to be the last day of the month being reported. Service is not considered a continual service until discharge.
For web-entry providers, the initial service date is automated when the client is admitted. For any services reported after the admission record is entered, only the MM/YYYY format is required. For web-entry, the service is considered continual until a discharge or service end date is entered online.

5 Units of service performed

Field name: SERVICE_UNITS **Type:** N **Width:** 3.2

Comments: NOT REQUIRED. Providers that enter data on the CDR website do not have an option to provide this field.

6 Cost of Service

Field name: SERVICE_COST **Type:** N **Width:** 3.2

Comments: NOT REQUIRED. Providers that enter data on the CDR website do not have an option to provide this field.

7 Primary Payer

Field name: PAYOR1 **Type:** C **Width:** 3

Comments: REQUIRED. Payer Codes are maintained by authorized users of the Provider on the DMH website. The link for Payer codes is under the menu option, Organization Info/Provider Specific Codes. Payor codes are three-digit codes classified by Medicaid, Non-Medicaid, and None. Medicaid codes represent any Medicaid funded program including Waiver and 1915i. Non-Medicaid codes represent non-Medicaid funded payments including but not limited to self-pay, insurance payments, public assistance, grant-funding programs, Medicare, or Work Comp. The classification of None represents clients that do not pay for services or organizations that absorb the cost of the service offered to the client. See Payor Codes.

8 Secondary Payer

Field name: PAYOR2 **Type:** C **Width:** 3

Comments: NOT REQUIRED. Payer Codes are maintained by authorized users of the Provider on the DMH website. Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

9 Tertiary Payer

Field name: PAYOR3 **Type:** C **Width:** 3

Comments: NOT REQUIRED. Payer Codes can be maintained on the DMH website.
Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

10 Quaternary Payer

Field name: PAYOR4 **Type:** C **Width:** 3

Comments: NOT REQUIRED. Payer Codes can be maintained on the DMH website. Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

11 Place Service was Performed

Field name: PLACE_OF_SERVICE **Type:** N **Width:** 3

Comments: NOT REQUIRED. This field can be used to define the Place of Service within a Location Code. Place of Service codes from the Community/Private Mental Health Center Billing Guidelines may be used. Providers that enter data on the CDR website do not have an option to provide this field.

List of Service Codes by Program

This quick reference tool provides the following fields:

1. DMH CDR service code - field 3, SERVICE_CODE, of SERVICES data set
2. Program Level - field 59, PROGRAM_CODE, of core client data set

The last four columns indicate the Treatment Category or Program Type (MH/SA/IDD/CY). Clients should have a core client record prior to submitting services data. Clients receiving SA services must have a complete core client record and Substance (Ab)Use client record (SA data set).

INPATIENT (1000)		MH	IDD	SA	CY
101	Psychiatric Services – Acute Treatment	X			
102	Psychiatric Services – Intermediate	X			
103	Psychiatric Services – Continuing Treatment	X			
104	Psychiatric Services – Continued Medical Treatment	X			
105	Psychiatric Services – C/Y – Acute Treatment				X
106	Psychiatric Residential Treatment Facility	X			X
110	Crisis Stabilization Unit	X		X	
111	Chemical Dependency Unit (CDU)			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 INTELLECTUAL/DEVELOPMENTAL DISABILITIES (1000)					
151	Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD) – Large		X		
152	Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD) – Small		X		
153	ICF-IDD Respite		X		
OTHER INPATIENT (1000)					
161	Community Hospital	X		X	
162	Designated Mental Health Holding Facilities	X			

RESIDENTIAL (2000)		MH	IDD	SA	CY
205	Supported Living	X	X		
206	Primary Residential Treatment			X	
207	Transitional Residential Treatment			X	
208	Therapeutic Foster Care / Treatment Foster Care				X
211	Therapeutic Group Home - C/Y				X
215	Supervised Living	X	X		X

PSYCHOSOCIAL REHABILITATIVE – Day Program Options (3000)		MH	IDD	SA	CY
304	Supported Employment – Individual	X	X		
305	Supported Employment – Group	X	X		
309	Therapeutic Day Treatment – Substance (Ab)Use			X	
311	Adult Day Center Services – Alzheimer's	X			
313	Acute Partial Hospitalization	X		X	X
314	Psychosocial Rehabilitation	X			
315	Work Activity		X		
317	Day Support Services	X			
318	Day Treatment (Child)				X
319	Senior Psychosocial Rehabilitation Services - Community	X			
320	Senior Psychosocial Rehabilitation Services – Nursing Facility	X			
321	Drop-In Center	X			
323	Prevocational Services		X		
324	Day Services Adult		X		

PSYCHOTHERAPEUTIC SERVICES/ Outpatient (4000)		MH	IDD	SA	CY
402	Family Therapy	X		X	X
404	Evaluation Only	X		X	X
406	Medication Evaluation and Monitoring	X		X	X
416	Intake/Biopsycho-social Assessment	X		X	X
417	Treatment Plan Review	X		X	X
418	Multi-family Group Therapy	X		X	X
419	Peer Support	X		X	X
420	Intensive Outpatient – Substance (Ab)Use			X	
421	Assertive Community Treatment	X			
424	Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance (Ab)Use)	X		X	
426	Individual therapy	X		X	X
427	Group therapy	X		X	X
428	Nursing Assessment	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
434	Intensive Outpatient Psychiatric Services – C/Y				X
435	MYPAC				X

CASE MANAGEMENT (5000)		MH	IDD	SA	CY
502	Intensive case management	X			
503	Recovery Support Services			X	
509	Community Support Services	X	X	X	X

510	Targeted Case Management	X	X	X	X

EMERGENCY (8888)		MH	IDD	SA	CY
602	Mobile Crisis Services	X	X	X	X
603	Telephone Emergency/Crisis Response Service	X	X	X	X
604	Walk-In Emergency/Crisis Response Service	X	X	X	X
605	Intensive Crisis Intervention Service				X
610	Community Crisis Transition (BRC only)		X		
CONSULT/EDUC/PREV (8888)		MH	IDD	SA	CY
704	Alcohol & Drug Prevention			X	
705	Prevention (Children/Youth)				X
706	DUI			X	

MISCELLANEOUS (8888)		MH	IDD	SA	CY
801	Staffing – No Treatment Plan Review	X		X	X
802	No shows / Cancellations	X	X	X	X
803	PATH Grant service	X			
804	Making a plan (MAP) Team Review meeting				X
805	Fetal Alcohol Spectrum Disorders (FASD) - Screening				X
806	Fetal Alcohol Spectrum Disorders (FASD) - Treatment				X
807	Respite				X
808	Wraparound Facilitation				X
809	Urine Drug Screens	X		X	
810	Adult Making A Plan (AMAP) Team Review meeting	X			

HOME AND COMMUNITY BASED ID/DD SERVICES (8888)		MH	IDD	SA	CY
901	Support Coordination		X		
903	In-Home Nursing Respite Services		X		
905	Community Respite		X		
907	Supervised Living		X		
908	Supported Living		X		
909	Day Services – Adult		X		
910	Prevocational Services		X		
912	Behavior Support/Intervention		X		
917	Home & Community Supports		X		
918	Supported Employment - Individual		X		
919	Supported Employment - Group		X		
920	Host Homes		X		
921	Crisis Intervention		X		
922	Job Discovery		X		
923	Transition Assistance		X		
924	Crisis Support Services		X		

925	Shared Supported Living Services		X		
926	In-Home Respite		X		

Descriptions of Service Codes

INPATIENT (1000)		MH	IDD	SA	CY
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			
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
106	Psychiatric Residential Treatment Facility	X			X

INPATIENT (1000)		MH	IDD	SA	CY
	Long-term psychiatric inpatient services 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 family therapies. An educational component of long-term treatment involves assessment and continuing education.				
110	Crisis Stabilization Services Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Stabilization Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Stabilization Services content may vary based on each individual's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.	X		X	X
111	Chemical Dependency Unit Chemical Dependency Unit Services include inpatient or hospital-based services for individuals with more severe alcohol or other drug disorders and who require a medically-based environment. Treatment usually includes detoxification, group, individual, and family therapy, education services explaining alcohol/drug dependency, personal growth, the recovery process, aftercare, and family counseling.			X	
112	Mental illness / Chemical Addiction Treatment (MICA) 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.	X		X	
121	Forensics	X			

INPATIENT (1000)		MH	IDD	SA	CY
	Specialized inpatient unit for persons being evaluated to determine legal sanity or for person adjudicated to be legally insane.				
122	Nursing Facility Institutional continuous care services for medically fragile persons who require 24 hour a day nursing care. Units are licensed as Nursing Facility beds.	X			
123	Medical Surgical Hospital 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.	X			
RESIDENTIAL FACILITY FOR PERSONS WITH INTELLECTUAL/DEVELOPMENT DISABILITIES (1000)		MH	IDD	SA	CY
151	Intermediate Care Facility - Intellectual and Developmental Disabilities (ICF/IDD) - large Continuous care services for persons intellectual and developmental disabilities that operate under Medicaid ICF/IDD licensure.		X		
152	Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD)– Small Continuous care services for persons with intellectual and developmental disabilities that operate under Medicaid ICF/IDD licensure. The "Small" designation denotes stand-alone units consisting of 15 or fewer beds usually located in a community setting.		X		
153	ICF-IDD Respite Respite care is also offered in licensed ICF/IDD settings on a limited basis, based on the number of available beds. Do not use for individuals in waiver services seeking crisis support (refer to 924 – Crisis Support).		X		
OTHER INPATIENT (1000)		MH	IDD	SA	CY
161	Community Hospital Inpatient services contracted with local community hospitals for intensive 24 hour psychiatric or Substance (Ab)Use detoxification treatment.	X		X	
162	Designated Mental Health Holding Facilities	X			

INPATIENT (1000)	MH	IDD	SA	CY
Designated Mental Health Holding Facilities house individuals who have been involuntarily civilly committed and are awaiting transportation to a treatment facility. The Holding Facility can be a county facility or a facility with which the county contracts				

RESIDENTIAL (2000)		MH	IDD	SA	CY
205	Supported Living Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week. IDD Individuals receiving this service under CSP provisions should have the payor code reflect 1915i payor source.	X	X		
206	Primary Residential Treatment Primary Substance (Ab)Use Rehabilitation Service is an intensive residential program for individuals who are addicted to or abuse alcohol or other drugs. This type of treatment offers a group living environment in order to provide the individual with a comprehensive program of services that is easily accessible and responsive to his/her needs.			X	
207	Transitional Residential Treatment Transitional Substance (Ab)Use Rehabilitation Services are provided in a group living environment which promotes a life free from chemical dependency while encouraging the pursuit of vocational or related opportunities. With group support, individuals acquire coping skills which enable them to become productive citizens in their communities. An individual must have successfully completed a primary Substance (Ab)Use treatment program in order to be eligible for admission to transitional residential services. The primary Substance (Ab)Use treatment program must be at least thirty (30) days long.			X	
208	Therapeutic Foster Care/Treatment Foster Care Treatment Foster Care (TFC) services are intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances				X

RESIDENTIAL (2000)	MH	IDD	SA	CY
living in a resource home licensed by the Department of Human Services.				
211 Therapeutic Group Home - C/Y Intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances living in a resource home licensed by the Department of Human Services.				X
215 Supervised Living Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day. Supports and services are provided twenty-four (24) hours per day/seven (7) days per week	X	X		X

PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)	MH	IDD	SA	CY
304 Supported Employment – Individual Supported Employment Services increase independence, community integration, and productivity of individuals by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. IDD Individuals receiving this service under CSP provisions should have the payor code reflect 1915i payor source.	X	X		
305 Supported Employment – Group Supported Employment Services increase independence, community integration, and productivity of individuals by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported	X	X		

PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)	MH	IDD	SA	CY
Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person. IDD Individuals receiving this service under CSP provisions should have the payor code reflect 1915i payor source.				
309 Therapeutic Day Treatment – Substance (Ab)Use An intensive treatment program serving individuals with Substance (Ab)Use problems who are not enrolled in residential programs. Provides coordinated, multidisciplinary treatment.			X	
311 Adult Day Center Services – Alzheimer's Alzheimer's Day Programs are community based group programs designed to meet the needs of adults with physical and psychosocial impairments, including memory loss, through individualized care plans. These structured, nonresidential programs provide a variety of social and related support services in a safe setting. Alzheimer's Day Programs assess the strengths and needs of individuals and families and offer services to build on their strengths.	X			
313 Acute partial Hospitalization Acute Partial Hospitalization Services (APH) provide 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. APH is designed to provide an alternative to inpatient hospitalization for such individuals or to serve as a bridge from inpatient to outpatient treatment. Program content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms. APH may be provided to children with serious emotional disturbance or adults with serious and persistent mental illness.	X		X	X
314 Psychosocial Rehabilitation Psychosocial Rehabilitative Services (PSR) consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community. Program activities aim to	X			

PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)	MH	IDD	SA	CY
improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the individual into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.				
315 Work Activity Work Activity Services for persons with intellectual disabilities/developmental disabilities provide opportunities for the acquisition of necessary work and living skills. A person must be at least sixteen (16) years old to participate in Work Activity Services. (Accepting individuals younger than eighteen (18) is optional for the provider.)		X		
317 Day Support Services Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.	X			
318 Day Treatment (Child) Day Treatment Services are the most intensive outpatient services available to children/youth with SED. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principle and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular site and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.				X
319 Senior Psychosocial Rehabilitation Services - Community	X			

PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)	MH	IDD	SA	CY
Senior Psychosocial Rehabilitation Services (Senior PSR) are 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 feelings of low self-worth.				
320 Senior Psychosocial Rehabilitation Services – Nursing Facility Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.	X			
321 Drop-In Center Drop-In Centers are programs of structured activities designed to support and enhance the role functioning of individuals who are homeless and 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, isolation, withdrawal and feelings of low self-worth. Programs also provide basic needs such as food and clothing and link participants with social support services. The activities provided must include, at a minimum, the following: group therapy, individual therapy, social skills training, coping skills training, and training in the use of leisure-time activities.	X		X	
323 Prevocational Services IDD Community Support Program (CSP) Prevocational Services are provided to persons not expected to be able to join the general workforce within one year (excluding Supported Employment Services). Activities can be either center based or community based and are not primarily directed at teaching		X		

PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)	MH	IDD	SA	CY
specific job skills, but at underlying skills which are useful in obtaining community employment. Reported payor code should reflect 1915i payor source.				
324 Day Services Adult IDD Community Support Program (CSP) service for adults designed to foster greater independence, personal choice, and improvement/retention of self-help, socialization, positive behavior, and adaptive skills. Services are provided in a community-based setting. A central component of the service is to provide opportunities for individuals to become more independent and productive. Persons receiving Day Services Adult may also receive Prevocational Services but not at the same time of day. Reported payor code should reflect 1915i payor source.		X		

PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)	MH	IDD	SA	CY
402 Family Therapy Family Therapy shall consist of psychotherapy that takes place between a mental health therapist and an individual's family members with or without the presence of the individual. Family Therapy may also include others (DHS staff, foster family members, etc.) with whom the individual lives or has a family-like relationship. This service includes family psychotherapy and psychoeducation provided by a mental health therapist.	X		X	X
404 Evaluation Only Provision of diagnostic and evaluation services for a person who is seeking services. Do NOT use for persons receiving a pre-evaluation screening (refer to "Pre-evaluation screening").	X		X	X
406 Medication Evaluation and Monitoring Medication Evaluation and Monitoring is the intentional face-to-face interaction between a physician or a nurse practitioner and an individual for the purpose of: assessing the need for psychotropic medication, prescribing medications, and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.	X		X	X
416 Intake/Biopsycho-Social Assessment The initial biopsychosocial assessment and subsequent biopsychosocial assessments are the face-to-face securing of information from the individual receiving services and/or collateral contact, of the individual's family background, educational/vocational achievement, presenting problem(s),	X		X	X

PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)		MH	IDD	SA	CY
	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 family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment for the individual and/or family.				
417	Treatment Plan Review The treatment plan is the overall plan that directs the treatment of the individual receiving services. The plan must be based on the strengths and needs, or challenges, of the individual receiving services and his/her family/legal representative (if applicable) and identified outcomes. Outcomes should be identified by the individual, family/legal representative (if applicable), and treatment/support team.	X		X	X
418	Multi-Family Group Therapy Multi-Family Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and family members of at least two (2) different individuals receiving services, with or without the presence of the individual, directed toward the reduction/resolution of identified mental health problems so that the individual and/or their families may function more independently and competently in daily life. This service includes psychoeducational and family-to-family training.	X		X	X
419	Peer Support Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the individual. It may also be provided as a family partner role.	X		X	X
420	Intensive Outpatient – Substance (Ab)Use The 10-week Intensive Outpatient Program for Individuals with a Substance (Ab)Use Disorder (IOP-A/D) is a community-based outpatient program which provides an alternative to			X	

PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)		MH	IDD	SA	CY
	traditional Residential Treatment Services or hospital settings. The program is directed to persons who need services more intensive than traditional outpatient services, but who have less severe alcohol and other drug disorders than those typically addressed in Residential Treatment Services. The IOP-A/D allows individuals to continue to fulfill their obligations to family, job, and community while obtaining intensive treatment.				
421	Assertive Community Treatment A program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.	X			
424	Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance (Ab)Use) Co-Occurring Disorders Services are provided to individuals who are affected by both a diagnosed mental illness and Substance (Ab)Use disorder.	X		X	
426	Individual Therapy Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and the individual receiving services.	X		X	X
427	Group Therapy Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and at least two (2) but no more than ten (10) 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.	X		X	X
428	Nursing Assessment Nursing assessment takes place between a registered nurse and an individual for the purpose of assessing 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 treatment.	X		X	X
429	Early Intervention		X		X

PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)		MH	IDD	SA	CY
	Early Intervention and Child Development Services are designed to support families in providing learning opportunities for their child within the activities, routines, and events of everyday life by providing information, materials, and supports relevant to their identified needs. Early Intervention Services are provided in the child's natural environment. Child Development Services provide center based programs which promote the developmental growth of children in cognitive, physical, social, emotional, communication, and adaptive functioning areas.				
430	Family Education and Support Family Support and Education Services, which provide self-help and mutual support for families of youth with mental illness or mental health challenges, are based on the view that a person who is parenting or has parented a child experiencing emotional or behavioral health disorders can articulate the understanding of their experiences with another parent or family member.	X			X
431	Medication Injection 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 the individual's role performance and/or mental health status.	X			X
432	Pre-Evaluation Screening Pre-Evaluation Screening and a Civil Commitment Examination are two separate events which include screening and examinations, inclusive of other services to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment. These services also include assessment and plans to link individuals with appropriate services.	X			X
434	Intensive Outpatient Psychiatric Services – C/Y Intensive Outpatient Psychiatric (IOP-C/Y) services are family stabilization and intensive outpatient psychiatric treatment provided to children and youth with serious emotional disturbance. Services are time-limited and include intensive family preservation interventions intended to diffuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, promote reunification or prevent the				X

PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)	MH	IDD	SA	CY
utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, and residential treatment facility).				
435 MYPAC Mississippi Youth Programs Around the Clock (MYPAC) is a home and community- based Medicaid waiver program. MYPAC provides specific services for SED children/youth. Program designed to provide alternate services to traditional Psychiatric Residential Treatment Facilities. Services include Intensive Case Management, Wraparound Services, and Respite Services. An Individualized Service Plan is developed to identify and address participants' and their families' individual needs. Providers will be expected to be available to participants and their families around the clock				X

CASE MANAGEMENT (5000)	MH	IDD	SA	CY
502 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.	X			
503 Recovery Support Services Recovery Support Services are non-clinical services that are offered before, during and after Primary Residential Treatment Services that assist individuals and families working towards recovery from substance use disorders. They incorporate a full range of social, legal, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. RSS include social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.			X	
509 Community Support Services Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. CSS are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing	X	X	X	X

CASE MANAGEMENT (5000)	MH	IDD	SA	CY
needs of each individual. The purpose/intent of CSS is to provide specific, measurable, and individualized services to each person served. CSS should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.				
510 Targeted Case Management Targeted Case Management Services is defined as services that provide information/referral and resource coordination for individuals and/or his/her collaterals. Case Management Services are directed towards helping the beneficiary maintain his/her highest possible level of independent functioning. Case managers monitor the individual service plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team may need to review the service plan for updates if the established plan is not working. Targeted case management may be provided face-to-face or via telephone.	X	X	X	X

EMERGENCY (8888)	MH	IDD	SA	CY
602 Mobile Crisis Services Face-to-face contact (i.e. Mobile Crisis Response) with a mental health professional twenty-four (24) hours a day, seven (7) days a week must be available. The staff person is not required to see the individual in the individual's home, but this is permissible and recommended. There must be designated, strategic, publicized locations where the person can meet with a mental health professional. The individual must be seen within one (1) hour of initial time of contact if in an urban setting and within two (2) hours of initial time of contact if in a rural setting. A team approach to mobile crisis response should be utilized if warranted to adequately address the situation.	X	X	X	X
603 Telephone Emergency/Crisis Response Service Time limited intensive intervention, available twenty-four (24) hours a day, seven (7) days a week. Crisis response services allow for the assessment of the crisis and ability to activate a mobile crisis team. Trained crisis response staff provides crisis stabilization directed toward preventing hospitalization. Children or adults requiring crisis services are those who are experiencing a significant	X	X	X	X

EMERGENCY (8888)		MH	IDD	SA	CY
	emotional/behavioral crisis. A crisis situation is defined as a situation in which an individual's mental health and/or behavioral health needs exceed the individual's resources, in the opinion of the mental health professional assessing the situation. Staff must be able to triage and make appropriate clinical decisions, including accessing the need for inpatient services or less restrictive alternatives.				
604	Walk-In Emergency/Crisis Response Service The provider must ensure that a mental health representative is available to speak with an individual in crisis and/or family members/legal representatives of the individual twenty-four (24) hours a day, seven (7) days a week, inclusive of individuals who may be a "walk-in" at any program site.	X	X	X	X
605	Intensive Crisis Intervention Service Intensive Crisis Intervention Services for Children and Youth with an SED are specialized, time limited interventions that last for 6-8 weeks and include intensive outpatient mental health therapy services and in-home services and support for the family or other caregivers. These services are available twenty-four (24) hours a day, seven (7) days/week.				X
610	Community Crisis Transition (BRC Only) This service is only offered by BRC and should not be used by other providers.		X		

CONSULT/EDUC/PREV (8888)		MH	IDD	SA	CY
704	Alcohol & Drug Prevention Prevention Services represent a process that involves interacting with people, communities, and systems to promote programs aimed at substantially preventing alcohol, tobacco, and other drug abuse, delaying its onset and/or reducing Substance (Ab)Use-related behaviors. Prevention Services are designed to reduce the risk factors and increase the protective factors linked to Substance (Ab)Use and related problem behaviors to provide immediate and long-term positive results.			X	
705	Prevention (Children/Youth) Prevention/Early Intervention Services include preventive mental health programs targeting vulnerable at-risk groups with the intent to prevent the occurrence of mental and/or emotional problems and service programs designed to intervene as early as possible following the identification of a				X

	problem. Prevention and/or early intervention programs should be designed to target a specific group of children/youth and/or their families, such as children/youth who have been abused or neglected, teenage parents and their children, and young children and their parents. Children/youth identified as having a serious emotional disturbance and/or their families may also be targeted to receive specialized intervention early in the course of identification of the emotional disturbance.				
706	DUI The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as, Substance (Ab)Use Subtle Screening Inventory (SASSI), or other DMH approved tool) is administered and the result is combined with other required information to determine the offenders appropriate treatment environment.			X	

MISCELLANEOUS (8888)		MH	IDD	SA	CY
801	Staffing – No Treatment Plan Review	X		X	X
802	No Shows / Cancellations	X	X	X	X
803	PATH Grant Service	X			
804	Making a Plan (MAP) Team Review Meeting Making a Plan (MAP) Teams address the needs of children, up to age 21 years, with serious emotional/behavioral disorders and dually diagnosed with serious emotional/behavioral disorders and intellectual and developmental disabilities, including, but not limited to, conduct disorders, or mental illness, who require services from multiple agencies and multiple program systems, and who can be successfully diverted from inappropriate institutional placement.				X
805	Fetal Alcohol Spectrum Disorders (FASD) Screening Children ages birth to age eighteen (18) must be screened within six (6) months of Intake to determine if there is a need for a Fetal Alcohol Spectrum Disorders (FASD) diagnostic evaluation. Youth ages eighteen (18) to twenty-four (24) may be screened for an FASD if the provider has reason to believe that there was prenatal alcohol exposure.				X
806	Fetal Alcohol Spectrum Disorders (FASD) - Treatment Treatments and interventions recommended by the FASD multi-disciplinary diagnostic team must be either provided or facilitated by the service provider. Referral to the local MAP Team should be made when appropriate.				X
807	Respite				X

	Respite is a short-term planned relief care in the home or community for children/youth with serious emotional/behavioral disturbances or mental health challenges. This service offers time out for caregivers and children/youth, helping family members to cope with their responsibilities, to rest and regroup, facilitate stability, and feel less isolated from the community, family and friends. The provision of services is child-centered with the family participating in all decision-making, community based and culturally competent.				
808	Wraparound Facilitation Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.				X
809	Urine Drug Screens	X		X	
810	Adult Making A Plan (AMAP) Team Review meeting Adult Making A Plan (AMAP) Teams address the needs of adults, age 21 years and above, with serious mental illness or dually diagnosed (SMI/DD or SMI/A&D) who have frequent/multiple placements in inpatient psychiatric services which could possibly be prevented with the coordinated efforts of multiple agencies and services.	X			

HOME AND COMMUNITY BASED ID/DD SERVICES (8888)		MH	IDD	SA	CY
901	Support Coordination Support Coordination Services are provided to individuals enrolled in the ID/DD Waiver. Support Coordination Services coordinate and monitor all services an individual on the ID/DD Waiver receives, regardless of funding source, to ensure services are adequate, appropriate, meet individual needs, and ensure the individual's health and welfare needs are met.		X		
903	In-Home Nursing Respite Services In-Home Nursing Respite Services are provided to individuals enrolled in the ID/DD Waiver. In-Home Nursing Respite Services provide temporary, periodic relief to those persons normally providing the care for an eligible individual who requires services that can only be provided by licensed nurses. In-Home Nursing Respite Services are also provided when the usual care giver is absent or incapacitated due to hospitalization, illness, or injury or upon their death.		X		
905	Community Respite		X		

HOME AND COMMUNITY BASED ID/DD SERVICES (8888)		MH	IDD	SA	CY
	Community Respite Services are provided to individuals enrolled in the ID/DD Waiver. Community Respite Services are designed to provide families/care givers a safe place in the community where they can take their family member on a short-term basis for the purpose of relieving the family or caretaker or to meet planned or emergency needs. Typically, Community Respite Services are provided at times when other types of services are not available such as evenings and weekends.				
907	Supervised Living Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day.		X		
908	Supported Living Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.		X		
909	Day Services - Adult ID/DD Waiver Day Services - Adults are designed to foster greater independence, personal choice, and improvement/retention of self-help, socialization, positive behavior, and adaptive skills. Services are provided in a community-based setting. A central component of the service is to provide opportunities for individuals to become more independent, productive, and integrated in their community.		X		
910	Prevocational Services Prevocational Services are provided to persons not expected to be able to join the general workforce within one year (excluding Supported Employment Services). Activities can be either center based or community based and are not primarily directed at teaching specific job skills, but at underlying skills which are useful in obtaining community employment.		X		
912	Behavior Support/Intervention Behavior Support and Intervention Services are designed for individuals who exhibit behavior problems which cause them not to be able to benefit from other services being provided		X		

HOME AND COMMUNITY BASED ID/DD SERVICES (8888)		MH	IDD	SA	CY
	or cause them to be so disruptive in their environment(s) there is imminent danger of causing harm to themselves or others.				
917	Home & Community Supports Home and Community Supports offer a range of services for individuals who require assistance to meet their daily living needs, ensure adequate functioning in their home and community, and provide safe access to the community.		X		
918	Supported Employment – Individual Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business.		X		
919	Supported Employment – Group Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person.		X		
920	Host Homes Host Homes are private homes where an individual lives with a family and receives personal care and supportive services. Host Home Families are a stand-alone family living arrangement in which the principal caregiver in the Host Home assumes direct responsibility for the participant's physical, social, and emotional well-being and growth in a family environment.		X		
921	Crisis Intervention Crisis Intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or others and/or may result in the individual's		X		

HOME AND COMMUNITY BASED ID/DD SERVICES (8888)		MH	IDD	SA	CY
	removal from his/her current living arrangement. This service is provided on a 1:1 staff to individual ratio.				
922	Job Discovery Job Discovery is a person-centered service assisting the individual with volunteerism, self-determination, and self-advocacy. Services identify the wants and needs for supports and develop a plan for achieving integrated employment. Individuals are allowed to explore jobs, job shadow, research/interview for job information, analyze job tasks, prepare for employment and develop business plans for self-employment. Job discovery is time-limited and age-restricted.		X		
923	Transition Assistance Transition Assistance is a one (1) time set up expense for individuals who transition from institutions (ICF/IID or Title XIX nursing home) to a less restrictive community living arrangement such as a house or apartment where they receive Supervised or Supported Living services, or a Host Home living arrangement and who do not use services provided through the Bridge to Independence (Money Follows the Person) program.		X		
924	Crisis Support Services Crisis Support is provided in an ICF/IID and is used when an individual's behavior or family/primary caregiver situation becomes such that there is a need for immediate specialized services that exceed the capacity of Crisis Intervention.		X		
925	Shared Supported Living Services Shared Supported Living services are for individuals age 18 and older and are provided in compact geographical areas (e.g. an apartment complex) in residences either owned or leased by themselves or a provider. Staff supervision is provided at the program site and in the community but does not include direct staff supervision at all times. Staff must be awake and available to respond to requests for assistance within 5 minutes. Activities include assistance with accessing the community and enhancing independent living abilities.		X		
926	In-Home Respite In-Home Respite provides temporary, periodic relief to those persons normally providing care for the eligible individual. In-Home Respite staff provides all the necessary care the usual caregiver would provide during the same time period. This service differs from In-Home Nursing Respite (Service Code 903) because it does not require a nurse provide this service.		X		

States data set

CODE	STATE
AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
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

CODE	STATE
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

COUNTY

County	Abbr	County #	FIPS #	SPH Region	IDD 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	106
Calhoun	CAL	07	28013	203	301	102
Carroll	CAR	08	28015	201	302	105
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	106
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

County	Abbr	County #	FIPS #	SPH Region	IDD Region	CMHC Region
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
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	106
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	106
Wayne	WAY	77	28153	204	304	112

County	Abbr	County #	FIPS #	SPH Region	IDD Region	CMHC Region
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

Technical Requirements

1. Data file submission protocol – file upload providers only

   Providers will submit data files to the CDR web interface. The production website address is https://www.ms.gov/MHProject. Users may request access to the CDR by contacting DMH Division of Information Management and Systems.

2. Data file format

   Data files must be submitted as an ASCII comma delimited file. There are four data subsets. Not all providers will submit four data sets. The minimum number of datasets for any provider is two (Core client data [A/D/I] and Services data [S]). Each data subset should follow the data file specifications outlined in this manual.

3. Validation of file submission

   When a file is uploaded to the CDR web interface, the file will undergo preliminary validation (or pre-validation). This is a quality measure to reduce errors and improve data collection methods. The data file will be checked for valid data codes within specific fields and valid data relational rules. Pre-validation of the file does NOT compare file data to existing data in the CDR. If errors are detected, the file is not accepted for upload to the database. An error report is provided so errors can be corrected. The file can be re-submitted for preliminary validation without delay. The file will not be chosen for upload until all data validations have been corrected.

   The pre-validation process provides a web-based report that identifies the line number, client identifier, data field, and an error message. The pre-validation error report is immediately available. A list of pre-validation error messages follows. This list is an example and not a complete list of possible error messages.

Pre-validation Error Messages:

Error Message	Explanation	Field(s) Affected
Invalid Value	Value in upload file does not match a value in the UDS	Fieldname will be listed in error report
Invalid field length	Value in upload file does not have the correct number of characters required by the UDS	Fieldname will be listed in error report
Required Field	Field cannot be blank or NULL	Fieldname will be listed in error report
DIS_DATE should not be sent based on CLI_STATUS	Client stauts is not a discharge value (09,10) so discharge date should not be provided	DIS_DATE, CLI_STATUS
Relational Edit - Required field based on CLI_STATUS	Discharge date is required when client status is a discharge value (09, 10)	DIS_DATE, CLI_STATUS
Provider Number in filename does not match ORG_CODE in file	Organizational number does not match field ORG_CODE in the upload file	ORG_CODE
Relational Edit - Invalid value based on RCD_TRANS	To add an admission record, RCD_TRANS should be 01 and client status cannot be a discharge value (CLI_STATUS, 09-10). To discharge a client, RCD_TRANS should be an update (4) and client status should be a discharge value (09,10).	CLI_STATUS
Relational Edit - Invalid value based on EMPLOYMENT	Residential arrangement of client indicates correctional facility so the employment should indicate the client is a correctional inmate and living arrangement should be indicate the client lives with non-relatives.	RESID_ARR
Relational Edit - Invalid value based on RESID_ARR	Employment of client indicates correctional inmate so the client's residential arrangement should indicate he/she is in a correctional facility and living arrangement should be indicate the client lives with non-relatives.	EMPLOYMENT
Relational Edit – Invalid value based on DISAB_CATE	Dually diagnosed clients must have a primary focus of treatment (DISAB_DUAL) related to the (DISAB_CATE)	DISAB_DUAL
DSM_PRIN is required based on DSM_2	DSM_PRIN is required because field, DSM_2, has a value entered.	DSM_2
Relational Edit – Required field based on DISAB_CATE	DISAB_DUAL is required if DISAB_CATE is dually diagnosed (4-7) or unknown (8)	DISAB_DUAL

Error Message	Explanation	Field(s) Affected
Relational Edit – DIS_DATE cannot be before ADM_DATE	Self-explanatory	DIS_DATE, ADM_DATE
Relational Edit – ENT_DATE cannot be before the EXT_DATE	Self-explanatory	ENT_DATE, EXT_DATE
Relational Edit – Invalid value based on sex	Male cannot be indicated as pregnant	SEX, PREGNANT
Relational Edit – Invalid value based on sex	Unknown cannot be indicated as pregnant	SEX, PREGNANT
Relational Edit - Invalid value based on type of arrest	When type of arrest indicates DUI/DWI, field for DUI offender must be an applicable value	DUI
Relational Edit - Invalid value based on SUB_CODE_1	Substance problem is none, age of first use should be N/A	FRST_USE_1
Relational Edit - Invalid value based on SUB_CODE_2	Substance problem is none, age of first use should be N/A	FRST_USE_2
Relational Edit - Invalid value based on SUB_CODE_3	Substance problem is none, age of first use should be N/A	FRST_USE_3
Relational Edit - missing SA_DIS_DATE	Discharge data for SA client was provided but SA discharge date was not provided	DIS_DATE, SA_DIS_DATE

Once the file is uploaded to the CDR without error, a secondary database batch process will run.

4. **Batch Processing Reports**
   Once the file has been accepted for upload, the file status can be viewed on the website under Data Submissions. Each file type will have a file status of SUBMITTED, IN PROCESS, or PROCESSED (see figure 6).

   - SUBMITTED – file has passed pre-validation process and has been chosen for upload. File will undergo the batch process at the next scheduled run time.
   - IN PROCESS – batch process is running and upload file is being analyzed. Errors cannot be reviewed until the process has completed.
   - PROCESSED – batch process has completed and error report is available

Organization: 116 TEST PROVIDER

ORGANIZATION INFORMATION	
Contact Name:	JANE DOE
Contact Phone Number:	601 111-1111
Contact Email:	email@aol.com
	Update Provider Information

LAST FILES SENT

Type of File/ Month Rptd	File Submitted/ Date Submitted	File Status	Records in Error:	Total Number of Records:	Per Cent Errors:	
MH 201001	D1161002.TXT 04/20/2010	PROCESSED	1	2	50.00	MH Errors
SA 201001	A1161002.TXT 04/20/2010	PROCESSED	3	3	100.00	Subst Abuse Errors
Intel/Dev		IN PROCESS	0	0	0.00	Intel Dev Errors
Services 201001	S116test.txt 04/20/2010	PROCESSED	2	2	100.00	Services Errors

Figure 6: Organization/Data Submission

The secondary validation, the database batch process, will validate data records in the upload file against existing data. This process runs at the end of each business day and summary results are emailed upon completion. Summary results are sent to the email address on file for each provider (refer to Contact Info). Summary results are also available on the website, under Data Submissions. Users must access the website to obtain an error report.

To see reports on a processed file, click on the corresponding error button. The is a summary report and detailed report available. To view the summary report concerning Mental Health Errors, user should click on the "MH Errors" button. An example screen for MH Errors summary report is shown below (see figure 7).

To download the corresponding error file, click the SUBMIT button, then choose to save the file. Submit

Provider: 116 **File Type:** MH Errors **Records in error:** 1 **Total Number Records:** 2 **Per Cent Records In Error:** 50.00

FIELD NAME	NUMBER	PER CENT	FIELD NAME	NUMBER	PER CENT	FIELD NAME	NUMBER	PER CENT	FIELD NAME	NUMBER	PER CENT
RPT_DATE	0	0.00	RACE	0	0.00	PROBLEM_1	0	0.00	PROGRAM_CODE	0	0.00
RCD_TRANS	0	0.00	HISPANIC	0	0.00	PROBLEM_2	0	0.00	ENT_DATE	0	0.00
ORG_CODE	0	0.00	EDUCATION	0	0.00	DISAB_CATE	0	0.00	EXT_DATE	0	0.00
LOC_CODE	0	0.00	MARITAL	0	0.00	DISAB_DUAL	0	0.00	CONSISTENCY	1	50.00
CLI_ORG_ID	0	0.00	ADM_CNTY	0	0.00	SPMI	0	0.00			
CLI_STATUS	0	0.00	LIVING_ARR	0	0.00	SEDC	0	0.00			
ADM_DATE	0	0.00	RESID_ARR	0	0.00	DSM_1	0	0.00			
ADM_TYPE	0	0.00	EMPLOYMENT	0	0.00	DSM_2	0	0.00			
ADM_REFER	0	0.00	INCOME_SRC	0	0.00	DSM_PRIN	0	0.00			
ADM_REF_OR	0	0.00	INOCME_HOU	0	0.00	DIS_DATE	0	0.00			
LEG_STATUS	0	0.00	INCOME_DEP	0	0.00	DIS_STATUS	0	0.00			
LAST_NAME	0	0.00	ELIG_SSI	0	0.00	DIS_REFER	0	0.00			
FIRST_NAME	0	0.00	ELIG_MCAID	0	0.00	DIS_REF_OR	0	0.00			
MAID_NAME	0	0.00	PAYMENT	0	0.00	DIS_CNTY	0	0.00			
SS_NUMBER	0	0.00	VET_STATUS	0	0.00	MEDICAID #	0	0.00			
BIRTH_DATE	0	0.00	HANDICAP_1	0	0.00	STATE ID	0	0.00			
SEX	0	0.00	HANDICAP_2	0	0.00	INTGR_TREAT	0	0.00			
						ACT_TREAT	0	0.00			

Figure 7: Error Report

A detailed error report is available for download by clicking the “SUBMIT” button at the top right on each of these error summary screens. The detailed error report provides details for each record that was in error on the corresponding uploaded file. These error report files are in comma delimited format and can be opened within Excel. The report can be useful to identify data records having invalid data. This report should be used to reconcile data errors not only in the file upload but within a provider’s local system.