Mental Health Limited Data Set Definitions FY2021

Effective July 1, 2020

Division of Substance Abuse and Mental Health

Change Log

DATE	AUTHOR	VERSION	NOTES
4/5/2019	Kimberlie Raymond	2.0	Added a Nonbinary option to gender to identify client's gender.
6/18/2018	Ryan Carrier	1.2	Updated file for redistribution FY2019
6/18/2018	Ryan Carrier	1.1.1	Updated file for redistribution
6/20/2014	Sandra Cerchiari	1.1	Updated dates to FY2015

Limited Data Set

This limited data set can be used for services that occur while the client is incarcerated, if the client is in crisis, or if the client is only receiving assessment or testing services. Different data elements determine if the client meets these criteria. For clients receiving jail services the location code will need to be "9" so in this case the location code needs to be a valid code. The emergency indicator would need to be set to "Y" for clients in crisis. The CPT codes that are used for testing and assessment will be used to determine if the client is only receiving an assessment/testing service.

This file will be set up exactly like a normal MHE file with the exception that there can be unknowns on many of the fields and it will not error due to too many unknowns. Valid responses are required for the limited dataset on a select number of fields. All other fields that are required in a normal MHE file are still required to be submitted but may be an unknown value.

All files should be run through the validator before trying to upload into SAMHIS.

Diagnosis Codes:
DiagA1 – DiagA10 are for Axis I diagnosis codes. All codes will be checked to see if they comply with the accepted DSM IV format. Codes not conforming to the approve format will be rejected. There is room for up to ten diagnoses with DiagA1 filled out first followed by DiagA2 until there are no more Axis I diagnoses or DiagA10 is filled out. The date corresponding to each diagnosis is the last date the diagnosis was updated.

Enrolled In Education:
All clients should be asked "At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma, a college degree or other formal certification or license.*" This will allow the Division to more fully comply with National Outcome Measures. Code 1 for Yes, 2 for No, and 97 for Unknown. In the future this field will include program types.

Atypical Medication Used:
Code 1 for Yes if the client was prescribed one or more of these atypical medications during the quarter: Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone. Code 2 for No atypical medication was prescribed during the quarter and 97 for Unknown. In the future we will be looking at including the National Drug Codes for the drugs prescribed.

Event Date Rule:

- Event Dates must fall within the current fiscal year. Event dates should include time where available.

- Event dates must fall between the client's birth date and discharge date.

Length of Stay:

Calculated from the date of admission to the most recent event of service, when a discontinuation or discharge date is received for this (unique) admission.

Age Validation:
Client's age is calculated for each event row and cannot be greater than 100.

Sub-contracting Patient Services:
When a Community Mental Health Center (CMHC) sub-contracts any patient services, it is the responsibility of the CMHC to collect necessary documentation from any subcontracted provider necessary to maintain Mental Health Event data reporting to the Division.

Record Number Rule:

Record number field is now required to be unique for a given provider and client ID on admit/event rows. Duplicate record numbers will produce an error. On discharge rows it can be left blank. If supplied on discharge records it will be validated.

Client Name Validation Rules:

Use Legal Names

MHE file will have fields for the following parts of a name:
- Last name
- First name
- Middle name

Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example:	*Mc Donald*	*should be entered as*	*McDonald*
	De La Cruz	*should be entered as*	*DeLaCruz*

Example: Le Ann Mary Ann Mc Cartney
Can be entered as:
First: Le Ann
Middle: Mary Ann
Last: McCartney

Hyphens: Allowed in first, middle, and last names. It is the only allowable punctuation character allowed.
Examples:
(last name) Smith-Jones should be entered as   Smith-Jones
(first name) Jo-Ann   should be entered as   Jo-Ann
(last name) O'Rilley   should be entered as   ORilley
(last name) St. James   should be entered as   StJames
(first name) D'Ann   should be entered as   DAnn or D Ann

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: *J. Edgar Hoover*

            First name: J (no period)

            Middle name: Edgar

            Last Name: Hoover

Enter legal names rather than nicknames
Example: "Bill" should be entered as William
         "Bob" should be entered as Robert
            "C.J." should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed

Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

CSV File Generation Guidelines

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

Discharge Rows

There are two types of records in an MHE file: admit/event and discharge. Discharge data is to be submitted separately from event, admission, diagnosis, and demographic information.

All records with a date in field 57 are considered discharge records.

Discharge records require that you provide data in the following fields: 2, 7, 57, 58, 59, and 68.

All other fields should be left blank. If data is supplied in any other field on a discharge records then that data is validated, but ignored.

Do not put discharge dates on rows with valid admit/event data since that data will not be loaded.

Only one discharge record will be accepted per client per admission in a given file.

Files with multiple discharge records for the same client / admission will fail to load.

Discharge dates cannot fall before any event dates for a given client and admission.

* This check is to make sure that valid admit/event data is not lost.

NOMS Values Reporting

T1 NOMS values will be taken from the first admit/event record of the reporting period (state fiscal year) and T2 NOMS values will be taken from the last date of service (most recent event record) within the reporting period.

Percent (%) Unknown Validations

The Client-side Validation Application will check for "unknown" values for fields identified in the *Mental Health Events File Format* table below with a value in the 'Unknown %' column.

Only the most recent event row for each client in the file will be used to calculate the unknown percentages. Event rows will be sorted by client and then by event date to determine the most recent event row for each client.

Discharge rows, assessment services, and services provided with the location code of "prison/correctional facility" are not included in the % of unknown calculations.

Files with unknown percentages over the acceptable limit will cause the file to error out. Processing of a file with unacceptable unknown percentage(s) will require SAMHIS Administrator assistance to override the error.

File Processing Sort Rules

MH Event Rows
Sorting as follows with subsequent sort rules applying within the 'parent' sort rule.
- System Trans Type (Delete, Add and then Change)
* - MH Provider ID (numeric ascending)*
*   - client ID (provider's) (alphanumeric ascending)*
*   - admit date (chronological)*
*   - event date (chronological)*

MH Discharge Rows
All discharge rows are not processed until all event records in the file have either been processed successfully or were canceled. Same sort order rules apply for discharge rows (where applicable).
Sorting as follows with subsequent sort rules applying within the 'parent' sort rule.
- System Trans Type (Delete, Add and then Change)
* - MH Provider ID (numeric ascending)*
*   - client ID (provider's) (alphanumeric ascending)*
*   - admit date (chronological)*
*   - discharge date (chronological)*

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
1	ProviderEventRecordIDNo	Provider event record ID number	String value that uniquely identifies a client event for the provider.	string (50)		Yes	Yes	Key field. Use a unique ID for every event record, that can be used to identify the same unique event record in your system. All admit/event records require fields 1,2 and 7. Duplicate record numbers will produce a file submission error. This field can be left blank on discharge records. If data is provided in this field on a discharge record then that data is validated.
2	ClientID	Client Identifier	Mapped value from MHO. (Unique client identifier)	string (15)		Yes	Yes	Key field. Client ID to be unique within the MHO and unique to each client admitted or readmitted to that MHO. It must not be reassigned to another client. Mapping must be consistent across quarters. All records require fields 2 and 7.
3	FirstName	Client's full legal first name	Only characters specified in MH Data Definitions.	string (25)		Yes	Yes	See MH Data Definitions document for name validation rules.
4	LastName	Client's full legal last name	Only characters specified in MH Data Definitions.	string (30)		Yes	Yes	See MH Data Definitions document for name validation rules.
5	MiddleName	Client's full legal middle name	Only characters specified in MH Data Definitions.	string (25)			No	See MH Data Definitions document for name validation rules. If client does not have a middle name leave blank.
6	SSN	Social Security Number	000-00-0000 = Unknown 999-99-9999 = None	string (11) NNN-NN-NNNN			No	Missing SSN updated at six month review. SSA modified the SSN assignment rules June 25, 2011 and SSNs are assigned randomly using all available numbers except those starting 000, 666, 900-999. We will also do not allow 123-45-6789 or 099-99-9999. Valid SSNs cannot be utilized by more than 1 client.
7	DateAdm	Date of most recent client admission	date	string (10) MM/DD/YYYY		Yes	Yes	Key field. Note: All records require fields 2 and 7 regardless if they are an event or a discharge record only.
8	LegalSta	Legal Status	Y = Civilly Committed N = Not Civilly Committed F = Forensic commitment -State Hosp only 97 = Unknown	string (2)	10%		Yes	This required variable is to be updated at the 6-month case review. All adult and youth commitments and youth NDFF commitments are to be reported here.
9	Gender	Gender	1=Male 2= Female 3=Nonbinary	number (1)		Yes	Yes NOMS	
10	DateBir	Date of birth	Legal date	string (10) MM/DD/YYYY		Yes	Yes NOMS	Note: 4-character year
11	Hispanic	Hispanic or Latino origin	Y = Yes N = No 97 = Unknown	string (2)	10%		Yes NOMS	
12	Race	Race	1 = American Indian 2 = Asian 3 = Black 4 = White 5 = Other single race 6 = Alaskan Native 7 = Pacific Islander 8 = Two or more races 97 = Unknown	number (2)	10%		Yes NOMS	
13	Marital	Marital status	1 = Never married 2 = Now married 3 = Separated 4 = Divorced 5 = Widowed 97 = Unknown	number (2)	10%		Yes	Never Married: Includes those whose only marriage was annulled. Married: Includes those living together as married. Separated: Includes those separated legally or otherwise absent from spouse because of marital discord.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
14	Education	Completed years of education	0-25 (GED = 12) 40 = Nursery School, Pre-school (including Head Start) 41 = Kindergarten 42 = Self-contained Special Education Class (no equivalent grade level) 43 = Vocational School 97 = Unknown	number (2)	10%		Yes	If more than 25 years of education completed use "25". Vocational school includes business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes.
15	Enrolled in Education	At any time IN THE LAST 3 MONTHS, has this person attended school or college?	1 = Yes 2 = No 97 = Unknown	number (3)	10%		Yes NOMS	This required variable is to be updated at the 6-month case review or when a change is indicated. All clients should be asked "At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma. a college degree or other formal certification or license."*
16	Income	Gross monthly household income at admission	Actual gross monthly household income to the nearest dollar. 0 = None 97 = Unknown	number (6)	20%		Yes	Total of all legal monthly income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income. Do not use commas, decimals, or dollar signs ($). For example, $100.00 should be "100", not "100.00" or "10000".
17	RefSrce	Source of referral at admission	1 = Self 2 = Family or friend 3 = Physician or medical facility 4 = Social or community agency 5 = Educational system 6 = Courts, law enforcement, correctional agency 7 = Private psychiatric/mental health prog. 8 = Public psychiatric/mental health prog. 9 = Clergy 10 = Private practice mental health professional 11 = Other persons or organizations 97 = Unknown	number (2)	10%		Yes	
18	FamSize	Total number in family who live at home	1-96 = Number of persons 97 = Unknown	number (2)	10%		Yes	Client must be included in count, which means this number must be 1 or greater.
19	Veteran	Veteran status (Have you ever or are you currently serving in the military?)	Y = Yes N = No 97 = Unknown	string (2)	10%		Yes	This required variable is to be updated at the 6-month case review. (Have you ever or are you currently serving in the military?)

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
20	Language	What language needs to be spoken during therapy? (admission only)	00 = English 01 = American sign language 02 = Arabic 03 = Bosnian 04 = Cambodian 05 = Chinese 06 = Croatian 07 = Farsi 08 = French 09 = Greek 10 = German 11 = Italian 12 = Japanese 13 = Kurdish 14 = Laotian 15 = Native American: Navajo 16 = Native American: Ute 17 = Russian 18 = Samoan 19 = Serbian 20 = Somali 21 = Spanish 22 = Swahili 23 = Tibetan 24 = Tongan 25 = Vietnamese 26 = Zulu 27 = Other (Specify in next question) 97 = Unknown	string (2)	10%		Yes	
21	Languag2	If the response was 27 above, please write the "other" language that needs to be spoken during therapy	--------------------------------	string (20)			No	If code 27 is chosen in field 20 this field must be filled out.
22	PrvTxAny	Previous mental health treatment of any kind	Y = Yes N = No 97 = Unknown	string (2)	10%		Yes	
23	PrvTxUSH	Previous mental health treatment at the Utah State Hospital	Y = Yes N = No 97 = Unknown	string (2)	10%		Yes	
24	PrvTxMHO	Previous mental health treatment at this mental health center	Y = Yes N = No 97 = Unknown	string (2)	10%		Yes	

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
25	ExpPaymt	Expected principal payment source as reported by staff.	1 = Provider to pay most cost 2 = Personal resources 3 = Commercial health insurance 4 = Service contract 5 = Medicare (Title XVIII) 6 = Medicaid (Title XIX) 7 = Veterans Administration 8 = CHAMPUS 9 = Workers compensation 10 = Other public resources 11 = Other private resources 97 = Unknown	number (2)	10%		Yes	Expected principal payment source is defined as the source expected to pay the highest percent of the cost. This should now be reported by staff, as is done for substance abuse clients. Funding sources are too different at present to combine with Division of Substance Abuse.
26	GAF	GAF score	0-99	number (2)			No	See DSM IV Axis V for definitions. GAF should be re-evaluated at each treatment plan review or as needed to support the current level of care
27	Severity	Severity level (SED or SPMI)	Y = Yes (SED or SMI) N = No (not SED or SMI) 97 = Unknown	string (2)	5%		Yes	This required variable is to be updated at the 6-month case review. Specify if client meets the criteria for either SED or SMI, depending on age.
28	DiagA1	Axis I Diagnosis 1	DSM IV Code	string (6)	5%		Yes	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated; up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses.
29	DiagA1_Date	Date DiagA1 was given		string (10) MM/DD/YYYY			Yes	
30	DiagA2	Axis I Diagnosis 2	DSM IV Code	string (6)			No	
31	DiagA2_Date	Date DiagA2 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
32	DiagA3	Axis I Diagnosis 3	DSM IV Code	string (6)			No	
33	DiagA3_Date	Date DiagA3 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
34	DiagA4	Axis I Diagnosis 4	DSM IV Code	string (6)			No	
35	DiagA4_Date	Date DiagA4 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
36	DiagA5	Axis I Diagnosis 5	DSM IV Code	string (6)			No	
37	DiagA5_Date	Dage DiagA5 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
38	DiagA6	Axis I Diagnosis 6	DSM IV Code	string (6)			No	
39	DiagA6_Date	Date DiagA6 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
40	DiagA7	Axis I Diagnosis 7	DSM IV Code	string (6)			No	
41	DiagA7_Date	Date DiagA7 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
42	DiagA8	Axis I Diagnosis 8	DSM IV Code	string (6)			No	
43	DiagA8_Date	Date DiagA8 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
44	DiagA9	Axis I Diagnosis 9	DSM IV Code	string (6)			No	
45	DiagA9_Date	Date DiagA9 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
46	DiagA10	Axis I Diagnosis 10	DSM IV Code	string (6)			No	
47	DiagA10_Date	Dage DiagA10 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
48	DiagB1	Axis II Diagnosis 1	DSM IV Code	string (6)			No	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 3 on Axis II. Leave subsequent fields blank if no subsquent diagnoses.
49	DiagB1_Date	Date DiagB1 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
50	DiagB2	Axis II Diagnosis 2	DSM IV Code	string (6)			No	
51	DiagB2_Date	Date DiagB2 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
52	DiagB3	Axis II Diagnosis 3	DSM IV Code	string (6)			No	
53	DiagB3_Date	Date DiagB3 was given		string (10) MM/DD/YYYY			No	A date is required if there is a corresponding diagnosis.
54	Employmt	Employment status (Code only one. Items are listed in priority. If more than one is checked, code only highest priority. This information may be collected by staff, intake workers, or ,clinicians at admission. However, only clinicians may report the data at each 6- month evaluation.)	1 = Employed full time (35 hrs or more) 2 = Employed part time (less than 35 hrs) 3 = Supported/Transitional Employment 4 = Homemaker 5 = Student 6 = Retired 7 = Unemployed, seeking work 8 = Unemployed, NOT seeking work 9 = Disabled, not in labor force 10 = Ages 0-5 97 = Unknown	number (2)	10%		Yes NOMS	Both supported and transitional employment involve the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship. This required variable is to be updated at the 6-month case review.
55	LivingAr	Living arrangement This information may be collected by staff, intake workers, or clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.)	1 = On the street or in a homeless shelter 2 = Private Residence - Independent 3 = Private Residence - Dependent 4 = Jail or correctional facility 5 = Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6 = 24-hour residential care 7 = Adult or child foster home 97 = Unknown	number (2)	10%		Yes NOMS	Private Residence - Independent = Individaul lives alone or with others without supervision. Private Residence - Dependent = Individual is living with parents, relatives, or guardians. This required variable is to be updated at the 6-month case review.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
56	County	County of residence at admission	001 = Beaver 003 = Box Elder 005 = Cache 007 = Carbon 009 = Daggett 011 = Davis 013 = Duchesne 015 = Emery 017 = Garfield 019 = Grand 021 = Iron 023 = Juab 025 = Kane 027 = Millard 029 = Morgan 031 = Piute 033 = Rich 035 = Salt Lake 037 = San Juan 039 = Sanpete 041 = Sevier 043 = Summit 045 = Tooele 047 = Uintah 049 = Utah 051 = Wasatch 053 = Washington 055 = Wayne 057 = Weber 097 = Unknown	string (3)	10%		Yes	
57	DateDisc	Date of discontinuation or discharge	Legal date	string (10) MM/DD/YYYY			No	If the Discharge/discontinuance date field is provided then only fields 2, 7, 58, 59, and 68 are required. Discharge/discontinuance dates must fall on or after the most recent event date for the client and admission.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
58	RefDisc	Referral at discontinuation or discharge	0 = Not yet discharged/discontinued 1 = Self (code as 14-not referred) 2 = Family or friend (code as 14) 3 = Physician, medical facility 4 = Social or community agency 5 = Educational system 6 = Courts, law enforcement, correctional agency 7 = Private psychiatric or private mental health program 8 = Public psychiatric or public mental health program 9 = Clergy 10 = Private practice mental health profess. 11 = Other person or organization 12 = Deceased 13 = Dropped out of treatment/ Administrative Discharge 14 = Not referred (see notes to 1 and 2) 97 = Unknown	number (2)			Yes, This field is now required. If client is not discharge, code "0".	*Code self* as "not referred" (14) and *family or friend* as "not referred" (14). **If a discharge or discontinuation date is present in field 57, "0" can not be used in this field.**
59	TxComplt	Treatment completion at discontinuation	1 = Completed/substantially completed 2 = Mostly completed 3 = Only partially completed 4 = Mostly not completed 5 = Does not apply (Evaluation only)	number (1)			No	This field must be filled out if field 57 is supplied and left blank if no discharge date(field 57) is available.
60	AtypicalMed	Atypical Medication Used	1 = Yes 2 = No 97 = Unknown	string (11)	20%		Yes	Was an atypical medication(Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone) prescribed at least once during the quarter?
61	EventDateTime	Date and time of event	Any legal date and time	string (19) MM/DD/YYYY hh:mm:ss		Yes	Yes	For every service given to a client a new record must be generated with a date. Event dates must fall within the current fiscal year **and be between the client's birth date and discharge date.** If your system doesn't track time for events then specify 00:00:00 for the time part. Be sure to put a single space between the date and time.
62	Service Code	Service being provided	*(See notes)*	string(15)		Yes	Yes	A list of the Service Codes can be viewed/downloaded from the SAMHIS Website. (https://www.dsamh.dhs.utah.gov/samhis)
63	Service Code Modifier	Modifier for service code	*(See notes)*	string(10)			No *(see notes)*	A list of the Service Codes can be viewed/downloaded from the SAMHIS Website. (https://www.dsamh.dhs.utah.gov/samhis) *Leave blank when service code does not have a modifier.*
64	EventDuration	Duration of event in either days or hours (see notes)	Number of hours or days	string (6) NNN.NN		Yes	Yes	Value is in either days or hours depending on the Service Type of the event. Hours may be expressed as decimal fractions (e.g., one hour and 45 minutes = 1.75). Days may not be reported in decimals. No more than one day may be reported for each event per day. For service codes 124, 170, H2016 this field cannot be greater than 1.00 otherwise this field cannot be greater than 16.00. Events with a duration of 0 (zero) will not be saved into the database, because these events are not billable services.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
65	FundingSrc	Funding source	1 = Medicaid 2 = Non-Medicaid 3 = Unfunded 4 = Medicaid, but service not covered by Medicaid 5 = Underfunded, has funding but it does not cover all services.	number (1)			Yes	Medicaid funding is determined retroactively. **Code 1** if client is on the Medicaid monthly eligibility list for the month services were received. **Code 2** if client has other non-medicaid funding source [i.e. personal resources (full cost of services), private insurance, medicare, or service contract, etc.]. **Code 3** if client has no other funding source (unfunded 2.7, other county funds, and does not meet the definition of codes 1, 2, 4, or 5). **Code 4** if the client is on the Medicaid monthly eligibility list but the service provided is not covered by Medicaid. **Code 5** if the client has a type of funding (i.e., personal resources, insurance, medicare, other service contract, etc.) but the service provided is not covered.
66	SAMHIS Client ID	Unique ID specified by the SAMHIS system		string (10)			No	SAMHIS Client ID should be included or left blank until available
67	emergency_ind	Emergency Indicator	Y = Yes N = No	string(2)		Yes for crisis clients	Yes	As of FY2010 this field replaces service code 180 for reporting of emergency hours.
68	ProviderId	Provider Identifier	State assigned MH Provider ID	string(15)			Yes	Key Field. This is your state assigned provider ID. IDs are always at least 2 characters in length.
69	criminal_justice_nbr	Number of Arrests	0-96=Number of Arrests 97=Unknown	number (2)	10%		Yes NOMS	This item is intended to capture the number of times the client was arrested for any cause during the preceding 30 days. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. This required variable is to be updated at the 6-month case review.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
70	location_cd	location code	01 - Pharmacy 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 09 - Prison/Correctional Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 17 - Walk-in Retail Health Clinic 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance - Air or Water 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment 56 - Psychiatric Residential Treatment Center 57 - Non-residential Stubstance Abuse Treatment 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation 62 - Comprehensive Outpatient Rehabilitation 65 - End Stage Renal Disease Treatment Facility 71 - State or Local Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory	number (2)		Yes for Jail clients	Yes	Data elements on client services with the location code of 09 - Prison/Correctional Facility is exempt from unknowns.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
71	sys_trans_type_cd	System Transaction Type Code	A - Add D - Delete C - Change	string(1)			Yes	Add is for adding new rows. Delete is for removing event and admission data from SAMHIS. Submit a delete row in conjunction with an Add row to fix a key field that has changed. Change is for updating an existing row with new updated information for an existing admission/event. Change(update) cannot be used to fix a key field change. For Add and Change system transaction type codes all required fields must be supplied with valid data in each field. Only difference will be that a change record will error out if an existing admission/event record is not already found for the given key admission fields and event recordno. Change records should be sent any time one of the data elements n the spec are modified or when needing to change a baseline (T1 or T2) or discharge value for a NOM data element. For Delete records all admission key fields and the record number (recordno) must be supplied. The rest of the fields can be filled-in or left blank. To delete an admission all event records for the given admission must be deleted. * Remember that every row must have the correct number of commas. * Files are sorted and processed as follows: Discharge rows are filtered out of the file (to be processed later). Remaining data is sorted by: system transaction type (D,A,C), provider ID, client ID, admit date, event date. All Delete rows are processed first, then Add rows and finally change rows. *Discharge rows are not processed until all admisssion/event rows have been processed successfully or canceled.*
72	tobacco_use	Tobacco Use	1 = Never Smoked 2 = Former Smoker 3 = Current Some Day Smoker 4 = Current Everyday Smoker 6 = Use Smokeless tobacco Only (In last 30 days) 97 = Current Status Unknown 98 = Not Applicable 99 = Former Smoking Status Unknown.	number (2)	10%		Yes	This field is used to track the tobacco (both cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both Cigarettes and Smokeless Tobacco only keep track of the Frequency of Cigarette use. If they only use smokeless tobacco then use the corresponding code. Current Some Day Smoker - Occasional user This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.
Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Valid Repsonse required	Required*	Notes
73	EBP1	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			Yes	Submit the EBP code(s) that corresponds with this service as listed in their treatment plan and reported when provided to fidelity.
74	EBP2	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
75	EBP3	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
76	EBP4	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
77	EBP5	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
78	EBP6	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
79	EBP7	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
80	EBP8	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
81	EBP9	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
82	EBP10	Evidence Based Practice	See Code List available on the SAMHIS website.	number (3)			No	
83	medicaid_id Medicaid Number	Clients Medicaid ID	Clients Medicaid ID Number 97=Unknown 98=Not Applicable	string (10)			Yes	The client's Medicaid number. Field must be either 2 (Unknown / NA) or 10 characters in length

* Fields marked as required must be submitted except when submitting a discharge record. (See the note on field # 57.)