Mental Health Data Definitions FY2024

Effective July 1, 2023

Office of Substance Use and Mental Health

Updated 4/19/2023

Change Log

DATE	AUTHOR	VERSION	NOTES
3/22/2023	Tom J. Maggio	4.1	Updated to FY24
2/10/2022	Kimberlie Raymond	4.0	Updated to FY23
2/3/2022	Kimberlie Raymond	3.1	Changed wording in Homeless section to reflect they/their rather than he/she.
7/12/2021	Kimberlie Raymond	3.0	Updated for FY2022, Removed Compelled (field 85), and Referral Source (field 17 and 58) will now collect this information with the Justice Referral option. Your Name and Date.
4/2/2020	Kimberlie Raymond	2.1	Added Telehealth to location field.
4/3/2019	Kimberlie Raymond	2.0	Added a Nonbinary option to gender to identify client's gender.
8/14/2018	Kimberlie Raymond	1.7.6	Updated field 58 Referral Discharge to align with Admit Referral Source.
3/13/2018	Kimberlie Raymond	1.7.5	Updated the admit referral source. Updated "Living Arrangement "unknown" code.
3/28/2017	Ryan Carrier	1.7.4	Updated for FY2018. Aligned MHE race and ethnicity codes with specs from Substance Use specs. Updated Tobacco Use notes to cover nicotine products including e-cigarettes/vaping. Provided specificity to Compelled notes.
07/01/2016	Sandra Cerchiari	1.7.3	Undated for FY2017. Added unknown value for compelled into treatment field.
11/16/2015	Sandra Cerchiari	1.7.2	Added new data elements for court ordered treatment and risk level, effective January 1, 2016.
5/26/2015	Sandra Cerchiari	1.7	Updated for FY2016, changed the DSM/ICD-10 code length, added free text field for comments, Changed referral source to event level instead of at admission and changed the required update times for referral source and employment to every 3 months.
6/20/2014	Sandra Cerchiari	1.6.6	Updated to FY2015 and change to the Severity Level data element changing SPMI to SMI.
7/10/2013	Sandra Cerchiari	1.6.5	Added new employment code and made changes to the notes for education and funding source.
7/5/2013	Sandra Cerchiari	1.6.4	Added code values to funding source and updated notes.
4/25/2013	Sandra Cerchiari	1.6.3	Updated specs for FY2014. Added unknowns on Number of Arrests and remove unknowns on assessment/jail.
10/9/2012	Sandra Cerchiari	1.6.2	Add Medicaid ID #.
7/6/12	Sandra Cerchiari	1.6.1	Added new variables for Education field to conform to spec from feds on Client Level Data submission.
3/26/12	Sandra Cerchiari	1.6	Updated Specs for FY2013. Added Tobacco Use, additional location codes and EBP's and included file sort processing rules in the narrative.
12/14/2011	Sandra Wissa	1.5.2	Change requirements for SSN, change school question to meet NOMS. Added a more descriptive note for Veteran Status and Legal Status.
8/18/2011	Sandra Wissa	1.5.1	Added additional location codes to be used starting August data submissions (July data).
8/9/11	Sandra Wissa	1.5	Updated Specs for FY2012. Deleted the "other" category in Living Arrangements effective January 1, 2012.
5/31/2011	Sandra Wissa	1.4.9	Fixed errors on discharge information.
5/12/2011	Dori Wintle	1.4.8	Added information to system transaction type notes and revised discharge record section.
4/28/2011	Dori Wintle, Sandra Wissa	1.4.7	Modified Inpatient Definition, revised EventDuration value notes.
10/20/2010	Dori Wintle, Casey Loveland	1.4.6	Added new location_code and sys_trans_type_cd fields. These new fields will be added for the data submitted February (January 2011 data).
4/22/2010	Dori Wintle, Casey Loveland	1.4.5	Updated specs for FY2011. Added Criminal Justice Indicator. Add additional clarification on Inpatient Treatment Day definition.
3/29/2010	Dori Wintle, Casey Loveland	1.4.4.2	Updated State Service Type Code section per discussion with Data Managers. Added note to event duration field regarding the handling of records with an event duration of zero '0'.
3/23/2010	Dori Wintle	1.4.4.1	Updated State Service Type Code section.
3/19/2010	Dori Wintle, Casey Loveland	1.4.4	Added the State Service Type Code descriptions back into the specification. Removed Service Code/Modifier and State Service Type codes crosswalk tables and replaced with a note directing the reader to the SAMHIS website to view/download the latest codes. Cleaned up the footnotes for the Field Definitions Supplement table.
1/21/2010	Casey Loveland	1.4.3.1	Updated code descriptions for provider service codes 90846, 90847, 90849.
11/2/2009	Casey Loveland, Dori Wintle	1.4.3	Updated Provider Service code (CPT) attachment tables. Added new table with provider service codes sorted by Mandated Service Category. Added table with State Service codes and their descriptions.
9/9/2009	Casey Loveland	1.4.2	Removed Unknown percentage on AXIS I Diag I Date field since this field does not have an unknown value. Updated CPT Codes. There are now 2 versions of the table. One sorted by Provider Service Code and one Sorted by State Service Type.
7/16/2009	Casey Loveland, Dori Wintle	1.4.1	Updated note for GAF. Make changes to the draft service codes specification (attachment A). Updated SSN note.
7/08/2009	Casey Loveland	1.4	Replace the use of service type codes with CPT/HCPCS codes. Add service code modifier and

			provider ID. Removed "Type of Event and Definitions" narrative section.
6/22/2009	Casey Loveland, Dori Wintle	1.3.2	Removed service codes 172 and 180. Added emergency indicator (field 66).
6/8/2009	Casey Loveland, Dori Wintle	1.3.1	Updated Unknown percentage calculation description. Unknown percentages are now errors, instead of warnings. Update Funding Source code values. Added Subcontracting Patient Services section. Remove service type code 70. Fixed
3/23/2009	Casey Loveland	1.3	First spec version for FY2010. Remove "2.7 Unfunded Appropriation" funding source (field 64). Fixed field references in the table for discharge records.
1/27/2009	Casey Loveland	1.2.2	Updated notes in file format table for Legal Status (field 8), Veteran Status (field 19), GAF Score (field 26) and Living Arrangement (field 55).
9/8/2008	Casey Loveland	1.2.1	Updated for deploy to website.
9/3/2008	Dori Wintle	1.2	Added definition for Foster Home living arrangement, added definition for client served
6/2/2008	Casey Loveland	1.1	Remove disability fields.
5/8/2008	Casey Loveland, Dori Wintle	1.0	FY2009 change: Added new race code: "Two or more races". Changed "other" race code description to "Other single race".
04/02/2008	Casey Loveland	.10	Added new SSN validation rules.
01/02/2008	Casey Loveland	.09	Added detailed validation for service type codes (see File Format Table). Fix page numbering.
			Add text for Age validation.
02/01/2007	Dori Wintle	.08	Suspended codes 21 and 22 until further notice. Removed adult from Residential Support Day description as this code can be used for both youth and adult. Changed description on code 23 to include all assessments or evaluations (except crisis which should be code 180). Changed description to reflect more of the Medicaid description. Removed 2007 new/change highlighting for FY2008. Added new funding source. (2.7 Unfunded Appropriation)
01/09/2007	Sandra Wissa	.07	Updated Living Arrangement Definitions as follows: added Crisis Residence and Children/Youth Residential Treatment Facility and removed Other and collapsed with or without support into one category Private Residence. Updated footnotes changing 16-State Project to Uniform Reporting System. Added rule for Length of Stay calculation.
09/15/2006	Casey Loveland	.06	Added note section about submitting data for multiple providers. Updated GAF valid data range to be 0-99.
08/24/2006	Casey Loveland, Dori Wintle, Brad Loveland	.05	Event dates must fall between the client's birth date and the discharge date. Updated Discharge Rows section to state that discharge rows are not included when calculating % of unknowns.
08/17/2006	Casey Loveland, Dori Wintle	.04	Added detailed description for Marital Status to include descriptions of each code value. Descriptions were adopted from TEDS specification.
08/9/2006	Casey Loveland, Dori Wintle, Brad Loveland	.03	Make Format field definitions more accurate. Update definition for record no and discharge date to not force record no as a required field. Re-word all instances of discharge record definitions to include the validation of non-required fields.
07/19/2006	Casey Loveland, Dori Wintle, August Lehman, Brad Loveland	.02	Rewrote text block describing discharge records with new discharge row description.
07/12/2006	Casey Loveland, Dori Wintle, Brad Loveland	.01	Added this revision block. Changed HLCI to SAMHIS_CLIENT_ID. Added note about how rows with discharge dates will be handled differently than rows without discharge dates. Added additional information about Unknown % calculation validations.

Event or Services Minimum Data Set

An event is characterized as:

- A transaction between a staff member of a mental health organization and a client in which a significant activity occurs.

- A significant action by a staff member on behalf of a client, i.e., interviewing a collateral, providing various kinds of adjunctive services, and many case management activities;

- Other actions by staff that facilitate the provision of services to or on behalf of clients, i.e., activities that support the continued operation of the organization.
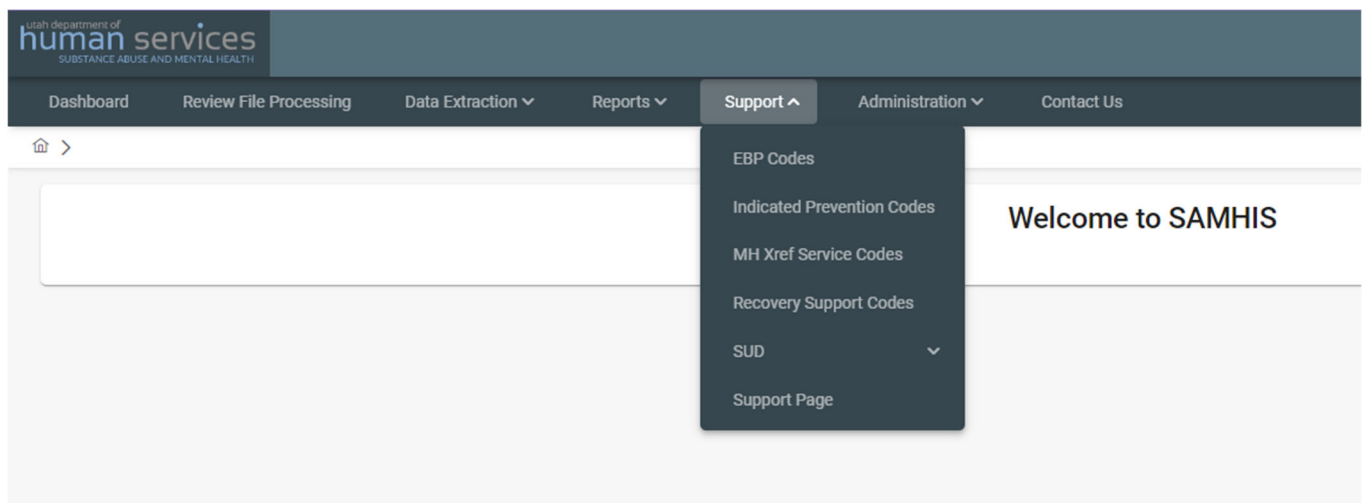
Client Served

- A client served is defined as an individual who receives any event of service or services with an event date that is within the current fiscal year.

Service Code, State Service Type, and Mandated Service Cross Reference Table

An up-to-date Service Code/State Service Type/Mandated Service cross reference table can be viewed and downloaded from the SAMHIS Website.

Once you are on the site, Go To the Support Drop-down menu and Select MH Xref Service Codes Option as seen in this screenshot:

State Service Type Definitions

ASSESSMENT

Mental health services are provided to clients on an hourly basis, on an individual or group basis, and usually in a clinic setting. Services such as screening, assessment, testing, crisis intervention, outreach, and psychiatric treatment can be included. Outpatient services may be diagnostic, therapeutic, or adjunctive. Assessment Services data elements are exempt from unknowns when submitting to SAMHIS.

22   Diagnosis and Assessment:

The face-to-face assessment or evaluation used to determine the existence, nature, and extent of a mental illness or disorder for the purpose of identifying the consumers need for mental health services. This code may be used in conjunction with treatment planning given that criteria for assessment or evaluation are met.

TESTING

24   Diagnosis & Assessment: Testing

Testing is not routine, but a special clinical test administered to a particular patient for a diagnostic or treatment purpose. Various psychometric tests are administered face-to-face. Also recorded is time spent reporting test feedback to the patient or family members. This service does not typically result in assigning client diagnosis.

THERAPY

30   Treatment: Individual

Face-to-face clinical treatment of an individual patient or collateral.

35   Individual Therapeutic Behavioral Services

Face-to-face clinical treatment of an individual patient or collateral.

40   Treatment: Family

Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, or couples living together as married.

50   Treatment: Group

Face-to-face clinical treatment in the same session of two or more unrelated patients. It may also include cases where the group is composed of two or more families or couples.

MEDICATION MANAGEMENT

61   Treatment: Medication Mgt: MD

Prescription, administration, observation, evaluation, alteration, continuance, or termination of a patient's neuroleptic or other medication by a physician.

62   Treatment: Medication Mgt: Nurse

Administration, observation, and evaluation of a patient's medication by a nurse under a physician's direction, which may include recommendations for prescriptions, alterations, continuance, and termination of medication. It may include LPNs under RN supervision.

PSYCHOSOCIAL REHABILIATION

80   Rehabilitation

Activities and services intended to train or retrain a patient to function within the limits his or her original or residual disability. Rehabilitation events are most often provided in relation to a treatment plan and may be delivered to the recipient individually or as a group member. There are four categories of rehabilitation: vocational, recreational, skill building, and other.

90   Social/Physical

Activities to rehabilitate social interaction skills and physical mobility through supervised recreational activity.

100   Skill Building

Skill training in activities of daily living (e.g., personal grooming, eating) or instrumental activities of daily living (e.g., shopping, managing money, managing personal possessions, house work, simple meal preparation, use of public transportation).

110   Other

Other training or skill-building activities not mentioned above. Activities that do not

involve training or skill building should be classified as personal care.

CASE MANAGEMENT

120   Caregiving/ Daily Living Activities

Life support activities and services provided to meet the client's needs for food, shelter, and safety. Personal care activities include assistance provided to the patient in the performance of activities of daily living; providing meals, shelter, or a bed; protective oversight; or transportation.

130   Case Management

A process by which persons with serious mental illness (as per Seriously and Persistently Mentally Ill scale) are helped to acquire the various services they need and want. Case managers fulfill the following critical, individualized functions: 1) Connecting with consumers in their natural environment (e.g., outreach, engagement, or patient assessment); 2) comprehensive service planning with and for a patient for a wide range of services, entitlements, and assistance; 3) linking consumers with services and resources (e.g., brokering, coordinating, or advocating for the range of services needed); 4) linking family members with services; 5) monitoring service provision and patient's response to treatment; and 6) advocating for consumer rights.

PEER SUPPORT

140   Peer Support services

Services performed by a Certified Peer Support Specialist.

RESPITE

150   Respite

Temporary care for the client for the purpose of providing time away and relief to the caregiver. This care may be provided in the client's home or other setting. This was formally under the Family Support program code.

INPATIENT

170   Inpatient Treatment Day

Inpatient treatment is a 24-hour period or any portion of the day during which a patient is in the financial responsibility of that program. Center staff need not be

always present, but the center has financial responsibility for the patient either directly or by contract. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded.

<center>RESIDENTIAL</center>

171   Residential Treatment Day

This program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting and requires 24-hour awake supervision. The purpose is to <u>prevent inpatient</u> care and to help <u>transition</u> people from inpatient care to the community. The program is under the direct administrative control (i.e., financial, and clinical) of the Center or is contracted. Center or contracted <u>staff stay overnight</u> in the residence. This program has <u>a</u> <u>high</u> level of structure. Data are reported in bed days for individual clients in the event file. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded.

173   Residential Support Day

This housing and treatment program provides 24-hour care and support in an overnight group residential setting. These programs are not required to provide 24-hour awake supervision. Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, and housekeeping to <u>maintain</u> current level of functioning and/or teach clients <u>independent</u> <u>living skills</u>. This program is also intended to prevent inpatient care. The program is under the financial and clinical control of the Center and may be contracted. Housing may be transitional or permanent, depending on the internal guidelines of the Center, and the skill development portion of the program is delivered by the on-site staff. Medication coverage may be obtained in the outpatient clinic. This program has a <u>moderate</u> level of structure. Group homes and therapeutic foster homes would fit in this category. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded.

<center>SUPPORTED HOUSING</center>

174   Supported Housing

The intent of this program is to provide treatment and support in a building or apartment to help <u>maintain</u> the client in the community and/or to teach client <u>independent living skills</u>. Treatment- based housing programs provide two different levels of treatment and support: <u>moderate</u> contact (<u>minimum one contact per week</u>)

and <u>low</u> contact (<u>minimum one contact per month</u>). The program is under the financial and clinical control of the Center. Length of stay ranges from transitional to permanent housing, depending on the internal guidelines of the center. This program has a <u>low</u> level of structure. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded. Programs financed with Low Income Housing Tax Credits may or may not require treatment and support onsite.

Some key differences in staffing, structure, and purpose (residential and housing):

Program Element	Staffing	Level of Structure	Purpose
Residential Treatment	24-hour awake	High	Prevent hospitalization, transition clients from hospital to community
Residential support	Less than 24-hour	Moderate	Maintain clients in community, teach independent living skills
Housing/in- home skills	No necessary on-site	Low	Maintain client in community with minimal support, teach independent living skills.

Housing/In-Home Skills was added to better reflect the financial and clinical efforts of the CMHC serving clients Housing/In-Homes Skills needs. Residential support has been updated to better coincide with licensure requirements. There is little difference between the past and current recommended residential treatment definition. Only the 24-hour awake staff requirement is new. Service Definitions 3-2-01/CPEAR

EMERGENCY INDICATOR
(field 67 emergency_ind)

This indicator should be set to yes when an hourly service is provided on an immediate or unscheduled basis and deals with a psychological emergency of a patient. These activities are available on a 24-hour basis, including during regular work hours. Routine informational calls handled by crisis staff are not to be reported as crisis/emergency, only those calls involving counseling. This activity should also not be confused with a crisis intervention approach, which may span several sessions and be

reported as one of the scheduled outpatient activities. Examples of behaviors targeted by crisis/emergency services are suicide attempts, violent family fights, panic attacks, uncontrollable behavior, and other behaviors that are a threat to self or others. Emergency services may include telephone counseling and referral services. Face-to-face assessments or evaluations for crisis should also be included here.

<u>Partial Day and Outpatient</u>

Calculated by the division based on the following: Service codes (except for initial contact codes and 124, H2016 w/170) amounting to 3 or more hours for a day will be counted as a Partial Day and days where services amount to less than 3 hours will be classified as Outpatient Service. Bed day service codes (124, H2016 w/170) are counted as a full day.

<center>FIELD DEFINITIONS SUPPLEMENT[1]</center>

<center>(Refer to sections on Codes/Allowed Values and Notes
in the Mental Health Combined File Format for most definitions)</center>

<u>Employment Definition:</u> Uniform Reporting System (FY2006)

16-State Categories	UPMHS Categories	Definitions
Employed (Competitive)		-Work performed on a full or part-time basis for which an individual is compensated in accordance with the Fair Labor Standards Act; or person is in the military.
	Full-time	-Gainful employment of 35 or more hours per week.
	Part-time	-Gainful employment of less than 35 hours per week.
Supported/Transitional	Supported	-Work performed on a full-time or part-time basis for which an individual is compensated in accordance with the FLSA and works with professional support. It may include mental health or non-mental health support. Supported work is not time limited. Employment is competitive.
	Transitional	-Transitional employment is competitive and similar to supported employment except that

<center>10</center>

		employment is time limited.
Unemployed	Not employed full- or part-time	A person who has been laid off, fired, or is temporarily not working. Unemployed is to be reported <u>only</u> when the individual is <u>seeking gainful employment</u>.
Not in labor force[2]	Homemaker	
	Student	
	Retired	
	Unemployed	Not seeking employment
	Disabled—Not Employed	
Unknown	Unknown	

[1] The URS definitions should be used as further clarification of abbreviated definitions in the Client File Specifications.
[2] Persons should only be placed in "Not in labor force" if they do not fit in employed, supported/transitional, unemployed, or if they are "Not in labor force" because they are a student.

<u>Living Arrangement Definition:</u> Uniform Report System (FY2006)

Independent: Individual lives alone or with others without supervision / private residence.

24 Hour Adult Residential Care -- Crisis Residence: A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for people until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting (DSAMH determines adult based on the age of the reported client).

24 Hour Children / Youth Residential Care – Crisis Residential Facility: Children and Youth Residential Treatment Facilities (RTF's) provide fully integrated mental health treatment services to seriously emotionally disturbed children and youth. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities that are certified by state or federal agencies or through a national accrediting agency (DSAMH determines child / youth based on the age of the reported client).

Foster Home: Foster Home: Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster care to

children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.

Institutional Setting: Individual resides in an institutional care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.

Jail/ Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

Homeless: A person should be counted in the "Homeless" category. They were reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is considered homeless if they/their lack a fixed, regular, and adequate nighttime residence and/or they/their primary nighttime residency is:

a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
b) An institution that provides a temporary residence for individuals intended to be institutionalized, or
c) A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings (e.g., on the street).

Unavailable: Information on an individual's residence is not available.

Diagnosis Codes:
Services between July 1, 2016 – October 1, 2016: DiagA1- DiagB3 are for Axis I and Axis II diagnosis codes or ICD 10 codes. All codes will be checked to see if they comply with the accepted DSM IV or the ICD 10 format by event date. Codes not conforming to the approved 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 and then for Axis II start with DiagB1 through DiagB3. For ICD-10 there can be up to 13 diagnoses.

Services after October 1, 2016: DiagA1 - DiagB3 are to be used for ICD 10 codes only.

All codes will be checked to see if they comply with the accepted ICD-10 format by event date. Codes not conforming to the approved format will be rejected. There is room for 13 ICD-10 diagnoses. 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 comply with National Outcome Measures more fully. 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 from the list at
http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm094303.htm during the month. Code 2 for No atypical medication was prescribed during the month and 97 for Unknown.

Event Date Rule:

- Event Dates must fall within the current fiscal year. Event dates should include times 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:
A 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.

<u>Record Number Rule:</u>
The 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.

<u>Client Name Validation</u>
<u>Rules</u>:
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 it 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, 68, and 71.

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. The 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	Required*	Notes
1	ProviderEventRecordIDNo	Provider event record ID number	String value that uniquely identifies a client event for the provider.	string (50)		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	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	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	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	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 NOMS	
10	DateBir	Date of birth	Legal date	string (10) MM/DD/YYYY		Yes NOMS	Note: 4-character year

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
11	Hispanic	Hispanic or Latino origin	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes NOMS	
12	Race	Race	1 = Alaskan Native 2 = American Indian 3 = Asian 4 = Native Hawaiian or Other Pacific Islander 5 = Black/African American 6 = White 7 = Unknown 8 = Two or more races 0 = Other single race	number (2)	10%	Yes NOMS	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa or the Middle East. Two or more races: Use this code when your system collects multiple races and does not have a way to designate a primary race. Other single race: Use this category for instance in which the client is not classified in any other category or whose origin group, because of area custom is regarded as a racial class distinct from the above categories. (DO NOT use this category for clients indicating multiple races.)
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	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 <u>household</u> 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	1 = Individual/Self 2 = Family or friend 3 = Alcohol/Drug Abuse Care Provider 4 = Mental Health Provider 5 = Other Health Care Provider 6 = School 7 = Employer/EAP 8 = Division of Workforce Services 9 = DCFS 10 = DSPD 11 = Justice Referral 12 = Clergy 13 = Other Community Referral 97 = Unknown	number (2)	10%	Yes	This required variable is no longer only collected at admission and needs to be updated no less than every 90 days. **Note:** When a client is compelled to be in treatment by the justice system (MH Court, Probation, Parole, etc.), this should be updated to code "11." After the mandatory treatment is completed, the code should be changed to another code.

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
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?)
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	

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
24	PrvTxMHO	Previous mental health treatment at this mental health center	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes	
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 SMI)	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 (SPMI is a subset of SMI), depending on age.
28	DiagA1	Axis I or ICD 10 Diagnosis 1	DSM IV or ICD 10 Code	string (10)	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 or a total of 13 for ICD 10 codes. Leave subsequent fields blank if there are no subsquent diagnoses.
29	DiagA1_Date	Date DiagA1 was given		string (10) MM/DD/YYYY		Yes	
30	DiagA2	Axis I or ICD 10 Diagnosis 2	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 3	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 4	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 5	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 6	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 7	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 8	DSM IV or ICD 10 Code	string (10)		No	
43	DiagA8_Date	Date DiagA8 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
44	DiagA9	Axis I or ICD 10 Diagnosis 9	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 10	DSM IV or ICD 10 Code	string (10)		No	

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
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 or ICD 10 Diagnosis 11	DSM IV or ICD 10 Code	string (10)		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 or additional ICD 10 codes. Leave subsequent fields blank if no subsqunt 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 or ICD 10 Diagnosis 12	DSM IV or ICD 10 Code	string (10)		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 or ICD 10 Diagnosis 13	DSM IV or ICD 10 Code	string (10)		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 least every 90 days.
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 8 = 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	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, 68, and 71 are required. Discharge/discontinuance dates must fall on or after the most recent event date for the client and admission.
58	RefDisc	Referral at discontinuation or discharge	0 = Not yet discharged/discontinued 1 = Individual/Self 2 = Family or friend 3 = Alcohol/Drug Abuse Care Provider 4 = Mental Health Provider 5 = Other Health Care Provider 6 = School 7 = Employer/EAP 8 = Division of Workforce Services 9 = DCFS 10 = DSPD 11 = Justice Referral 12 = Clergy 13 = Other Community Referral 14 = Deceased 15 = Dropped out of treatment/Administrative Discharge 16 = Not referred (see notes to 1 and 2) 97 = Unknown			Yes, This field is now required. If client is not discharge, code "0".	*Code self* as "not referred" (16) and *family or friend* as "not referred" (16). **If a discharge or discontinuation date is present in field 57, "0" can not be used in this field.**

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
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	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	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	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 <u>not</u> 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.
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	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	Required*	Notes
70	location_cd	location code	01 - Pharmacy 02 - Telehealth 03 - School 04 - Homless 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 98 - Not collected 99 - Other Unlisted Facility	number (2)		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	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 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/Vaped 2 = Former Smoker/E-Cig User 3 = Current Some Day Smoker/E-Cig Use 4 = Current Everyday Smoker/E-Cig User 6 = Use Smokeless Tobacco Only (In last 30 days) 97 = Current Status Unknown 98 = Not Applicable 99 = Former Nicotine Status Unknown.	number (2)	10%	Yes	This field is used to track the nicotine (both cigarettes, including e-cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both cigarettes/vaping and smokeless tobacco only keep track of the frequency of cigarette/vaping use. If they only use smokeless nicotine then use the corresponding code. Current Some Day Smoker/E-Cig User - Occasional user This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.
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	

Field	Field Name	Description	Codes/Allowed Values	Format	% Unknown	Required*	Notes
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
84	Provider_note	Comment Field		Text (50)		No	Comment field for provider use. Cannot contain single or double quotes. Cannot contain commas.
85	Justice Risk Level	Criminogenic risk level.	1 = Low risk 2 = Not low risk (moderate/high risk) 97 = Unknown 98 = Not collected	number (2)	10%	Yes	Criminogenic risk level as determined by the validated tool approved in your Justice Certification Plan. This variable is indicate whether the ciminogenic risk level for client compelled is Low or Not Low risk.

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