HEADER FIELDS - REQUIRED IN EVERY CSI RECORD

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
✳ County/City/Mental Health Plan Submitting Record SUBMITTING-COUNTY-PLAN-CODE	H-01.0	1	2	X(2)	Identifies the county/city/mental health plan submitting the record to DMH. This code will be the same on all records submitted by a county/city/mental health plan.
✳ County Client Number (CCN) COUNTY-CLIENT-NBR OR: TARGET-CLIENT-NBR for Key-Change Transactions	H-02.0	3	11	X(9)	Identifies the identification number by which the client is known by a particular agency or institution. This will be the Target Client Number for transactions that change the County Client Number (CCN). (Record Type and Transaction Code = 'K'). For the Control record, enter SPACES in this field.
Record Type RECORD-TYPE	H-03.0	12	12	X(1)	Identifies the type of transaction record (e.g., Client, Service, Periodic, Key Change, or Control). 'C' = Client 'S' = Service 'P' = Periodic 'K' = Key Change 'X' = Control
Transaction Code TRANSACTION-CODE	H-04.0	13	13	X(1)	Identifies Delete and Change County-Client-Nbr (CCN) transactions. 'D' = Delete 'K' = Change County-Client-Nbr (CCN) (This field will be blank for Add and Replace Record transactions. This field will also be blank on the Control record.)
HEADER FILLER	N/A	14	14	X(1)	Header Filler - Space for future use.

✳ **= Key Field**
'X' = Character (Alphanumeric or Symbol)
'N' = Numeric
D.D. NBR = Data Dictionary Data Element Number

CONTROL RECORD FIELDS - ONE CONTROL RECORD REQUIRED FOR EACH COUNTY FILE

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
HEADER FIELDS	H-01 - 04	1	14		SEE PAGE 1
FILLER	N/A	15	37	X(23)	Filler - Space for future use.
Test or Production Indicator TEST-PROD-INDICATOR	X-01.0	38	38	X(1)	Identifies the type of data (e.g., production or test). 'P' = Production 'T' = Test
Beginning Report Period FROM-REPORT-PERIOD	X-02.0	39	44	N(6) YYYYMM	Identifies the year and month of the beginning report period for the submission file.
Ending Report Period THROUGH-REPORT-PERIOD	X-03.0	45	50	N(6) YYYYMM	Identifies the year and month of the ending report period for the submission file.
Creation Date CREATION-DATE	X-04.0	51	58	N(8) YYYYMMDD	Identifies the date the submission file was created by the County/City/Mental Health Plan.
Key Change Record Count KEY-CHANGE-RECORD-COUNT	X-05.0	59	65	N(7)	Identifies the number of Key Change records within this submission file.
Client Record Count CLIENT-RECORD-COUNT	X-06.0	66	72	N(7)	Identifies the number of Client records within this submission file.
Service Record Count SERVICE-RECORD-COUNT	X-07.0	73	79	N(7)	Identifies the number of Service records within this submission file.
Periodic Record Count PERIODIC-RECORD-COUNT	X-08.0	80	86	N(7)	Identifies the number of Periodic records within this submission file.
FILLER	N/A	87	300	X(214)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
HEADER FIELDS	H-01 - 04	1	14		SEE PAGE 1
FILLER	N/A	15	37	X(23)	Filler - Space for future use.
BIRTH-NAME	C-01.0	38	90	X(53)	Identifies the name of the client as it appears on the birth certificate as reported by the client. Each subfield is to be left justified, with trailing blanks.
BIRTH-FIRST-NAME		38	52	First: X(15)	
BIRTH-MIDDLE-NAME		53	67	Middle: X(15)	
BIRTH-LAST-NAME		68	87	Last: X(20)	
BIRTH-SUFFIX		88	90	Suffix: X(3)	
Mother's First Name MOTHERS-FIRST-NAME	C-02.0	91	105	X(15)	Identifies the first name of the client's mother.
Date of Birth DATE-OF-BIRTH	C-03.0	106	113	N(8) YYYYMMDD	Identifies the date on which the client was born.
Place of Birth	C-04.0	114	119	X(6) - CCSSXX	Identifies the place in which the client was born.
PLACE-OF-BIRTH					CC = County, if in California
POB-COUNTY		114	115	Cnty: X(2)	SS = State, if out of California
POB-STATE		116	117	State: X(2)	XX = Country, if out of USA
POB-COUNTRY		118	119	Country: X(2)	

Gender GENDER	C-05.0	120	120	X(1)	Identifies the gender of the client.
					  'M' = Male
					  'F' = Female
					  'O' = Other
					  'U' = Unknown / Not Reported

Ethnicity / Race ETHNICITY	C-06.0	121	122	X(2)	First Byte: Subfield A - Identifies the ethnicity/race of the client. Second Byte: Subfield B - Identifies another ethnicity/race of the client.
Primary Language PRIMARY-LANGUAGE	C-07.0	123	123	X(1)	Identifies the primary language utilized by the client.
FILLER	N/A	124	300	X(177)	Filler - Space for future use.

SERVICE RECORD FIELDS - REQUIRED FOR EACH SERVICE RECORD

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
HEADER FIELDS	H-01 - 04	1	14		SEE PAGE 1
Evidence-Based Practices / Service Strategies EBP-SS	S-25.0	15	20	X(6)	Report up to three (3) Evidence-Based Practices / Service Strategies from list. Evidence-Based Practices: '01' = Assertive Community Treatment (ACT) '02' = Supportive Employment '03' = Supportive Housing '04' = Family Psychoeducation '05' = Integrated Dual Diagnosis Treatment '06' = Illness Management and Recovery '07' = Medication Management '08' = New Generation Medications '09' = Therapeutic Foster Care '10' = Multisystemic Therapy '11' = Functional Family Therapy '99' = Unknown Evidence-Based Practice / Service Strategy — Service Strategies: '50' = Peer and/or Family Delivered Services '51' = Psychoeducation '52' = Family Support '53' = Supportive Education '54' = Delivered in Partnership with Law Enforcement '55' = Delivered in Partnership with Health Care '56' = Delivered in Partnership with Social Services '57' = Delivered in Partnership with Substance Abuse Services '58' = Integrated Services for Mental Health and Aging '59' = Integrated Services for Mental Health and Developmental Disability '60' = Ethnic-Specific Service Strategy '61' = Age-Specific Service Strategy '99' = Unknown Evidence-Based Practice / Service Strategy
Trauma TRAUMA	S-26.0	21	21	X(1)	Identifies whether or not the client has experienced trauma. 'Y' = Yes 'N' = No 'U' = Unknown
FILLER	N/A	22	37	X(16)	Filler – Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
✱ Record Reference Number (RRN) RRN	S-01.0	38	60	X(23)	The unique number assigned to a Service record in order to locate and retrieve it. (Possibly a date/time stamp plus a sequence number)
Current Legal Name / Beneficiary Name BENE-FIRST-NAME BENE-MIDDLE-NAME BENE-LAST-NAME BENE-SUFFIX	S-02.0	61 61 76 91 111	113 75 90 110 113	X(53) First: X(15) Middle: X(15) Last: X(20) Suffix: X(3)	Identifies the current legal name / beneficiary name of the client.
Social Security Number SOCIAL-SECURITY-NBR	S-03.0	114	122	X(9)	Identifies the social security number of the client.
Medi-Cal Number MEDI-CAL-NBR	S-04.0	123	136	X(14) CCAA XXXXXXXXXX	Identifies a Medi-Cal recipient. The identification number may either be: (1) a county code [CC], aid code [AA], "9" or "M", and SSN assigned by DHS MEDS system for Social Security Administration's Supplemental Security Income/Supplemental Security Payment(SSI/SSP) eligible [XXXXXXXXX]; or (2) a county code [CC], aid code [AA], case number, family budget unit and person number assigned by county welfare departments for AFDC cash assistance and various medical assistance only programs) [XXXXXXXXX]; or (3) a county code [CC], aid code '9H', '9' and the Client Index Number (CIN) [XXXXXXXXX] if the client is a Healthy Families Plan recipient. If client is neither a Medi-Cal recipient or a Healthy Families Plan recipient, then this 14-digit field must be blank.
Mode of Service MODE-OF-SERVICE	S-05.0	137	138	X(2)	Identifies, in broad terms, the category of service. '05' = 24-Hour services '10' = Day services '15' = Outpatient services
Service Function SERVICE-FUNCTION	S-06.0	139	140	X(2)	Identifies the specific type of service received by the client.
Units of Service UNITS-OF-SERVICE	S-07.0	141	142	N(2)	Identifies the quantity of services provided.
Units of Time UNITS-OF-TIME	S-08.0	143	146	N(4)	Identifies amount of time for selected services in Day Services and all Outpatient Services.

✱ **= Key Field**
'X' = Character (Alphanumeric or Symbol)
'N' = Numeric
D.D. NBR = Data Dictionary Data Element Number

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Principal Mental Health Diagnosis PRINCIPAL-MH-DIAG	S-09.0	147	153	X(7)	Identifies the principal mental health diagnosis.
Secondary Mental Health Diagnosis SECOND-MH-DIAG	S-10.0	154	160	X(7)	Identifies the secondary mental health diagnosis.
Additional Mental or Physical Health Diagnosis THIRD-DIAG	S-11.0	161	167	X(7)	Identifies additional mental or physical health diagnosis, if any.
Additional Mental or Physical Health Diagnosis FOURTH-DIAG	S-11.0	168	174	X(7)	Identifies additional mental or physical health diagnosis, if any.
Additional Mental or Physical Health Diagnosis FIFTH-DIAG	S-11.0	175	181	X(7)	Identifies additional mental or physical health diagnosis, if any.
Special Population SPECIAL-POPULATION	S-12.0	182	182	X(1)	Identifies any special population for statistical purposes. 'A' = Assisted Outpatient Treatment service(s) (AB 1421) 'C' = Individualized education plan (IEP) required service(s) (AB 3632) 'G' = Governor's Homeless Initiative (GHI) service(s) 'N' = No special population service(s) 'W' = Welfare-to-work plan specified service(s)
Provider Number (Reporting) PROVIDER-NBR	S-13.0	183	186	X(4)	Identifies the organization providing a service. This is the four-character code assigned by DMH.
County/City/Mental Health Plan With Fiscal Responsibility for Client FISCALLY-RESP-COUNTY	S-14.0	187	188	X(2)	Identifies the county/city/mental health plan responsible for directly or indirectly paying for the client's services.
FILLER	N/A	189	198	X(10)	Filler - Space for future use.

SERVICE RECORD FIELDS REQUIRED FOR EACH STAY IN THE 24-HOUR MODE OF SERVICE
(MODE OF SERVICE = 05)

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Admission Date ADMISSION-DATE	S-15.0	199	206	N(8) YYYYMMDD	Identifies the date the client was admitted. Required on every record.
From/Entry Date FROM/ENTRY DATE	S-16.0	207	214	N(8) YYYYMMDD	Identifies the first date of service.
Through/Exit Date THROUGH/EXIT DATE	S-17.0	215	222	N(8) YYYYMMDD	Identifies the last date a client is in a 24-Hour facility.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

SERVICE RECORD FIELDS REQUIRED FOR EACH STAY IN THE 24-HOUR MODE OF SERVICE (Continued)
(MODE OF SERVICE = 05)

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Discharge Date DISCHARGE-DATE	S-18.0	223	230	N(8) YYYYMMDD	Identifies the date the client was discharged.
Patient Status Code PATIENT-STATUS	S-19.0	231	231	X(1)	Indicates the status of the client as of the last date of service.
FILLER	N/A	232	241	X(10)	Filler - Space for future use.

SERVICE RECORD FIELDS REQUIRED FOR EACH STAY IN A HOSPITAL, PHF, OR SNF
(MODE OF SERVICE = 05 AND SERVICE FUNCTION = 10-39)

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Legal Class at Admission LEGAL-CLASS-ADMIT	S-20.0	242	243	X(2)	Identifies the legal class under which the client is admitted to acute 24-hour mental health services.
Legal Class upon Discharge LEGAL-CLASS-DISCHG	S-21.0	244	245	X(2)	Identifies the legal class of the client at the time of discharge from acute 24-hour mental health services.
Admission Necessity Code ADMIT-NECESSITY-CODE	S-22.0	246	246	X(1)	Identifies the type or reason for the client's admission into an acute care hospital. '1' = Emergency '2' = Planned (Prior Authorization) '9' = Unknown / Not Reported
FILLER	N/A	247	256	X(10)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

SERVICE RECORD FIELDS REQUIRED FOR EACH STAY IN A NON-24-HOUR MODE OF SERVICE
(MODE OF SERVICE = 10 OR 15)

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Date of Service DATE-OF-SERVICE	S-23.0	257	264	N(8) YYYYMMDD	Identifies the date of service for non-24-hour mode of service services.

Place of Service PLACE-OF-SERVICE	S-24.0	265	265	X(1)	Identifies the location where the service was rendered.
					 'A' = Office
					     [formerly Office (including phone)]
					 'B' = Field (unspecified)
					     [formerly Field (when the location is away from the clinician's usual place of business, except for Correctional Facility and Inpatient)]
					 'C' = Correctional Facility (e.g., jail, prison, camp / ranch)
					     [(formerly Correctional Institution)]
					 'D' = Inpatient (e.g., Hospital, PHF, SNF, IMD, MHRC)
					 'E' = Homeless / Emergency Shelter
					 'F' = Faith-based (e.g., church, temple, etc.)
					 'G' = Health Care / Primary Care
					 'H' = Home
					 'I' = Age-Specific Community Center
					 'J' = Client's Job Site
					 'L' = Licensed Community Care Facility (e.g., group home)
					 'M' = Mobile Service
					 'N' = Non-Traditional service location
					     (e.g., park bench, on street, under bridge, abandoned building)
					 'O' = Other Community location
					 'P' = Phone
					 'R' = Residential Care Facility / Community Treatment Facility (CTF)
					 'S' = School
					 'T' = Telehealth
					 'U' = Unknown / Not Reported

FILLER	N/A	266	300	X(35)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

PERIODIC RECORD FIELDS - REQUIRED FOR EACH PERIODIC RECORD

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
HEADER FIELDS	H-01 - 04	1	14		SEE PAGE 1
FILLER	N/A	15	37	X(13)	Filler – Space for future use.
✱ Date Completed DATE-COMPLETED	P-01.0	38	45	N(8) YYYYMMDD	Date the Periodic Information in this record was recorded.
Education EDUCATION	P-02.0	46	47	N(2)	Identifies the highest grade level completed by the client. '00' = None, Kindergarten '01' - '20' = Grade levels, indicate highest grade completed. If the highest grade completed is greater than 20, code 20 as the highest grade completed. '12' = GED '98' = Other, includes vocational education and training. '99' = Unknown / Not Reported

Employment Status
EMPLOYMENT-STATUS
	P-03.0	48	48	X(1)	Identifies the current employment status of the client.
					• Employed in competitive job market
					  'A' = Full time, 35 hours or more per week
					  'B' = Part time, less than 35 hours per week
					• Employed in noncompetitive job market
					  'C' = Full time, 35 hours or more per week
					  'D' = Part time, less than 35 hours per week
					• Not in the paid work force
					  'E' = Actively looking for work
					  'F' = Homemaker
					  'G' = Student
					  'H' = Volunteer Worker
					  'I' = Retired
					  'J' = Resident / inmate of institution
					  'K' = Other
					  'U' = Unknown / Not Reported

✱ = Key Field

'X' = Character (Alphanumeric or Symbol)

'N' = Numeric

D.D. NBR = Data Dictionary Data Element Number

PERIODIC RECORD FIELDS (Continued) - REQUIRED FOR EACH PERIODIC RECORD

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis V / GAF AXIS-V-GAF	P-04.0	49	50	X(2)	Indicates the functioning level rating of the client. '01' - '99' = Valid numeric GAF score '00' = Unknown / Not Reported
Substance Abuse Affecting Mental Health SUBSTANCE-ABUSE	P-05.0	51	51	X(1)	Indicates if substance abuse affects the mental health of the client. 'Y' = Yes 'N' = No 'U' = Unknown / Not Reported
Developmental Disabilities Affecting Mental Health DEVELOPMENTAL-DISABILITY	P-06.0	52	52	X(1)	Indicates if developmental disabilities affect the mental health of the client. 'Y' = Yes 'N' = No 'U' = Unknown / Not Reported
Physical Health Disorders Affecting Mental Health PHYSICAL-HEALTH-DISORDER	P-07.0	53	53	X(1)	Indicates if physical health disorders affect the mental health of the client. 'Y' = Yes 'N' = No 'U' = Unknown / Not Reported

Conservatorship / Court Status
CONSERV-COURT-STATUS
	P-08.0	54	54	X(1)	Identifies whether or not the client has a conservatorship or juvenile court status.
					  'A' = Temporary Conservatorship
					Permanent Conservatorship
					  'B' = Lanterman-Petris-Short
					  'C' = Murphy
					  'D' = Probate
					  'E' = PC 2974
					  'F' = Representative Payee Without Conservatorship
					  'G' = Juvenile Court, Dependent of the Court
					  'H' = Juvenile Court, Ward - Status Offender
					  'I' = Juvenile Court, Ward - Juvenile Offender
					  'U' = Unknown / Not Reported

Living Arrangement LIVING-ARRANGMENT	P-09.0	55	55	X(1)	Indicates the living arrangement of the client.
FILLER	N/A	56	300	X(245)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

KEY CHANGE RECORD FIELDS - REQUIRED TO CHANGE OR MERGE COUNTY CLIENT NUMBERS (CCN's)

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
HEADER FIELDS	H-01 - 04	1	14		SEE PAGE 1 **NOTE: For "Change County Client Number" transactions, the County-Client-Nbr (H-02.0) in the Header fields will contain the <u>Target</u> Client Number.** BUILDING A NEW COUNTY CLIENT NUMBER (CCN) If the Target-Client-Nbr field in the Header fields <u>does not exist</u> on the CSI Master file we have a situation where a new County Client Number (CCN) is being created from one or more existing CCN's. The County-Client-Nbr fields of the Client, Service and Periodic records for the First Source County Client Number (K-01.0) specified in this transaction record will be changed to the Target-Client-Nbr, and the Service and Periodic records for the Additional Source County Client Number(s) (K-02.0) specified in this transaction record (if any) will be changed to the Target-Client-Nbr. The Client records of the Additional Source County Client Number(s) will then be deleted from the CSI Master. MERGING COUNTY CLIENT NUMBERS (CCN's) If the Target-Client-Nbr field in the Header fields <u>already exists</u> on the CSI Master file we have a situation where Service and Periodic data for other existing County Client Numbers (CCN's) will be merged with that already-existing CCN. The Client, Service, and Periodic records for the Target-Client-Nbr will remain unchanged. The County-Client-Nbr fields of the Service and Periodic records for <u>all</u> the Source-Client-Nbr(s) specified in this transaction record (K-01.0 and all K-02.0s) will be changed to the Target-Client-Nbr (H-02.0 in the header fields), in effect merging those Service and Periodic records into the Target-Client-Nbr. The Client records of the merged Source-Client-Nbrs(s) will then be deleted from the CSI Master.
FILLER	N/A	15	37	X(23)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
First Source County Client Number FIRST-SOURCE-CLIENT-NBR	K-01.0	38	46	X(9)	Identifies a Source County Client Number (CCN) for Change County-Client-Nbr transactions. This CCN will be the source of Client, Service, and Periodic data when creating a new CCN, or of Service and Periodic data when merging into an existing CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	47	55	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	56	64	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	65	73	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	74	82	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	83	91	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	92	100	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	101	109	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
Additional Source County Client Number ADDITIONAL-SOURCE-CLIENT-NBR	K-02.0	110	118	X(9)	Identifies an Additional Source CCN for Change County-Client-Nbr transactions. Service and Periodic data will be taken from this CCN.
This field repeats. There are a total of 29 Additional Source Client Numbers	K-02.0	119	298	Multiple X(9)	Identifies Additional Source CCN's for Change County-Client-Nbr transactions. Service and Periodic data will be taken from these CCN's.
FILLER	N/A	299	300	X(2)	Filler - Space for future use.

CLIENT AND SERVICE INFORMATION SYSTEM
RECORD DESCRIPTIONS

ERROR FILE RECORDS

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
CSI TRANSACTION RECORD		1	300	X(300)	A CSI transaction record in its entirety. This will either be a Client, Service, Periodic, Control, or Key Change record.
Error Level Indicator ERROR-LEVEL	E-01.0	301	301	X(1)	'F' - If the CSI Transaction Record in bytes 1-300 contains any Fatal errors. Records containing Fatal errors will not be written to the Master database. 'N' - If the CSI Transaction Record in bytes 1-300 contains Non-Fatal errors, but no Fatal errors. If there are no Fatal errors, the CSI Transaction record will be written to the CSI Master database. If a CSI Transaction record contains either Fatal or Non-Fatal errors, an Error File Record will be written to the CSI Error File, and will remain there until it passes all edits.
The following two fields go hand-in-hand as a pair in the error record, and are repeated 33 times. The fields in each pair are adjacent to one another. Refer to the illustration of the CSI Error Record Layout. Each pair consists of a Field Code that identifies a field in error or type of error, followed by an Error Code that specifies a specific error. A particular Field Code value may occur in the error record more than once if multiple errors are detected for it.					
Field Code FIELD-CODE	E-02.0	302 308 314 etc. to 494	304 310 316 etc. to 496	X(3)	Specifies the CSI Data Dictionary Data Element number of a field for which an error was detected, or indicates that the ERROR-CODE field represents a relational or system error.
Error Code ERROR-CODE	E.03.0	305 311 etc. to 497	307 313 etc. to 499	X(3)	A code representing a specific error condition. Refer to Technical Supplement E - Error Codes and Messages.