



Client and Service Information (CSI) Database

CSI TRAINING I:

Technical Changes to CSI with the
Mental Health Services Act (MHSA) and the
Data Infrastructure Grant (DIG)

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Department of Mental Health

Statistics and Data Analysis

CSI System Staff Assignments (cont'd)

To locate your specific county:

1. Go to DMH Website: www.dmh.ca.gov
2. Click on Information Technology Web Services (ITWS) weblink (right side of the DMH homepage)

NOTE: It is not necessary to login (information is located in a public area)

3. Under “Systems” tab below the heading “DMH- Department of Mental Health,” click “Client and Service Information” – This will bring you to the “CSI-Client and Service Information Overview” page
 4. Under the “CSI Information” tab- click “Contact Us”
 5. This will bring you to the “CSI-Contact Us” page
 6. Click “DMH Staff Responsible”
 7. You are then able to open a word document with county names and the corresponding responsible CSI contacts.
- **Full URL-** <https://mhhitws.cahwnet.gov/systems/csi/docs/public/contacts.asp>

Covered in this presentation

- I. Overview of Mental Health Services Act (MHSA) & Data Infrastructure Grant (DIG) Changes to CSI
- II. System-level changes to CSI
- III. Record-level changes to CSI
- IV. Field-level changes to CSI
- V. Integrating the changes into CSI

What this presentation does not cover

The Data Collection Reporting (DCR) System for Full-Service Partners (FSPs) enrolled in MHSA FSP programs is not covered in this presentation.

The DCR captures the important life-events of FSP consumers, except for service data. CSI captures the service data for all county mental health consumers, including FSP consumers.

What this presentation does not cover

This presentation does not focus on the rationale behind the changes or the alterations in data collection that need to occur. These aspects of the CSI changes are the focus of the Managing Change CSI training presentation.



I. Overview: MHSA & DIG Changes

CSI Data Reporting Goals

I. Overview: MHSA & DIG Changes

CSI Data Reporting Goals

1. To further the Mental Health Services Act (MHSA) vision of transformation by collecting relevant data on all services.
2. To revise and update the existing Client Services Information (CSI) System.
3. To develop the capacity to report data to the federal Uniform Reporting System (URS).



II. System-Level Changes to CSI

II. System-Level Changes to CSI

- A. Submission of June 2006 CSI data
- B. Testing period
- C. Reintroduction to production
- D. Transition work

II. System-Level Changes to CSI

A. Submission of June 2006 CSI data

CSI data is submitted on a monthly basis.

Each file from a county represents a new month of services, and any new client records or periodic records. The file may also include any additional records from previous months, corrections, deletions or key change records.

II. System-Level Changes to CSI

A. Submission of June 2006 CSI data

CSI data cannot be submitted out of order.

Once a June 2006 file has been submitted, a May 2006 file cannot be submitted.

Up to three months of data may be submitted in one file.

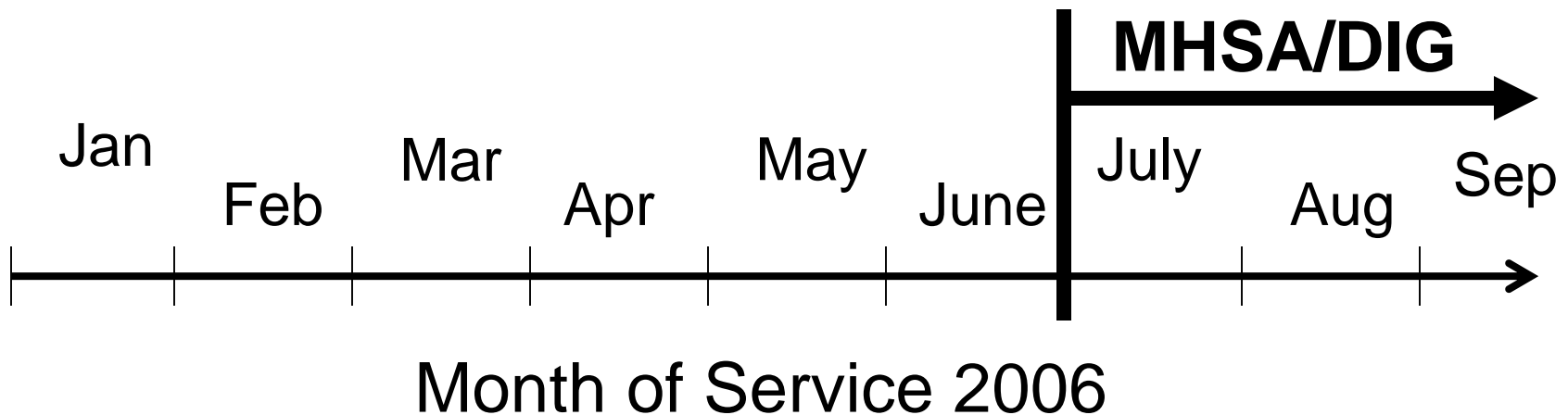
Counties must catch up with submissions through the June 2006 reporting period before transitioning to the new submission format.

II. System-Level Changes to CSI

A. Submission of June 2006 CSI data

Services delivered before July 1st, 2006 must be in the pre-MHSA/DIG format.

Services delivered on or after July 1st, 2006 must be in the new MHSA/DIG format.



II. System-Level Changes to CSI

B. Testing period

Testing process

1. Contact with DMH CSI analyst
2. Demonstrate understanding of testing requirements
3. Agreement with DMH CSI analyst on testing schedule
4. Start of testing
5. Meet testing requirements / Transition work on any outstanding issues
6. Sign-off by DMH CSI analyst → Letter of approval from DMH
7. Re-enter production

II. System-Level Changes to CSI

B. Testing period

Testing Requirements

In order to meet testing requirements, counties must pass the error thresholds submitting data in the old and new formats.

II. System-Level Changes to CSI

B. Testing period

Testing Requirements

The error threshold in is specific to the error level. For example, an error in the relationship between the DIG indicator field (C-11.0) and the data in the fields affected by the changes in the client record (error codes 312, 315) is a fatal error and must be reported in no more than 1% of records.

II. System-Level Changes to CSI

B. Testing period

Testing Requirements

Fatal errors

Error threshold is 1% of submitted records

Non-Fatal errors

Error threshold is 5% of submitted records

II. System-Level Changes to CSI

B. Testing period

Testing Schedule

For each county, testing of CSI data submission is expected to take between two to five data submission cycles. Each cycle will take between one to five working days to complete, depending on the work load of your CSI analyst and other involved DMH staff, and your own staff resources.

II. System-Level Changes to CSI

B. Testing period

Testing Schedule (cont'd)

We will make every effort to move through the testing process efficiently. The efficiency of the process will also be affected by the available county resources.

II. System-Level Changes to CSI

B. Testing period

Checklist of Requirements

- All records must be 400 bytes
- Control record correctly reflects total number of records
- Submission file for CSI reporting period July 2006
- Test file(s) must include client, service and periodic records and should include both the old and new formats. Note that old format records are also 400 bytes, with the last 100 bytes space-filled.

II. System-Level Changes to CSI

B. Testing period

Checklist of Requirements (cont'd)

In records following the new format,

- new fields must be correctly reported
- amended fields must be correctly reported
- old fields that are deleted in the new format must be empty

In records following the old format,

- the record must use old fields as before
- new fields and values must not be used



III. Record-Level Changes in CSI

III. Record-Level Changes to CSI

A. Client Records

B. Service Records

C. Periodic Records

D. Key-Change Records

E. Error Records

III. Record-Level Changes to CSI

A. Client Records

Client records have no enrollment date or interval of time attached to them. There is no way to tell if a record should be an old or new format.

III. Record-Level Changes to CSI

A. Client Records

A one-byte indicator field is being added to the Client record to specify whether or not the record contains MHSA/DIG data fields. If the MHSA-Dig-Indicator field (C-11.0, byte 15) contains a zero (“0”) the Client record will be edited as a pre-MHSA/DIG record. If it contains a “1” the record will be edited as an MHSA/DIG record.

III. Record-Level Changes to CSI

A. Client Records

For clients enrolled on or after July 1, 2006, counties should collect the new and amended data fields. For these clients, the client records should be in the new format.

For example, one client is enrolled on July 15th, 2006. The new and amended field data is collected for this client. His client record is submitted in the new format, and a “1” is reported in the DIG indicator field (C-11.0).

III. Record-Level Changes to CSI

A. Client Records

For clients enrolled before July 1, 2006 for whom a client record is being added or corrected without the new and amended field data, the old format should be used.

For example, if a second client record from 2000 had not yet been submitted, it could be submitted using the old format, with a 400-byte length and the DIG indicator field (C-11.0) set to “0”.

III. Record-Level Changes to CSI

A. Client Records

For active clients enrolled before July 1, 2006, the new and amended data fields will need to be updated, using the new format. Contact with the client is required!

For example, a third client comes in for a quarterly assessment. At this time, he is asked the new ethnicity and race questions, and the new preferred language question. At the next data submission to CSI, there will be a replacement for his old CSI client record, using the new format, with the DIG indicator field set to “1”.

III. Record-Level Changes to CSI

A. Client Records

Information on the client is not to be altered from the old format to the new format without presenting these questions to the client. Information on the client is to be updated to reflect the client's responses to the new questions on ethnicity, race and preferred language.

III. Record-Level Changes to CSI

B. Service Records

Mode of Service 10 & 15 records with a Date of Service on or after July 1, 2006 will be edited as an MHSA/DIG record; otherwise they will be edited as a pre-MHSA/DIG record.

III. Record-Level Changes to CSI

B. Service Records

Mode of Service 05 records with a Beginning Date of Service on or after July 1st, 2006 will be edited as an MHSA/DIG record; otherwise they will be edited as a pre-MHSA/DIG record.

III. Record-Level Changes to CSI

B. Service Records

The data for the new and amended fields in the service record are to be collected for all clients and services, whether they are involved in MHSA programs or not.

III. Record-Level Changes to CSI

C. Periodic Records

Periodic records with a “Date Completed” on or after July 1st, 2006 will be edited as an MHSA/DIG record; otherwise they will be edited as a pre-MHSA/DIG record.

III. Record-Level Changes to CSI

D. Key Change Transactions

Key Change transactions change existing CCN(s) in client records, service records, error records and periodic records to a new CCN.

Key Change transactions will continue to be processed as they always have, and will affect all CSI records, both MHSA/DIG and pre-MHSA/DIG.

III. Record-Level Changes to CSI

E. Error Records

After August 1st, 2006, all error records reported by the DMH system will be in a 400-byte format.

Errors will be reported at byte 401. The error codes reported will depend on the edits run against each record.



IV. Field-Level Changes in CSI

IV. Field-Level Changes to CSI

- A. CSI System Documentation
- B. Client Record – Ethnicity and Race
- C. Client Record – Remaining Fields
- D. Service Record – Diagnosis Fields
- E. Service Record – Evidence-Based Practices and Service Strategies
- F. Service Record – Remaining Fields
- G. Periodic Record – Caregiver

IV. Changes to CSI with MHSA & DIG

A. CSI System Documentation

The authority on the data reporting requirements for CSI

Changes to the CSI System Documentation are available for download:

1. Go to ITWS
2. Logon with Username: mhsaworkgroup / Password: meeting
3. Go to Systems menu, select Mental Health Services Act (MHSA)
4. Go to MHSA Information menu, select CSI Information
5. Documentation available under section header "MHSA/DIG Documents"

IV. Field-Level Changes to CSI

B. Client Record – Ethnicity and Race

Goal: To make changes to the CSI system as to allow ethnicity and race data to be reported at the federal level, while collecting an adequate level of detail for use within California.

Approach: Amend or Add data elements

Outcome: Improve reporting of ethnicity and race data to more adequately reflect local populations.

IV. Field-Level Changes to CSI

B. Client Record – Ethnicity (C-09.0)

Before 7/01/06: C-06.0 Ethnicity/Race

On or After 7/01/06: C-09.0 Ethnicity / C-10.0 Race

PURPOSE (CSI Data Dictionary):

Identifies whether or not the client is of Hispanic or Latino ethnicity.

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Client Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

B. Client Record – Ethnicity (C-09.0)

VALID CODES (CSI Data Dictionary):

Y	=	Yes
N	=	No
U	=	Unknown/Not Reported

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Ethnicity ETHNICITY	C-09.0	125	125	X(1)	Identifies whether or not the client is of Hispanic or Latino ethnicity.

IV. Field-Level Changes to CSI

B. Client Record – Ethnicity (C-09.0)

EDIT CRITERIA (CSI Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
C-09.0	N	Ethnicity	All Client records	Must be a valid code ('Y', 'N', or 'U'). Do not utilize <u>prior</u> to the July 2006 reporting period or if DIG Indicator is '0'.

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Race / Ethnicity	999 ³	312 ²	F	DIG Indicator is coded '1' and DIG field contains data.	1. Identify Client records that contain a DIG Indicator of '1' but report data in a discontinued field.
Ethnicity	C09	100 ¹	N	Blank.	1. Identify whether ETHNICITY of the client is Hispanic or Latino. 2. Must be either "Y", "N", or "U" value.
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

Before 7/01/06: C-06.0 Ethnicity/Race

On or After 7/01/06: C-09.0 Ethnicity / C-10.0 Race

PURPOSE (CSI Data Dictionary):

Identifies the race(s) of the client.

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
	Left justify, no embedded blanks
	This field occurs five times
Required On:	All Client Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

- **Amendments (Race):**

OLD VALUES (before 7/1/06)

NEW VALUES (7/1/06 →)

Other Asian or Pacific Islander

Other Asian

Other Pacific Islander

Black

Black or African American

Hawaiian Native

Native Hawaiian

American Native

American Indian or
Alaska Native

White

White or Caucasian

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

- **Additions:**

- **Ethnicity (new field):**

- Ethnic Background

- **Race:**

- Hmong

- Mien

- **Deletions (Race):**

- Hispanic

- Multiple

- Amerasian

- Other Asian or Pacific Islander

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

VALID CODES (CSI Data Dictionary):

1	=	White or Caucasian	M	=	Samoan
3	=	Black or African American	N	=	Asian Indian
5	=	American Indian or Alaska Native	O	=	Other Asian
7	=	Filipino	P	=	Native Hawaiian
C	=	Chinese	R	=	Guamanian
H	=	Cambodian	S	=	Mien
I	=	Hmong	T	=	Laotian
J	=	Japanese	V	=	Vietnamese
K	=	Korean	8	=	Other
L	=	Other Pacific Islander	9	=	Unknown / Not Reported
The coding scheme is similar to the one in the DHS MEDS Data Dictionary.					

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Race RACE	C-10.0	126	130	X(5)	Identifies the race of the client. Report up to 5 race codes from the list.

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

EDIT CRITERIA (CSI Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
C-10.0	N	Race	All Client records	Must be a valid code (see this field for valid codes). Do not utilize <u>prior</u> to July 1, 2006 or if DIG Indicator is '0'.

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Race / Ethnicity	999 ³	312 ²	F	DIG Indicator is coded '1' and DIG field contains data.	1. Identify Client records that contain a DIG Indicator of '1' but report data in a discontinued field.
Race	C10	100 ¹	N	Blank.	1. Identify the RACE of the client. 2. Allow up to 5 distinct RACE codes listed in the table of valid codes.
		101 ¹	N	Invalid code.	
		313 ²	N	Two or more Race categories are identical.	
		314 ²	N	Race is not left justified and/or contains embedded blanks.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

B. Client Record – Race (C-10.0)

Question (clinician/intake staff)	Answer (client)	Invalid Code(s) entered	Error Code	Valid Code(s)
1. Ethnicity (Hispanic/Latino)	Lost Data	(BLANK)	100	(U) Unknown / Not Reported
Race (one or more)	White; Vietnamese	A (Amerasian)	101	(1) White or Caucasian (V) Vietnamese
2. Ethnicity (Hispanic/Latino)	Unknown	(BLANK)	100	(U) Unknown / Not Reported
Race (one or more)	Mien; Hmong	(S) Mien; (I) Hmong (S) Mien	313	(S) Mien; (I) Hmong

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

1. Primary Language (C-07.0)

Technical Changes:

Current:

Ilacano

Other Chinese Languages

7/1/06 →:

Ilocano

Other Chinese Dialects

PURPOSE (CSI Data Dictionary):

Identifies the primary language used by the client.

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Client Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

1. Primary Language (C-07.0)

VALID CODES (CSI Data Dictionary):

0	=	American Sign Language (ASL)	C	=	Other Chinese Dialects	M	=	Polish
1	=	Spanish	D	=	Cambodian	N	=	Russian
2	=	Cantonese	E	=	Armenian	P	=	Portuguese
3	=	Japanese	F	=	Ilocano	Q	=	Italian
4	=	Korean	G	=	Mien	R	=	Arabic
5	=	Tagalog	H	=	Hmong	S	=	Samoan
6	=	Other Non-English	I	=	Lao	T	=	Thai
7	=	English	J	=	Turkish	U	=	Farsi
A	=	Other Sign Language	K	=	Hebrew	V	=	Vietnamese
B	=	Mandarin	L	=	French	9	=	Unknown / Not Reported

The coding scheme is similar to the one in the DHS MEDS Data Dictionary.

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Primary Language PRIMARY-LANGUAGE	C-07.0	123	123	X(1)	Identifies the primary language utilized by the client.

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

1. Primary Language (C-07.0)

EDIT CRITERIA (CSI Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
C-07.0	N	Primary Language	All Client records	Must be a valid code (see this field for valid codes).

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Primary Language	C07	100 ¹	N	Blank.	1. Identify the PRIMARY LANGUAGE of the client. 2. Allow any PRIMARY LANGUAGE code listed in table of valid codes.
		101 ¹	N	Invalid code.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

2. Preferred Language (C-08.0)

Field Added:

PURPOSE (CSI Data Dictionary):

Identifies the language in which the client would prefer to receive mental health services.

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Client Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

2. Preferred Language (C-08.0)

VALID CODES (CSI Data Dictionary):

0	=	American Sign Language (ASL)	C	=	Other Chinese Dialects	M	=	Polish
1	=	Spanish	D	=	Cambodian	N	=	Russian
2	=	Cantonese	E	=	Armenian	P	=	Portuguese
3	=	Japanese	F	=	Ilocano	Q	=	Italian
4	=	Korean	G	=	Mien	R	=	Arabic
5	=	Tagalog	H	=	Hmong	S	=	Samoan
6	=	Other Non-English	I	=	Lao	T	=	Thai
7	=	English	J	=	Turkish	U	=	Farsi
A	=	Other Sign Language	K	=	Hebrew	V	=	Vietnamese
B	=	Mandarin	L	=	French	9	=	Unknown / Not Reported

The coding scheme is similar to the one in the DHS MEDS Data Dictionary.

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Preferred Language PREFERRED-LANGUAGE	C-08.0	124	124	X(1)	Identifies the language in which the client prefers to receive mental health services

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

2. Preferred Language (C-08.0)

EDIT CRITERIA (CSI Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
C-08.0	N	Preferred Language	All Client records	Must be a valid code (see this field for valid codes). Do not utilize <u>prior</u> to the July 2006 reporting period or if DIG Indicator is '0'.

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Preferred Language	C08	100 ¹	N	Blank.	1. Identify the PREFERRED LANGUAGE of the client. 2. Allow any PREFERRED LANGUAGE code listed in table of valid codes.
		101 ¹	N	Invalid code.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

3. DIG Indicator (C-11.0)

Data Infrastructure Grant (DIG) Indicator

Goal: To identify whether or not a Client record contains DIG Data.

Approach: Add data element

Outcome: Allows client records to be edited appropriately according to the data submitted.

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

3. DIG Indicator (C-11.0)

Field Added:

PURPOSE (CSI Data Dictionary):

Identifies whether or not the Client record contains Data Infrastructure Grant (DIG) data.

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Client Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

3. DIG Indicator (C-11.0)

VALID CODES (CSI Data Dictionary):

0	=	Client record does not contain DIG data
1	=	Client record does contain DIG data

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Data Infrastructure Grant Indicator DIG-INDICATOR	C-11.0	15	15	X(1)	Identifies whether or not the Client record contains DIG data: '0' = Client record does not contain DIG data '1' = Client record contains DIG data.

IV. Field-Level Changes to CSI

C. Client Record – Remaining Fields

3. DIG Indicator (C-11.0)

EDIT CRITERIA (CSI Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
C-11.0	F	Data Infrastructure Grant Indicator	All Client records	Must contain a '0' if Client record <u>does not</u> contain DIG data or '1' if Client record <u>does</u> contain DIG data.

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Data Infrastructure Grant Indicator	C11	100 ¹	N	Blank.	1. I Identify whether or not the Client record contains Data Infrastructure Grant (DIG) data. 2. Allow either '0' for existing Client records without DIG data, or '1' for new Client records with DIG data.
		101 ¹	N	Invalid code.	
	999 ³	315 ²	F	DIG Indicator is coded '0' and DIG field(s) contains data.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code



IV. Field-Level Changes in CSI

D. Diagnosis

IV. Field-Level Changes to CSI

D. Diagnosis

Covered in this Section

- a. Overall Objective
- b. S-28.0 Axis I Diagnosis
- c. S-29.0 Axis I Primary
- d. S-30.0 Additional Axis I Diagnosis
- e. S-31.0 Axis II Diagnosis
- f. S-32.0 Axis II Primary
- g. S-33.0 Additional Axis II Diagnosis
- h. S-34.0 General Medical Condition Summary Code
- i. S-35.0 General Medical Condition Diagnosis
- j. S-36.0 Axis-V / GAF Rating
- k. S-37.0 Substance Abuse / Dependence
- l. S-38.0 Substance Abuse / Dependence Diagnosis
- m. Diagnosis Reporting Examples

IV. Field-Level Changes to CSI

D. Diagnosis

a. Overall Objective

Goal: To make DIG recommended changes to the CSI system regarding the collection of diagnosis.

Approach: Amend or Add data elements

Outcome: Improve reporting and completeness in all fields related to diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

b. S-28.0 Axis I Diagnosis

Services Prior 07/01/06: S-09.0 Principal Mental Health
Diagnosis

Services On or After 07/01/06: S-28.0 Axis I Diagnosis

S-28.0 AXIS I DIAGNOSIS

PURPOSE:

Identifies the Axis I diagnosis, which may be the primary focus of attention or treatment for mental health services.

IV. Field-Level Changes to CSI

D. Diagnosis

b. S-28.0 Axis I Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	7
Format:	XXXXXXX
	Left justify, no embedded blanks or decimals, no space filling, no zero filling
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis I Diagnosis AXIS-I-DIAG	S-28.0	310	316	X(7)	Identifies an Axis I diagnosis, which may be the primary focus of attention or treatment for mental health services. This diagnosis may be any of the full range of Diagnostic and Statistical Manual (DSM) diagnoses on Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention, or ICD-9-CM codes within the DSM-IV-TR Axis I classification.

IV. Field-Level Changes to CSI

D. Diagnosis

b. S-28.0 Axis I Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis I codes and ICD-9-CM codes within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification are accepted.

The V7109 and 7999 codes are valid in the Axis I Diagnosis field. V7109 means No Diagnosis or Condition on Axis I, and 7999 means the Diagnosis or Condition is Deferred on Axis I. However, if there is a valid DSM-IV-TR Axis I or ICD-9-CM code within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification, then V7109 and 7999 are not allowed in the Axis I Diagnosis field.

IV. Field-Level Changes to CSI

D. Diagnosis

b. S-28.0 Axis I Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis I codes and ICD-9-CM codes within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-28.0	N	Axis I Diagnosis	All Service records	Axis I code or ICD-9-CM code within the DSM-IV-TR Axis I classification.

IV. Field-Level Changes to CSI

D. Diagnosis

b. S-28.0 Axis I Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Axis I Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify the AXIS I DIAGNOSIS. 3. Allow DSM-IV-TR Axis I and/or ICD-9-CM code w/in DSM-IV-TR Axis I classification, including V7109 and 7999. Left justified, no embedded blanks, no space/blank/zero filling.
	S28	100 ¹	N	Blank.	
		101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

c. S-29.0 Axis I Primary

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-29.0 Axis I Primary

S-29.0 AXIS I PRIMARY

PURPOSE:

Identifies whether or not the Axis I diagnosis is the primary mental health diagnosis, which should reflect the primary focus of attention or treatment for mental health services.

IV. Field-Level Changes to CSI

D. Diagnosis

c. S-29.0 Axis I Primary

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis I Primary AXIS-I-PRIMARY	S-29.0	317	317	X(1)	Identifies whether or not the Axis I diagnosis is the primary mental health diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

c. S-29.0 Axis I Primary

VALID CODES (CSI Data Dictionary):

Y = Yes, the Axis I diagnosis is the primary mental health diagnosis

N = No, the Axis I diagnosis is not the primary mental health diagnosis

U = Unknown / Not Reported

This field must not contain 'N' if 'N' is reported in the Axis II Primary field, unless Axis I Diagnosis and Axis II Diagnosis are both coded V7109. V7109 means No Diagnosis or Condition on Axis I. Only one diagnosis, either the Axis I Diagnosis or the Axis II Diagnosis, can be designated as the primary mental health diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

c. S-29.0 Axis I Primary

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-29.0	N	Axis I Primary	All Service records	Must be a valid code ('Y', 'N', or 'U').

IV. Field-Level Changes to CSI

D. Diagnosis

c. S-29.0 Axis I Primary

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Axis I Primary	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify if AXIS I DIAGNOSIS is the primary diagnosis. 3. Must be Y, N, or U value. If Y, then Axis I Diagnosis must be a valid DSM-IV-TR Axis I and/or ICD-9-CM code w/in DSM-IV-TR Axis I classification, including 7999, but not V7109.
		434 ²	N	Axis I Primary is "Y" and Axis I Diagnosis is coded "V7109".	
	S29	100 ¹	N	Blank.	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

d. S-30.0 Additional Axis I Diagnosis

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-30.0 Additional Axis I
Diagnosis

S-30.0 ADDITIONAL AXIS I DIAGNOSIS

PURPOSE:

Identifies an additional Axis I diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

d. S-30.0 Additional Axis I Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Additional Axis I Diagnosis ADDL-AXIS-I-DIAG	S-30.0	318	324	X(7)	Identifies an additional Axis I diagnosis. This diagnosis may be any of the full range of Diagnostic and Statistical Manual (DSM) diagnoses on Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention, or ICD-9-CM codes within the DSM-IV-TR Axis I classification.

IV. Field-Level Changes to CSI

D. Diagnosis

d. S-30.0 Additional Axis I Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis I codes and ICD-9-CM codes within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification are accepted.

V7109, which means No Diagnosis or Condition on Axis I, is not allowed in the Additional Axis I Diagnosis field. If there is no Additional Diagnosis or Condition on Axis I, then zero fill this field.

7999, which means Diagnosis or Condition Deferred on Axis I, is allowed. However, if there is a valid additional DSM-IV-TR Axis I or ICD-9-CM code within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification, then 7999 is not allowed.

0000000 = No Additional Diagnosis or Condition on Axis I

IV. Field-Level Changes to CSI

D. Diagnosis

d. S-30.0 Additional Axis I Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis I codes and ICD-9-CM codes within the DSM-IV-TR Axis I Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention classification.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-30.0	N	Additional Axis I Diagnosis	All Service records	Axis I code or ICD-9-CM code within the DSM-IV-TR Axis I classification.

IV. Field-Level Changes to CSI

D. Diagnosis

d. S-30.0 Additional Axis I Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Add'l Axis I Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify an ADDITIONAL AXIS I DIAGNOSIS. 3. Allow DSM-IV-TR Axis I and/or ICD-9-CM code w/in DSM-IV-TR Axis I classification, including 7999, but not V7109. Left justified, no embedded blanks, no space/blank filling. If no Additional Axis I Diagnosis then zero-fill this field. Must be distinct from Axis I Diagnosis. Cannot have an Axis I Diagnosis and report V7109 in Add'l Axis I Diagnosis.
		435 ²	N	Axis I Diagnosis and Additional Axis I Diagnosis are coded the same.	
	S30	100 ¹	N	Blank.	
		101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value (includes V7109).	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

e. S-31.0 Axis II Diagnosis

Services Prior 07/01/06: S-10.0 Secondary Mental Health
Diagnosis

Services On or After 07/01/06: S-31.0 Axis II Diagnosis

S-31.0 AXIS II DIAGNOSIS

PURPOSE:

Identifies the Axis II diagnosis, which may be the primary focus of attention or treatment for mental health services.

IV. Field-Level Changes to CSI

D. Diagnosis

e. S-31.0 Axis II Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

FIELD DESCRIPTION:	
Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis II Diagnosis AXIS-II-DIAG	S-31.0	325	331	X(7)	Identifies an Axis II diagnosis, which may be the primary focus of attention or treatment for mental health services. This diagnosis may be any of the full range of Diagnostic and Statistical Manual (DSM) diagnoses on Axis II Personality Disorders / Mental Retardation, or ICD-9-CM codes within the DSM-IV-TR Axis II classification.

IV. Field-Level Changes to CSI

D. Diagnosis

e. S-31.0 Axis II Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis II codes and ICD-9-CM codes within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification are accepted.

The V7109 and 7999 codes are valid in the Axis II Diagnosis field. V7109 means No Diagnosis on Axis II, and 7999 means Diagnosis is Deferred on Axis II. However, if there is a valid DSM-IV-TR Axis II or ICD-9-CM code within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification, then V7109 and 7999 are not allowed in the Axis II Diagnosis field.

V7109 = No Diagnosis on Axis II

7999 = Diagnosis Deferred on Axis II

IV. Field-Level Changes to CSI

D. Diagnosis

e. S-31.0 Axis II Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis II codes and ICD-9-CM codes within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-31.0	N	Axis II Diagnosis	All Service records	Axis II code or ICD-9-CM code within the DSM-IV-TR Axis II classification.

IV. Field-Level Changes to CSI

D. Diagnosis

e. S-31.0 Axis II Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Axis II Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify the AXIS II DIAGNOSIS. 3. Allow DSM-IV-TR Axis II and/or ICD-9-CM code w/in DSM-IV-TR Axis II classification, including V7109 and 7999. Left justified, no embedded blanks, no space/blank/ zero filling.
	S31	100 ¹	N	Blank.	
		101 ¹	N	Invalid code (000000).	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

f. S-32.0 Axis II Primary

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-32.0 Axis II Primary

S-32.0 AXIS II PRIMARY

PURPOSE:

Identifies whether the Axis II diagnosis is the primary mental health diagnosis, which may be the primary focus of attention or treatment for mental health services.

IV. Field-Level Changes to CSI

D. Diagnosis

f. S-32.0 Axis II Primary

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis II Primary AXIS-II-PRIMARY	S-32.0	332	332	X(1)	Identifies whether or not the Axis II mental health diagnosis is the primary mental health diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

f. S-32.0 Axis II Primary

VALID CODES (CSI Data Dictionary):

Y = Yes, the Axis II diagnosis is the primary mental health diagnosis

N = No, the Axis II diagnosis is not the primary mental health diagnosis

U = Unknown / Not Reported

This field must not contain an 'N' if 'N' is reported in the Axis I Primary field, unless Axis I Diagnosis and Axis II Diagnosis are both coded V7109. V7109 means No Diagnosis on Axis II. Only one diagnosis, either the Axis I Diagnosis or the Axis II diagnosis, can be designated the primary mental health diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

f. S-32.0 Axis II Primary

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-32.0	N	Axis II Primary	All Service records	Must be a valid code ('Y', 'N', or 'U').

IV. Field-Level Changes to CSI

D. Diagnosis

f. S-32.0 Axis II Primary

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Axis II Primary	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify if AXIS II DIAGNOSIS is the primary diagnosis. 3. Must be Y, N, or U value. If Y, then Axis II Diagnosis must be any valid DSM-IV-TR Axis II and/or ICD-9-CM code w/in DSM-IV-TR Axis II classification, including 7999, but not V7109. Must not be Y if Axis I Primary is Y. Cannot be N if Axis I Primary is N and both Axis I Diagnosis and Axis II Diagnosis are not coded V7109. Left justified, no embedded blanks, no space/blank filling.
		436 ²	N	Axis II Primary is 'Y' and Axis II Diagnosis is coded 'V7109'.	
		437 ²	N	Axis I Primary is 'Y' and Axis II Primary is 'Y'.	
		438 ²	N	Axis I Primary is 'N' and Axis II Primary is 'N' but both Axis I Diagnosis and Axis II Diagnosis are not coded 'V7109'.	
	S32	100 ¹	N	Blank.	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

g. S-33.0 Additional Axis II Diagnosis

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-33.0 Additional Axis II
Diagnosis

S-33.0 ADDITIONAL AXIS II DIAGNOSIS

PURPOSE:

Identifies an additional Axis II diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

g. S-33.0 Additional Axis II Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
Required On:	All Service Records
Source:	Local Mental Health
	Left justify, no embedded blanks or decimals, no space filling

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Additional Axis II Diagnosis ADDL-AXIS-II-DIAG	S-33.0	333	339	X(7)	Identifies an additional Axis II mental health diagnosis. This diagnosis may be any of the full range of Diagnostic and Statistical Manual (DSM) diagnoses on Axis II Personality Disorders / Mental Retardation, or ICD-9-CM codes within the DSM-IV-TR Axis II classification.

IV. Field-Level Changes to CSI

D. Diagnosis

g. S-33.0 Additional Axis II Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis II codes and ICD-9-CM codes within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification are accepted.

V7109, which means No Diagnosis on Axis II, is not allowed in the Additional Axis II Diagnosis field. If there is no Additional Axis II diagnosis, then zero fill this field.

7999, which means Diagnosis Deferred on Axis II, is allowed. However, if there is a valid additional DSM-IV-TR Axis II or ICD-9-CM code within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification, then 7999 is not allowed.

0000000 = No Additional Diagnosis on Axis II

IV. Field-Level Changes to CSI

D. Diagnosis

g. S-33.0 Additional Axis II Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis II codes and ICD-9-CM codes within the DSM-IV-TR Axis II Personality Disorders / Mental Retardation classification.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-33.0	N	Additional Axis II Diagnosis	All Service records	Axis II code or ICD-9-CM code within the DSM-IV-TR Axis II classification.

IV. Field-Level Changes to CSI

D. Diagnosis

g. S-33.0 Additional Axis II Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Add'l Axis II Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify an ADDITIONAL AXIS II DIAGNOSIS. 3. Allow DSM-IV-TR Axis II and/or ICD-9-CM code w/in DSM-IV-TR Axis II classification, including 7999 but not V7109. Left justified, no embedded blanks, no space/blank filling. Must be distinct from Axis II Diagnosis. Cannot V7109 in Add'l Axis II Diagnosis.
		439 ²	N	Axis II Diagnosis and Additional Axis II Diagnosis are coded the same.	
	S33	100 ¹	N	Blank.	
		101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value (includes V7109).	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

h. S-34.0 General Medical Condition Summary Code

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-34.0 General Medical
Condition Summary Code

**S-34.0 GENERAL MEDICAL CONDITION SUMMARY
CODE**

PURPOSE:

Identifies up to three General Medical Condition Summary Codes from the list below that most closely identify the client's general medical condition(s), if any.

IV. Field-Level Changes to CSI

D. Diagnosis

h. S-34.0 General Medical Condition Summary Code

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	2
Format:	XX
	Left justify, no embedded blanks
	This field occurs three times
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
General Medical Condition Summary Code GMC-SUMMARY- PRIMARY	S-34.0	340	341	X(2)	Identifies a General Medical Condition Summary Code that most closely identifies the client's primary general medical condition, if any.
General Medical Condition Summary Code GMC-SUMMARY- SECONDARY	S-34.0	342	343	X(2)	Identifies a General Medical Condition Summary Code that most closely identifies the client's secondary general medical condition, if any.
General Medical Condition Summary Code GMC-SUMMARY- TERTIARY	S-34.0	344	345	X(2)	Identifies a General Medical Condition Summary Code that most closely identifies the client's tertiary general medical condition, if any.

IV. Field-Level Changes to CSI

D. Diagnosis

h. S-34.0 General Medical Condition Summary Code

VALID CODES:

Select up to three codes from the list of general medical conditions below:

01	=	Arterial Sclerotic Disease	21	=	Osteoporosis
02	=	Heart Disease	22	=	Cancer
03	=	Hypercholesterolemia	23	=	Blind / Visually Impaired
04	=	Hyperlipidemia	24	=	Chronic Pain
05	=	Hypertension	25	=	Deaf / Hearing Impaired
06	=	Birth Defects	26	=	Epilepsy / Seizures
07	=	Cystic Fibrosis	27	=	Migraines
08	=	Psoriasis	28	=	Multiple Sclerosis
09	=	Digestive Disorders (Reflux, Irritable Bowel Syndrome)	29	=	Muscular Dystrophy
10	=	Ulcers	30	=	Parkinson's Disease
11	=	Cirrhosis	31	=	Physical Disability
12	=	Diabetes	32	=	Stroke
13	=	Infertility	33	=	Tinnitus
14	=	Hyperthyroid	34	=	Ear Infections
15	=	Obesity	35	=	Asthma
16	=	Anemia	36	=	Sexually Transmitted Disease (STD)
17	=	Allergies	37	=	Other
18	=	Hepatitis			
19	=	Arthritis	99	=	Unknown / Not Reported General Medical Condition
20	=	Carpal Tunnel Syndrome	00	=	No General Medical Condition

IV. Field-Level Changes to CSI

D. Diagnosis

h. S-34.0 General Medical Condition Summary Code

EDITS (CSI Technical Supplements):

To be edited against the list of General Medical Condition Summary Codes.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-34.0	N	General Medical Condition Summary Code	All Service records	Report up to three separate GMC Summary Codes. Utilize either the S-34.0 GMC Summary Code field, <u>or</u> the S-35.0 GMC Diagnosis field, but <u>not</u> both fields on the same Service record, to report data to CSI.

IV. Field-Level Changes to CSI

D. Diagnosis

h. S-34.0 General Medical Condition Summary Code

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
General Medical Condition Summary Code	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify a GENERAL MEDICAL CONDITION (GMC) SUMMARY CODE from list of General Medical Condition Codes. 3. Allow up to three distinct GMC Summary Codes listed in the table of valid codes. Left justified, no embedded blanks, no space/blank filling.
	S34	101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value.	
		440 ²	N	Two or more General Medical Condition (GMC) Summary Codes are identical.	
		441 ²	N	GMC Summary Code is not left justified and/or contains embedded blanks.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

i. S-35.0 General Medical Diagnosis

Services Prior 07/01/06: S-11.0 Additional Mental or
Physical Health Diagnosis

Services On or After 07/01/06: S-35.0 General Medical
Condition Diagnosis

S-35.0 GENERAL MEDICAL CONDITION DIAGNOSIS

PURPOSE:

Identifies up to three general medical condition diagnoses that most closely identifies the client's general medical condition(s), if any.

IV. Field-Level Changes to CSI

D. Diagnosis

i. S-35.0 General Medical Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals
	This field occurs three times
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
General Medical Condition Diagnosis GMC-DIAG-PRIMARY	S-35.0	346	352	X(7)	Identifies a general medical condition diagnosis that most closely identifies the client's primary general medical condition, if any. This diagnosis may be any ICD-9-CM general medical condition diagnosis, or DSM-IV-TR Axis III diagnosis.
General Medical Condition Diagnosis GMC-DIAG-SECONDARY	S-35.0	353	359	X(7)	Identifies a general medical condition diagnosis that most closely identifies the client's secondary general medical condition, if any. This diagnosis may be any ICD-9-CM general medical condition diagnosis, or DSM-IV-TR Axis III diagnosis.
General Medical Condition Diagnosis GMC-DIAG-TERTIARY	S-35.0	360	366	X(7)	Identifies a general medical condition diagnosis that most closely identifies the client's tertiary general medical condition, if any. This diagnosis may be any ICD-9-CM general medical condition diagnosis, or DSM-IV-TR Axis III diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

i. S-35.0 General Medical Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis III codes, ICD-9-CM codes within the DSM-IV-TR Axis III General Medical Conditions classification, or ICD-9-CM general medical condition codes, are accepted, including 7999. The ICD-9-CM defines 7999 as Other Unknown and Unspecified Cause.

V7109 is not allowed in the General Medical Condition Diagnosis field. If there is no general medical condition diagnosis, zero fill this field.

0000000 = No General Medical Condition Diagnosis

IV. Field-Level Changes to CSI

D. Diagnosis

i. S-35.0 General Medical Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis III codes, ICD-9-CM codes within the DSM-IV-TR Axis III General Medical Conditions classification, and ICD-9-CM general medical condition codes.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-35.0	N	General Medical Condition Diagnosis	All Service records	Report up to three separate GMC Diagnoses. Utilize either the S-35.0 GMC Diagnosis field, <u>or</u> the S-34.0 GMC Summary Code field, but <u>not</u> both fields on the same Service record, to report data to CSI.

IV. Field-Level Changes to CSI

D. Diagnosis

i. S-35.0 General Medical Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
General Medical Condition Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify a GENERAL MEDICAL CONDITION DIAGNOSIS. 3. Allow DSM-IV-TR Axis III and/or ICD-9-CM code w/in DSM-IV-TR Axis III classification, and all ICD-9-CM code. V7109 is not allowed. Left justified, no embedded blanks, no space/blank filling. If no GMC Diagnosis then this field must be zero filled.
		444 ²	N	GMC Diagnosis must be blank if GMC Summary Code is not blank.	
		445 ²	N	GMC Diagnosis must not be blank if GMC Summary Code is blank.	
	S35	101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value.	
		442 ²	N	Two or more GMC Diagnoses are coded the same.	
		443 ²	N	GMC Diagnosis is not left justified and/or contains embedded blanks.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

j. S-36.0 Axis-V / GAF

Services Prior 07/01/06: Periodic Record

P-04.0 Axis- V/GAF

Services On or After 07/01/06: S-36.0 Axis-V / GAF Rating

S-36.0 AXIS-V / GAF RATING

PURPOSE:

Identifies the Global Assessment of Functioning (Axis-V / GAF) rating of the client.

IV. Field-Level Changes to CSI

D. Diagnosis

j. S-36.0 Axis-V / GAF

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	3
Format:	XXX
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Axis-V / GAF Rating AXIS-V-GAF	S-36.0	367	369	X(3)	Identifies the global assessment of functioning (Axis-V / GAF) rating of the client.

IV. Field-Level Changes to CSI

D. Diagnosis

j. S-36.0 Axis-V / GAF

VALID CODES (CSI Data Dictionary):

Enter '000' if Axis-V / GAF rating cannot be determined.

001 = Valid Axis-V / GAF Rating
through
100

000 = Unknown / Inadequate Information for Axis-V / GAF
Rating

IV. Field-Level Changes to CSI

D. Diagnosis

j. S-36.0 Axis-V / GAF

EDITS (CSI Technical Supplements):

To be edited against the DSM-IV-TR Axis-V / GAF rating scale.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-36.0	N	Axis-V / GAF Rating	All Service records	Must be a valid code ('000' through '100').

IV. Field-Level Changes to CSI

D. Diagnosis

j. S-36.0 Axis-V / GAF

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Axis-V / GAF Rating	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify the AXIS-V / GAF RATING. 3. Must be a valid rating from the DSM-IV-TR Axis-V / GAF rating scale table, 000 - 100.
		100 ¹	N	Blank.	
	S36	102 ¹	N	Invalid value.	
		103 ¹	N	Not numeric.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

k. S-37.0 Substance Abuse / Dependence

Services Prior 07/01/06: Periodic Record P-05.0

Other Factors Affecting Mental Health- Substance Abuse

Services On or After 07/01/06: S-37.0 Substance Abuse /
Dependence

S-37.0 SUBSTANCE ABUSE / DEPENDENCE

PURPOSE:

Identifies whether or not the client has a substance abuse / dependence issue.

IV. Field-Level Changes to CSI

D. Diagnosis

k. S-37.0 Substance Abuse / Dependence

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Substance Abuse / Dependence SUBSTANCE-ABUSE	S-37.0	370	370	X(1)	Identifies whether or not the individual has a substance abuse / dependence issue.

IV. Field-Level Changes to CSI

D. Diagnosis

k. S-37.0 Substance Abuse / Dependence

VALID CODES (CSI Data Dictionary):

Y = Yes, the client has a substance abuse / dependence issue

N = No, the client does not have a substance abuse / dependence issue

U = Unknown / Not Reported

IV. Field-Level Changes to CSI

D. Diagnosis

k. S-37.0 Substance Abuse / Dependence

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-37.0	N	Substance Abuse / Dependence	All Service records	Must be a valid code ('Y', 'N', or 'U').

IV. Field-Level Changes to CSI

D. Diagnosis

k. S-37.0 Substance Abuse / Dependence

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Substance Abuse / Dependence	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify whether the client has a SUBSTANCE ABUSE / DEPENDENCE issue. 3. Must be Y, N, or U value. If Y, then Substance Abuse / Dependence Diagnosis must be a valid DSM-IV-TR Axis I Substance-Related Disorder or an ICD-9-CM code w/in the DSM-IV-TR Axis I Substance-Related Disorder classification and Substance Abuse / Dependence Diagnosis must not be zero filled.
	S37	100 ¹	N	Blank.	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

I. S-38.0 Substance Abuse / Dependence Diagnosis

Services Prior 07/01/06: Not Applicable

Services On or After 07/01/06: S-38.0 Substance Abuse /
Dependence Diagnosis

**S-38.0 SUBSTANCE ABUSE / DEPENDENCE
DIAGNOSIS**

PURPOSE:

Identifies the client's substance abuse / dependence diagnosis, if any.

IV. Field-Level Changes to CSI

D. Diagnosis

I. S-38.0 Substance Abuse / Dependence Diagnosis

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	7
Format:	XXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
Required On:	All Service Records
Source:	Local Mental Health

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT	DESCRIPTION (See Data Dictionary for valid values.)
Substance Abuse / Dependence Diagnosis SUBSTANCE-ABUSE- DIAG	S-38.0	371	377	X(7)	Identifies a substance abuse / dependence diagnosis, if any, within the Substance-Related Disorders classification of the DSM-IV-TR, or ICD-9-CM diagnoses within the Substance-Related Disorders classification of the DSM-IV-TR.

IV. Field-Level Changes to CSI

D. Diagnosis

I. S-38.0 Substance Abuse / Dependence Diagnosis

VALID CODES (CSI Data Dictionary):

All DSM-IV-TR Axis I codes within the Substance-Related Disorders classification and ICD-9-CM codes within the DSM-IV-TR Axis I Substance-Related Disorders classification are accepted, including 7999.

7999 means Diagnosis or Condition Deferred on Axis I.

0000000 = No Substance Abuse / Dependence Diagnosis

IV. Field-Level Changes to CSI

D. Diagnosis

I. S-38.0 Substance Abuse / Dependence Diagnosis

EDITS (CSI Technical Supplements):

To be edited against a file of DSM-IV-TR Axis I Substance-Related Disorders codes and ICD-9-CM codes within the DSM-IV-TR Axis I Substance-Related Disorders classification.

EDIT CRITERIA (Technical Supplements):

<u>Field Number</u>	<u>F or N</u>	<u>Field Name</u>	<u>Required On</u>	<u>Edit Criteria</u>
S-38.0	N	Substance Abuse / Dependence Diagnosis	All Service records	Axis I code or ICD-9-CM code within the DSM-IV-TR Axis I Substance-Related Disorders classification.

IV. Field-Level Changes to CSI

D. Diagnosis

I. S-38.0 Substance Abuse / Dependence Diagnosis

ERRORS:

ELEMENT	FIELD CODE	ERROR CODE	ERROR LEVEL	ERROR TEXT	(1) PURPOSE / (2) INTENT
Substance Abuse / Dependence Diagnosis	999 ³	433 ²	F	Date of Service / Beginning Date of Service < 7/1/06 and DIG field(s) contains data.	<ol style="list-style-type: none"> 1. Identify Service records for services prior to 7/1/06 that report data in DIG field(s). 2. Identify the SUBSTANCE ABUSE / DEPENDENCE DIAGNOSIS, if any. 3. Allow DSM-IV-TR Axis I Substance-Related Disorder or an ICD-9-CM code w/in the DSM-IV-TR Axis I Substance-Related Disorder classification, including 7999. Left justified, no embedded blanks, no space/blank filling. If no Substance-Related Disorder then this field must be zero filled.
		446 ²	N	Substance Abuse / Dependence is 'N' and Substance Abuse / Dependence Diagnosis is coded with a DSM-IV-TR Substance Abuse / Dependence Diagnosis or ICD-9-CM diagnosis within the Substance-Related Disorders classification of DSM-IV-TR Axis I.	
	S38	100 ¹	N	Blank.	
		101 ¹	N	Invalid code.	
		102 ¹	N	Invalid value.	

Note: 1 = existing error code; 2 = new error code; 3 = relational edit - '999' field code

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code			GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
3004	Y	0000000	V7109	N	0000000	00						057	N	0000000

VALID: The Axis I Diagnosis is reported and identified as the Primary Diagnosis. No other diagnosis information, except the Axis-V / GAF Rating, is reported.

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code			GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
2973	Y	29012	7999	N	0000000	27						059	N	0000000

VALID: The Axis I Diagnosis is reported and identified as the Primary Diagnosis. The record also contains an Additional Axis I Diagnosis, a 7999 (Diagnosis Deferred on Axis II) code in the Axis II Diagnosis, a GMC Summary Code, and an Axis-V / GAF Rating.

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code			GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
29622	N	7999	V7109	Y	0000000				0000000			059	Y	0000000

INVALID: The Axis II Primary is coded 'Y' and the Axis II Diagnosis is coded V7109 (NO Diagnosis on Axis II). If the Axis II Primary is coded 'Y', then the Axis II Diagnosis must not be coded V7109.

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code			GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
3010	N	3007	7999	U	0000000	36	02					000	U	7999

INVALID: The diagnosis in the Axis I Diagnosis is not valid. The Axis I Diagnosis must be a valid DSM-IV-TR Axis I or ICD-9-CM code within the DSM-IV-TR Axis I Clinical Disorders/Other Conditions That May Be of Focus of Clinical Attention classification. 3010 is a DSM-IV-TR Axis II Diagnosis Code.

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code			GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
7999	N	7999	3019	Y	0000000				1701	7063	7865	068	Y	30480

VALID: The Axis I Diagnosis and Axis II Diagnosis are reported, with the Axis II Diagnosis identified as the Primary Diagnosis. The record also contains 7999 (Diagnosis or Condition Deferred on Axis I) code in the Additional Axis I Diagnosis, multiple GMC Diagnoses, and Axis-V / GAF Rating, a Substance Abuse / Dependence issue, and a Substance Abuse / Dependence Diagnosis.

IV. Field-Level Changes to CSI

D. Diagnosis

m. Diagnosis Reporting Examples

Axis I DX	Axis I Primary	Add'l Axis I DX	Axis II DX	Axis II Primary	Add'l Axis II DX	GMC Summary Code	GMC Diagnosis			Axis-V / GAF Rating	Substance Abuse / Dependence	Substance Abuse / Dependence DX
29532	Y	0000000	V7109	N	0000000	00		0000000		062	N	0000000

INVALID: The GMC Summary Code field must be blank if the GMC Diagnosis field contains data. For each Service record, utilize either the GMC Summary Code field or GMC Diagnosis field to report general medical condition information to CSI, but not both fields within the same Service record.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices / Service Strategies (S-25.0)

Covered in this Section

- a. Goals, Approach, and Outcomes
- b. Field S-25.0
- c. Evidence-Based Practices
- d. Service Strategies
- e. Integration of EBP and Service Strategy reporting

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

a. Goal, Approach, and Outcome

Goal: To allow the collection and reporting of data on services that are part of an evidence-based practice (EBP) and/or reflect a service strategy.

Outcome: Fulfill federal reporting requirements on EBPs. Gather information on the service strategies employed by counties, as a modifier to service function.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

Services Prior 07/01/06: No data reported in S-25.0

Services On or After 07/01/06: Data collected and reported for Field S-25.0

<p>S-25.0 EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES</p> <p><i>PURPOSE:</i> Identifies up to three Evidence-Based Practices / Service Strategies that further describe the service the client received.</p>
--

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

FIELD DESCRIPTION (CSI Data Dictionary):

Type:	Character
Byte(s):	6
Format:	Three 2 byte fields. Six bytes total. XXXXXX Left justify, no embedded blanks
Required On:	All Service Records
Source:	Local Mental Health

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

RECORD DESCRIPTION (CSI Technical Supplements):

FIELD CONTENTS / FIELD CODING NAME	D.D. NBR	START	END	FORMAT
Evidence-Based Practices / Service Strategies EBP-SS	S-25.0	15	20	X(6)

RECORD DESCRIPTION (CSI Technical Supplements):

DESCRIPTION (See Data Dictionary for valid values.)

SEE PAGE 1

Report up to three (3) Evidence-Based Practices / Service Strategies from list.

Evidence-Based Practices:

Service Strategies:

‘01’ = Assertive Community Treatment (ACT)

‘50’ = Peer and/or Family Delivered Services

‘02’ = Supportive Employment

‘51’ = Psychoeducation

‘03’ = Supportive Housing

‘52’ = Family Support

‘04’ = Family Psychoeducation

‘53’ = Supportive Education

‘05’ = Integrated Dual Diagnosis Treatment

‘54’ = Delivered in Partnership with Law Enforcement

‘06’ = Illness Management and Recovery

‘55’ = Delivered in Partnership with Health Care

‘07’ = Medication Management

‘56’ = Delivered in Partnership with Social Services

‘08’ = New Generation Medications

‘57’ = Delivered in Partnership with Substance Abuse Services

‘09’ = Therapeutic Foster Care

‘58’ = Integrated Services for Mental Health and Aging

‘10’ = Multisystemic Therapy

‘59’ = Integrated Services for Mental Health and Developmental Disability

‘11’ = Functional Family Therapy

‘60’ = Ethnic-Specific Service Strategy

‘99’ = Unknown Evidence-Based Practice / Service Strategy

‘61’ = Age-Specific Service Strategy

‘99’ = Unknown Evidence-Based Practice / Service Strategy

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

Question: Why is there no way to report an EBP that is not on the list of those EBPs that are federally identified for reporting?

Answer: We have not offered an 'Other EBP' value, because there is currently no way to pass those data on in the Uniform Reporting System.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

EDIT CRITERIA (Technical Supplements):

S-25.0	N	Evidence-Based Practices / Service Strategies	All Service records	Must be a valid code, left justified, with no embedded blanks and no duplicates if reporting multiple codes. Space-fill this field for services delivered <u>prior</u> to July 1, 2006.
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IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

Errors and Edit Criteria

S-25.0 Evidence- Based Practices / Service Strategies	S25	101 ¹	N	Invalid code.	1. Identify up to 3 EBP / Service Strategies that further describes the service that the client received. 2. Allow any combination of valid codes listed in the table of valid codes, but no duplicate codes within a Service record. Blank is allowed.
		428 ²	N	EBP / Service Strategies are not left justified and/or has embedded blanks.	
		429 ²	N	Two or more EBP / Service Strategies are identical.	
	999 ³	430 ²	N	EBP / Service Strategies reported and Beginning Date of Service / Date of Service is prior to January 1, 2006.	

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

b. Field S-25.0

There is no state-defined methodology to determine whether or not a program qualifies as an EBP or service strategy.

In the Managing Change (CSI Training II) presentation on EBPs and Service strategies, we give examples of how a county may determine whether or not their program qualifies as an EBP or reflects a given service strategy.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Programs/services delivered in a culturally-competent manner that incorporate practices with generally accepted scientific fidelity, and that measure the impact of the practice on clients, participants and/or communities.

These evidence-based practices are more fully described by the Substance Abuse and Mental Health Services Administration (SAMHSA), and are available at

<http://www.nri-inc.org/CMHQA.cfm>.

Toolkits for some of the evidence-based practices are available at

<http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Example of EBP definition

Assertive Community
Treatment
(01)

A team-based approach to the provision of treatment, rehabilitation, and support services.

Core components include:

- Small caseloads
- Team approach
- Full responsibility for treatment services
- Community-based services
- Assertive engagement mechanisms
- Role of consumers and/or family members on treatment team

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

The evidence-based practices identified for reporting by SAMHSA are mature, well-developed programs. Of the eleven EBPs, five have complete SAMHSA Implementation toolkits. All eleven are extensively covered in the research literature.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Federally published material available on these EBPs:

Assertive Community Treatment

[SAMHSA Toolkit](#)

(to open this hyperlink, highlight “SAMHSA Toolkit” and right-click, then select Open Hyperlink on the menu)

Supportive Employment also called Supported Employment

[SAMHSA Toolkit](#)

Family Psychoeducation

[SAMHSA Toolkit](#)

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Federally published material available on these EBPs (cont'd):

Integrated Dual Diagnosis Treatment

[SAMHSA Toolkit](#)

Illness Management and Recovery

[SAMHSA Toolkit](#)

Medication Management Approaches in Psychiatry

[Incomplete SAMHSA Toolkit](#)

[NRI Fidelity Scale](#)

[Draft SAMHSA Fidelity Scale](#)

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Material available on these EBPs in research literature (cont'd):

Supportive Housing

New Generation Medications

Therapeutic Foster Care

Multisystemic Therapy

Functional Family Therapy

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

Example of SAMHSA Toolkit:

Assertive Community Treatment

- Implementation Resource Kit User's Guide
- Assertive Community Treatment Literature Review
- Implementation Tips for
 - Consumers
 - Family members
 - Clinicians
 - Mental Health Program Leaders and Authorities
- Use of Fidelity Scales in EBPs
- **Assertive Community Treatment Fidelity Scale**
- Statement on Cultural Competence
- Implementing Assertive Community Treatment Workbook

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

c. Evidence-Based Practices

SAMHSA Toolkit:

Assertive Community Treatment Fidelity Scale

Contents:

- ACT Overview
- Overview of the Scale
- What is Rated
- Unit of Analysis
- How the Rating is Done
- How to Rate a Newly-Established Team
- How to Rate Programs Using Other Program Models
- Who Does the Ratings
- Missing Data

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

d. Service Strategies

Services and supports that incorporate the vision of the Mental Health Services Act (MHSA), as determined by multi-stakeholder input and participation. The broad categories listed below are designed to describe county services or programs with respect to a common concept or underlying strategy. Therefore, counties may implement different kinds of programs/services with a similar underlying strategy, all of which would be coded under the same Service Strategy in CSI - per the broad definitions below. The Service Strategies data element is designed to be a modifier to the service function codes, in order that more specific information about services/supports may be known for reporting purposes. The Service Strategies data element is to be collected and reported for all service function codes reported to CSI, regardless of whether or not the service/program is part of MHSA implementation.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

d. Service Strategies

The service strategies identified for reporting to CSI were selected based on the MHSA process and the CSS plans submitted by the counties.

This provides the counties with the opportunity to describe the progressive strategies reflected in their programs/services, responding to the transformational vision of MHSA and the needs expressed by their consumers.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

d. Service Strategies

Service strategies are intended as modifiers of the service mode and service function data fields. However, we recognize that the definitions given for service strategies are general. We anticipate that there may be variability in how reporting on this data field will be implemented, both within and between counties.

IV. Field-Level Changes to CSI

E. Evidence-Based Practices/Service Strategies

d. Service Strategies

Question: Why not wait until the definitions for service strategies have been refined before introducing the field as a CSI reporting requirement?

Answer: Data are needed to help inform the process of refining these definitions. We need greater insight into the kinds of services being provided. In the end, this process of implementing the reporting of service strategies in this way should result in a more valid and more useful field.

e. Integration of EBP and Service Strategy Reporting

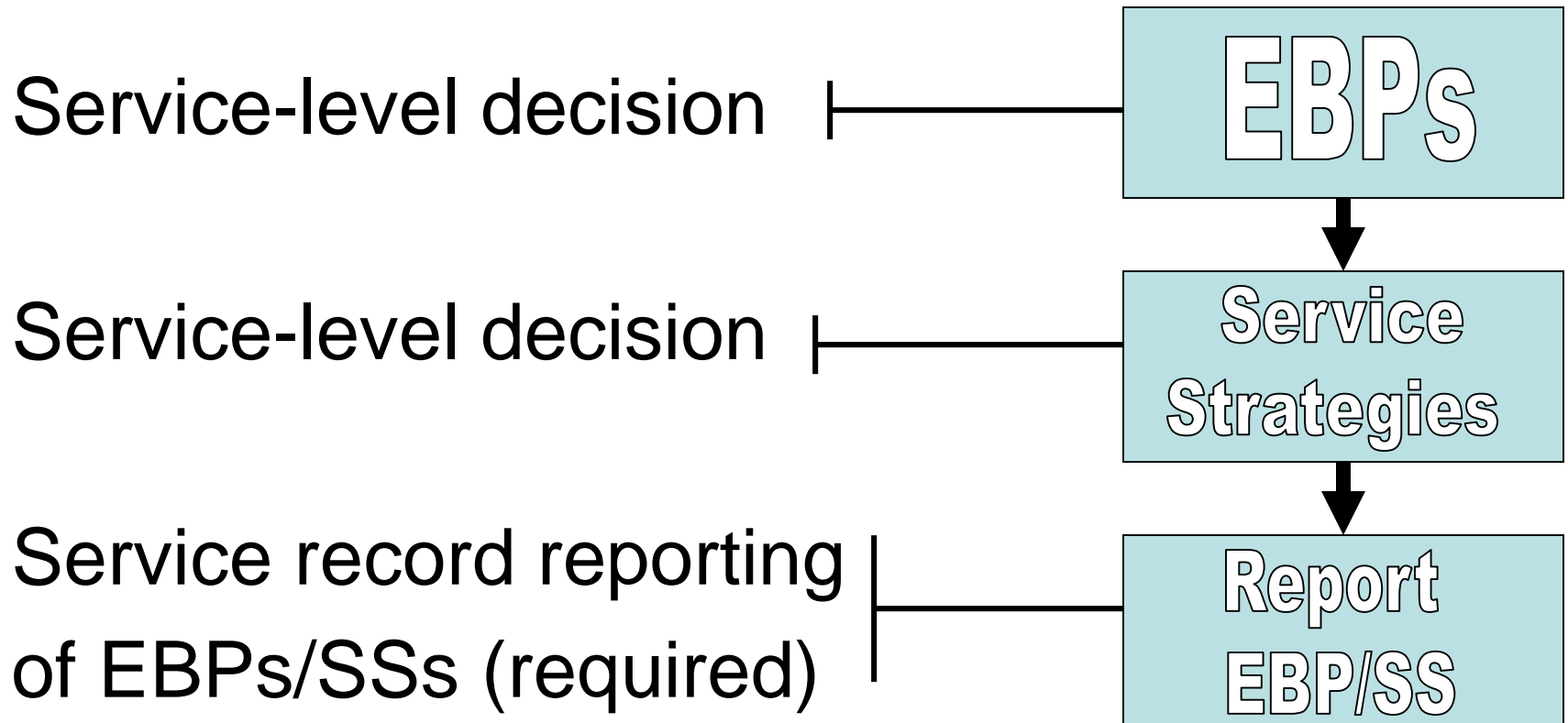
When considering the assignment of a service to EBPs and service strategies, EBPs should be considered first, and service strategies second.

Strategies captured in an EBP that is applicable to a service, do not also need to be reported in a service strategy.

However, there are no edits on the relationships between EBPs and Service Strategies.

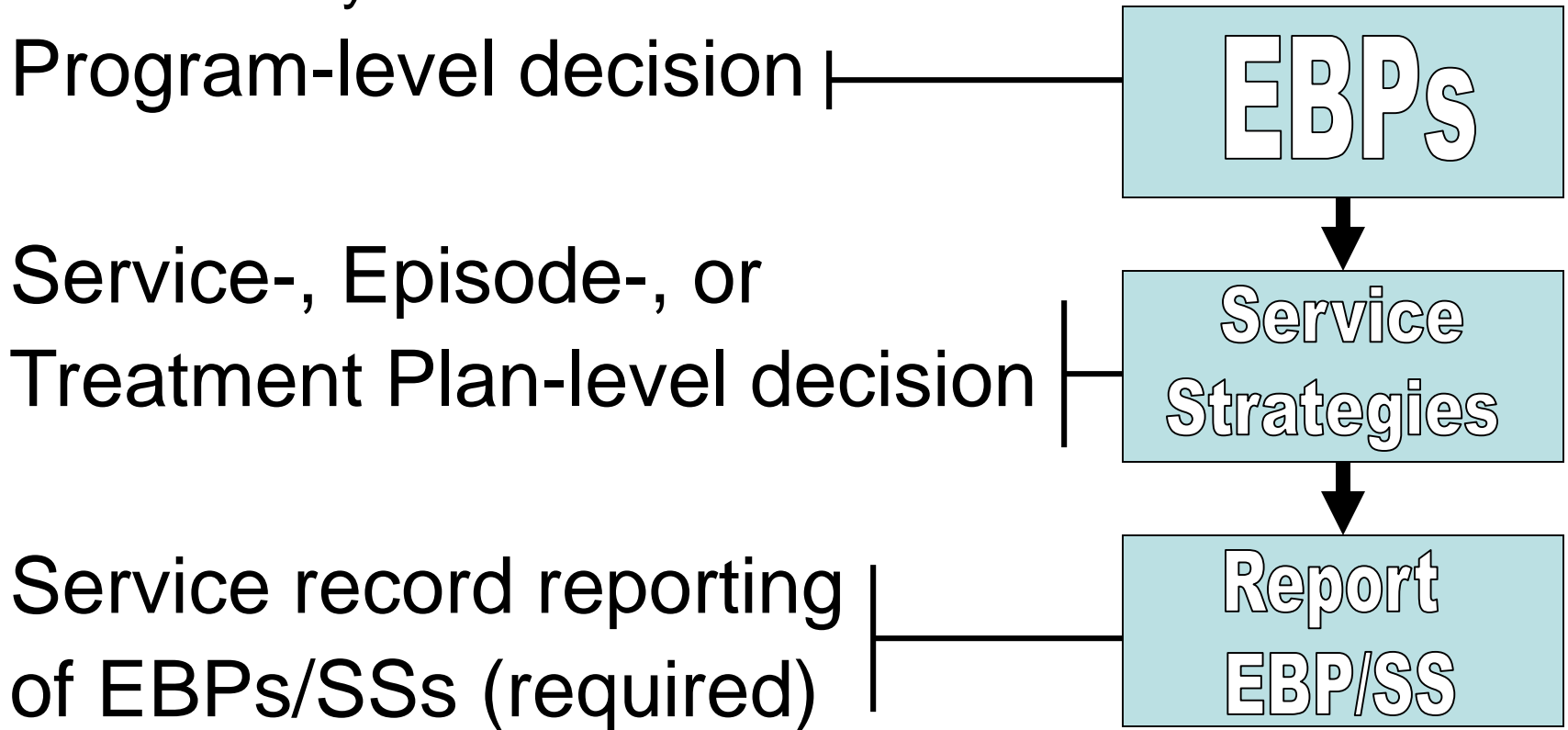
e. Integration of EBP and Service Strategy Reporting

Example i. Possible design EBP/SS decision flow :



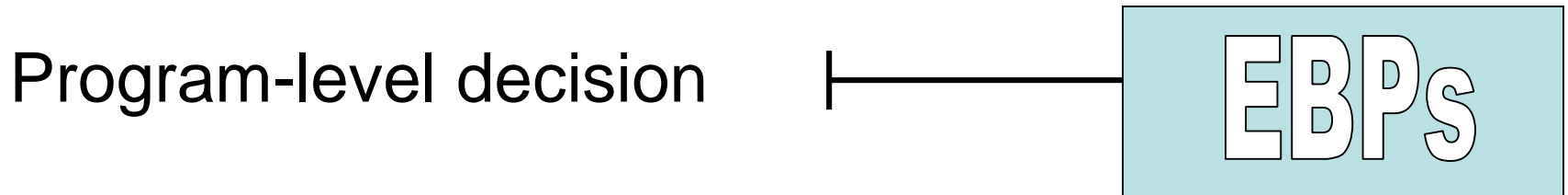
e. Integration of EBP and Service Strategy Reporting

Example ii. Possible design EBP/SS decision flow for efficiency:



e. Integration of EBP and Service Strategy Reporting

Example ii. Possible design EBP/SS decision flow for efficiency:



EBPs are well-suited for consideration at the program-level. EBP is a program that incorporates core components and that use fidelity measures to examine adherence to these components. All services within the EBP should be assigned to that EBP in reporting.

Counties may choose to introduce reporting of EBPs at whatever level(s) they consider to be best for accuracy and efficiency of reporting.

e. Integration of EBP and Service Strategy Reporting

Example ii. Possible design EBP/SS decision flow for efficiency:

Service-, Episode-, or
Treatment Plan-level decision



Service Strategies will vary as to what level they are suited for assignment.

For example, a treatment plan entirely geared to care for a child could be have the Age-Specific service strategy (61) assigned at the treatment plan level.

On the other hand, treatment of a transition-age youth might involve some services that are geared toward his age-group (assigned the Age-Specific service strategy). Other services for the same client, such as meds support, may be generic adult services (not assigned the Age-Specific service strategy).

Counties may choose to introduce reporting of service strategies at whatever levels they consider to be best for accuracy and efficiency of reporting. 150

e. Integration of EBP and Service Strategy Reporting

Examples of reporting in Field S-25.0 that will pass edits:

- 99 ___ ___ Unknown EBP/Service Strategy
- 01 ___ ___ Assertive Community Treatment (ACT)
- 0161 ___ ACT and Age-Specific Service Strategy
- 5160 ___ Psychoeducation and Ethnic-Specific SS
- 515058 Psychoed. and Peer-Delivered Services and Integrated Services for MH and Aging

e. Integration of EBP and Service Strategy Reporting

Examples of reporting in Field S-25.0 that will not pass edits:

___ __ 99 Not left-justified (Error code 428)

01 01 ___ One code repeated (Error code 429)

01 ___ 61 Embedded blanks (Error code 428)



F. Reporting Other New Service Record Fields to CSI

Technical Changes to CSI (CSI Training II)

Covered in this section of today's presentation

1. Special Population (S-12.0)
2. Place of Service (S-24.0)
3. Trauma (S-26.0)
4. Client Index Number (CIN) (S-27.0)

1. Special Population (S-12.0)

PURPOSE:

Identifies any special population services for statistical purposes.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Service Records
Source:	Local Mental Health

1. Special Population (S-12.0)

VALID CODES:

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)

NEW CODES

1. Special Population (S-12.0)

Purpose: Identifies any special population services for statistical purposes.

Only those services funded by these programs to clients enrolled in the programs should be reported under that special population code.

For example, the services to a client enrolled in an Individualized Education Plan IEP that are provided under the IEP would be reported under the Special Population code 'C'.

The services to a client enrolled in IEP that are NOT provided under the IEP would NOT be reported under the Special Population code 'C'

1. Special Population (S-12.0)

ERROR CODES for Special Population (S-12.0)

422 = Special Population is 'C' [Individualized Education Plan (IEP)] and age is less than 3 or greater than 21.

The date of birth of the client on the date of service is calculated. If the age of the client is less than 3 years or greater than 21 year, a non-fatal error (422) is reported.

2. Place of Service (S-24.0)

PURPOSE:

Identifies the location where the service was rendered.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	1
Format:	X
Required On:	All Non-24 Hour Mode of Service Records
Source:	Local Mental Health

2. Place of Service (S-24.0)

VALID CODES:

- 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 Institution and Inpatient))]
- C = Correctional Facility (e.g., Jail, Prison, camp/ranch, etc.) [(formerly Correctional Institution)]
- D = Inpatient (e.g., Hospital, PHF, SNF, IMD, MHRC)
- E = Homeless / Emergency Shelter
- F = Faith-based (e.g., church, temple, etc.)

2. Place of Service (S-24.0)

VALID CODES:

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

2. Place of Service (S-24.0)

ERROR CODES for Place of Service (S-24.0)

526 = Mode of Service is '05' and the Non 24-Hour Service fields contain data.

Place of Service is a non 24-hr service field. If this field has a value in it when the mode of service = '05', a non-fatal error (526) will be reported.

2. Place of Service (S-24.0)

Definitions of New Values (slide 1 of 20)

A = Office [formerly “Office (including phone)”]

Definition: Services are provided in a location, other than a hospital, skilled nursing facility (SNF), correctional facility, public health clinic or facility supplying residential care, where the mental health professional routinely provides assessments, diagnosis, and mental health treatment on an ambulatory basis.

2. Place of Service (S-24.0)

Definitions of New Values (slide 2 of 20)

B = Field (unspecified) [formerly “Field (when location is away from the clinician’s usual place of business, except for Correctional Institution and Inpatient)”].

Definition: Services are provided in an unspecified location away from the clinician’s usual place of business, except for Correctional Institution, Inpatient, or Residential Care for adults or children.

2. Place of Service (S-24.0)

Definitions of New Values (slide 3 of 20)

C = Correctional Facility (eg., Jail, Prison, camp/ranch, etc.) [Formerly “Correctional Institution”]

Definition: Services are provided in a correctional facility, including adult or juvenile detention facilities.

2. Place of Service (S-24.0)

Definitions of New Values (slide 4 of 20)

D = Inpatient (e.g., Hospital, Psychiatric Health Facility (PHF), Skilled Nursing Facility (SNF), Institute for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)).

Definition: Services are provided in a facility which primarily provides diagnostic, therapeutic, and rehabilitative services. Includes hospitals, psychiatric health facilities (PHFs), skilled nursing facilities (SNFs), Institutes for Mental Disease (IMDs), Mental Health Rehabilitation Centers (MHRCs).

2. Place of Service (S-24.0)

Definitions of New Values (slide 5 of 20)

E = Homeless / Emergency Shelter

Definition: Services are provided in a facility specifically designed to provide shelter to the general homeless population.

2. Place of Service (S-24.0)

Definitions of New Values (slide 6 of 20)

F = Faith-based (e.g., church, temple, etc.)

Definition: Services are provided in a location owned or leased by a faith group, with partial or full involvement of the faith group.

2. Place of Service (S-24.0)

Definitions of New Values (slide 7 of 20)

G = Health Care / Primary Care

Definition: Services are provided by the consumer's primary care or general health care provider, or in the clinic or facility of the health care provider, including emergency room and public health clinics.

2. Place of Service (S-24.0)

Definitions of New Values (slide 8 of 20)

H = Home

Definition: Services are provided at a location, other than a hospital or other facility, where the client receives care in a private residence.

2. Place of Service (S-24.0)

Definitions of New Values (slide 9 of 20)

I = Age-Specific Community Center

Definition: Services are provided in a location owned or leased by an age-specific community center, such as a senior's center, a teen drop-in center, etc.

2. Place of Service (S-24.0)

Definitions of New Values (slide 10 of 20)

J = Client's Job Site

Definition: Services are provided at the client's site of employment.

2. Place of Service (S-24.0)

Definitions of New Values (slide 11 of 20)

L = Residential Care – Adults

Definition: Services are provided in a location supplying 24-hr non-medical care for adults, not including inpatient hospital, psychiatric health facilities (PHFs), skilled nursing facilities (SNFs), Institutes for Mental Disease (IMDs), Mental Health Rehabilitation Centers (MHRCs), or homeless/emergency shelters. Includes assisted living facilities for adults such as group homes.

2. Place of Service (S-24.0)

Definitions of New Values (slide 12 of 20)

M = Mobile Service

Definition: This definition is consistent with the concept of a Mobile Clinic. Mobile clinics provide services to individuals in rural or outlying areas where services are otherwise inaccessible. The concept of mobile services is in contrast to services provided at other community locations (see other listed service settings) that are reached by vehicle.

2. Place of Service (S-24.0)

Definitions of New Values (slide 13 of 20)

N = Non-Traditional service location (e.g., park bench, on street, under bridge, abandoned building)

Definition: Services are provided in the community, but not in a community center, school, faith-based location, homeless/emergency shelter, health-care center, or the client's job site. Examples include park bench, on the street under a bridge, in an abandoned building, etc.

2. Place of Service (S-24.0)

Definitions of New Values (slide 14 of 20)

O = Other Community location

Definition: Services are provided in the community, but not in a homeless/emergency shelter, a faith-based location, home, the client's job site, a non-traditional service location, an age-specific community center, or school. Includes community centers that are not age-specific, non-residential substance-abuse treatment centers etc.

2. Place of Service (S-24.0)

Definitions of New Values (slide 15 of 20)

P = Phone

Definition: Services are provided by telephone contact with the client, not involving video conferencing.

2. Place of Service (S-24.0)

Definitions of New Values (slide 16 of 20)

R = Residential Care – Children

Definition: Services are provided in a location supplying 24-hr non-medical care for children, other than inpatient hospital, or psychiatric health facilities (PHFs). Includes Community Treatment Facilities (CTFs) and family foster homes.

2. Place of Service (S-24.0)

Definitions of New Values (slide 17 of 20)

S = School

Definition: Services are provided in any facility that has the primary purpose of education.

2. Place of Service (S-24.0)

Definitions of New Values (slide 18 of 20)

T = Telehealth

Definition: Also known as “Telemedicine.” Services are provided so that the clinician and client are in two different locations but can see each other via visual equipment (e.g., video camera, web camera).

2. Place of Service (S-24.0)

Definitions of New Values (slide 19 of 20)

U = Unknown / Not Reported

2. Place of Service (S-24.0)

Definitions of New Values (slide 20 of 20)

Other Glossary Terms:

Community Treatment Facility (CTF): Any residential facility that provides mental health treatment services to children in a group setting which has the capacity to provide secure containment.

Institute for Mental Disease (IMD): A term used by the Federal Government in California to distinguish skilled nursing facilities (SNF) that primarily care for people with psychiatric diagnoses, from those that provide care for people with primarily medical illnesses. Any SNF with greater than 16 beds and with 51% or more of its population with a psychiatric diagnosis is considered to be an IMD.

Mental Health Rehabilitation Center (MHRC): This is a 24-hour program, licensed by the State DMH, which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independent functioning.

Psychiatric Health Facility (PHF): A non-hospital 24-hour acute care facility licensed by the DMH.

Skilled Nursing Facility (SNF): A health facility which provides the following basic medical services: skilled nursing care and supportive care to clients whose primary need is for availability of skilled nursing care on an extended basis.

3. Trauma (S-26.0)

PURPOSE:

Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been a victim of physical, emotional, or sexual abuse.

3. Trauma (S-26.0)

FIELD DESCRIPTION:

Type:	Character
Byte(s):	1
Format:	X
Required	All Service Records
On:	
Source:	Local Mental Health

VALID CODES:

Y = Yes

N = No

U = Unknown

3. Trauma (S-26.0)

Error codes and Edit Criteria

S-26.0 Trauma	S26	101 ¹	N	Invalid code.	<ol style="list-style-type: none">1. Identify clients that have experienced traumatic events.2. Allow "Y", "N", or "U" value. Blank is allowed.
	999	431 ²	N	Trauma reported and Beginning Date of Service / Date of Service is prior to January 1, 2006.	

3. Trauma (S-26.0)

Question: Why is Trauma a field on the service record and not on the Client record? Doesn't Trauma refer to a client's history?

Answer: Trauma was placed on the service record in recognition of the fact that traumatic events can happen at any point in an individual's life. In addition, trauma is considered to be significant to diagnosis and is therefore reported with diagnosis.

3. Trauma (S-26.0)

Question: What if some service records for a given client report a 'yes' in Trauma and other records for the same client report a 'no'? How is that going to be interpreted?

Answer: It is possible that some mental health providers working with a client may be aware of traumatic events in the client's life and that other providers are not. If any provider in contact with the client is aware of trauma in the client's history, they are encouraged to report it. It's understood that some service records may reflect the client's contact with trauma, while other records may not.

3. Trauma (S-26.0)

Trauma is an area of growing significance in mental health.

4. Client Index Number (CIN) (S-27.0)

PURPOSE:

Identifies Medi-Cal or Healthy Families Plan recipients. The Client Index Number (CIN) must be reported if the client is a Medi-Cal recipient or Healthy Families Plan recipient. If the client is neither a Medi-Cal recipient or a Healthy Families Plan recipient, then this 9-digit field must be zero filled.

4. Client Index Number (CIN) (S-27.0)

FIELD DESCRIPTION:

Type:	Character
Byte(s):	9
Format:	9XXXXXXXXA
	Left justify, no embedded blanks, no space filling
Required	All Service Records
On:	
Source:	Local Mental Health

4. Client Index Number (CIN) (S-27.0)

The CIN is a system-generated 9-digit identification number used by Medi-Cal and issued by the State of California.

The CIN is a unique client identifier and is printed on each recipient's Beneficiary Identification Card (BIC).

The CIN always starts with a '9', has 7 numeric digits and ends with an alpha character of: 'A', 'C' through 'H', 'M', 'N', and 'S' through 'Y'.

These characters are invalid endings for the CIN: 'B', 'I', 'J', 'K', 'L', 'O', 'P', 'Q', 'R', and 'Z'.

Note that Client Index Numbers never end with a 'P'.

Do not allow all 1's, all 2's, etc., 123456789, 987654321, and similar artificial numbers.

4. Client Index Number (CIN) (S-27.0)

VALID CODES:

This field must be filled with a valid Client Index Number if client is a Medi-Cal recipient or a Healthy Families Plan recipient. If client is neither a Medi-Cal recipient or a Healthy Families Plan recipient, then this 9-digit field must be zero filled.

000000000 = No Client Index Number (CIN)

4. Client Index Number (CIN) (S-27.0)

Question: Do we report the CIN if the service is not a Medi-Cal service?

Answer: The CIN is reported whenever it is available, whether or not the service is a Medi-Cal or Health Family service. Even if the client is not currently eligible for benefits, the CIN should still be reported.

4. Client Index Number (CIN) (S-27.0)

Question: How is the CIN going to be used?

Answer: Because the CIN is to be reported on every service record as available, Medi-Cal or not, we are not going to use the reporting of the CIN to indicate that the service is a Medi-Cal or Health Family service, or even that the client is currently eligible for services. The CIN will be used in our system as a supplementary identifier to allow us to cross-walk to other systems.



G. Reporting the Caregiver field to CSI

Technical Changes to CSI (CSI Training I)

Periodic Record Changes

The following fields are being deleted from the Periodic Record:

Axis-V / GAF (P-04.0)

Other Factors Affecting Mental Health – Substance Abuse (P-05.0)

Other Factors Affecting Mental Health – Developmental Disabilities (P-06.0)

Other Factors Affecting Mental Health – Physical Disorders (P-07.0)

Caregiver (P-10.0)

PURPOSE:

Identifies the number of persons the client cares for / is responsible for at least 50% of the time:

Subfield A: Number of children less than 18 years of age the client cares for / is responsible for at least 50% of the time.

Subfield B: Number of dependent adults 18 years of age and above the client cares for / is responsible for at least 50% of the time.

Caregiver (P-10.0)

FIELD DESCRIPTION:

Type:	Character
Byte(s):	4
Format:	XXXX
Required	All Periodic Records
On:	
Source:	Local Mental Health

Caregiver (P-10.0)

COMMENTS:

Report at admission to county mental health, annually thereafter, and at formal discharge from county mental health. The field consists of two separate subfields:

Subfield A: Number of children less than 18 years of age the client cares for / is responsible for at least 50% of the time.

Subfield B: Number of dependent adults 18 years of age and above the client cares for / is responsible for at least 50% of the time.

Caregiver (P-10.0)

Subfield A:

00 = None

01 through 98 =

Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time

99 = Unknown / Not Reported

Caregiver (P-10.0)

Subfield B:

00 = None

01 through 98 =

Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time

99 = Unknown / Not Reported



V. Integrating the Changes to CSI

V. Integrating the Changes to CSI

A. Requirements

B. Timeline

C. Impact of Data Collection Issues

D. Transition

V. Integrating the Changes to CSI

A. Requirements

Testing Requirements

In order to meet testing requirements, counties must pass the error thresholds submitting data in the old and new formats

V. Integrating the Changes to CSI

A. Requirements

Testing Requirements

An error threshold is specific to the error.

For example, an error in the relationship between the DIG indicator field (C-11.0) and the data in the fields affected by the changes in the client record (error codes 312, 315) is a fatal error and must be in no more than 1% of records.

II. System-Level Changes to CSI

B. Testing period

Testing Requirements

Fatal errors

Error threshold is 1% of submitted records

Non-Fatal errors

Error threshold is 5% of submitted records

V. Integrating the Changes to CSI

B. Timeline

In order to remain on schedule, the July 2006 submission file must be sent to DMH by September 30th, 2006.

The testing process must be complete before this file can be submitted in production.

If the county anticipates that there will be great difficulty in making this goal, the county should communicate the nature of the challenges to the county's CSI analyst as early as possible.

V. Integrating the Changes to CSI

C. Impact of Data Collection Issues

The collection of the data for the new and amended fields must be in place by July 1st, 2006 in order to remain on schedule.

Time to prepare for these changes is short. It would be understandable if it was not possible for counties to complete all these changes.

V. Integrating the Changes to CSI

C. Impact of Data Collection Issues

Given these challenges, it will be very helpful if counties would report their status regarding the collection of the new data to their CSI analyst as we approach July 1st, 2006.

The CSI analysts anticipate working individually with each county to respond to that county's concerns about collecting the new data.

V. Integrating the Changes to CSI

D. Transition

To help customize the goals of each county in this transition, the DMH CSI analyst will work with each county through the transition.

V. Integrating the Changes to CSI

D. Transition

Together, the CSI analyst and county staff will track the necessary changes to data collection, management and reporting for that county.